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Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO

DEWAYNE JOHNSON,

Plaintiff,

vs.

MONSANTO COMPANY,

Defendant.

Case No. CGC-16-550128

EXHIBITS 11-13 TO:

DEFENDANT MONSANTO COMPANY'S REQUEST FOR JUDICIAL NOTICE OF U.S. ENVIRONMENTAL PROTECTION AGENCY DOCUMENTS AND FEDERAL REGISTER MATERIALS

Trial Date: June 18, 2018
Time: 9:30 a.m.
Department: 504

Exhibit 11

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

AUTHENTICATION

I, Delores Barber, attest that I am the Director of the Information Technology and Resources Management Division (ITRMD) of the United States Environmental Protection Agency (EPA or Agency) and that the attached documents are true, correct, and compared copies of the file copies in my legal custody, consisting of:

MEMORANDUM Dated: 12/12/2017
To: Caitlin Newcamp (OPP)
From: Monique M. Perron, Anwar Y. Dunbar Ph.D., Tom Bloem, Lata Venkateshwara (OPP)

Re: Glyphosate. Draft Human Health Risk Assessment in Support of Registration Review (41 pages).

Subscribed under the penalty of perjury on this 7th day of June, 2018.

Delores Barber

Delores Barber, Director
Information Technology and Resources Management Division (ITRMD)

CERTIFICATION OF TRUE COPY

I, Wendy Blake, certify that I am the Associate General Counsel, General Law Office, Office of General Counsel, of the United States Environmental Protection Agency; that I am the designee of the General Counsel for the purpose of executing certifications under 40 C.F.R. sec. 2.406; that I have duties in Washington, District of Columbia; and that the official whose signature appears above has legal custody pursuant to 40 C.F.R. sec. 2.406 of the original documents, copies of which are attached, as witnessed by my signature and the official seal of the United States Environmental Protection Agency.

Wendy L. Blake
Associate General Counsel
General Law Office
Office of General Counsel

Date: 6/11/18

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
CHEMICAL SAFETY AND
POLLUTION PREVENTION

MEMORANDUM

Date: December 12, 2017

Subject: **Glyphosate.** Draft Human Health Risk Assessment in Support of Registration Review.

PC Codes: 417300; 103601; 103603; 103604; 103605; 103607; 103608; 103613;	**DP Barcode:** D417700
Decision No.: 487242	**Registration Nos.:** multiple
Petition No.: not applicable	**Regulatory Action:** Registration Review
Risk Assessment Type: Single Chemical Aggregate	**Case No.:** 178
TXR No.: NA	**CAS No.:** 1071-83-6; 38641-94-0; 70393-85-0; 114370-14-8; 40465-76-7; 69254-40-6; 34494-04-7; 70901-12-1
MRID No.: NA	**40 CFR:** 180.364

From: Monique M. Perron, Sc.D., Toxicologist
Anwar Y. Dunbar, Ph.D., Pharmacologist
Tom Bloem, Chemist
Lata Venkateshwara, Chemist
Risk Assessment Branch 1/Health Effects Division (RAB1/HED; 7509P)

Through: Christine L. Olinger, Branch Chief
George F. Kramer, Ph.D., Senior Chemist
RAB1/HED (7509P)

To: Caitlin Newcamp, Chemical Review Manager
Neil Anderson, Branch Chief
Pesticide Reevaluation Division (PRD; 7508P)

The Office of Pesticide Programs (OPP) HED assesses the risks posed to humans from exposure to pesticide chemicals. The PRD of OPP asked HED to evaluate hazard and exposure data and conduct dietary, occupational, residential, and aggregate exposure assessments, as needed, to estimate the risk to human health that will result from all registered uses for glyphosate (*N*-(phosphonomethyl)glycine) in support of Registration Review. The human health risk assessment was provided by Monique Perron, the hazard characterization by Anwar Dunbar and Monique Perron, the residue chemistry review and dietary exposure assessment by Tom Bloem, the occupational/residential exposure assessments were by Lata Venkateshwara, and the drinking water assessment by James Hetrick of the Environmental Fate and Effects Division (EFED).

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1.0 EXECUTIVE SUMMARY

Background: Glyphosate is a nonselective Group 9 herbicide that is currently registered for pre- and post-emergence application to a variety of fruit, vegetable, and field crops. Glyphosate is also currently registered on turf (including golf courses and residential lawns) and on aquatic application scenarios. Tolerances are established for residues of glyphosate in/on numerous plant commodities at 0.2-400 ppm (40 CFR §180.364(a)) and for the combined residues of glyphosate and *N*-acetyl-glyphosate (expressed as glyphosate) in/on field corn, soybean, canola, aspirated grain fractions (AGF), and livestock commodities at 0.1-310 ppm. The Glyphosate Reregistration Eligibility Decision (RED) document was issued September 1993. HED completed a human health risk assessment scoping document in support of Registration Review on 3-June-2009 (D362745, J. Van Alstine *et al.*) and responded to public comments concerning this assessment on 28-Dec-2009 (D369999, J. Van Alstine *et al.*). The most recent human health risk assessment was completed on 14-November-2012 (D398547, T. Bloem *et al.*).

Hazard Characterization: Glyphosate exhibits low toxicity across species, durations, life stages, and routes of exposure. In most of the studies in its hazard database, effects are seen at doses at or above the limit dose (>1000 mg/kg/day). The observed effects included: decreases in body weights and minor indicators of toxicity to the eyes, liver, and/or kidney. There were no effects observed in route-specific dermal and inhalation studies. There was no evidence that glyphosate is neurotoxic or immunotoxic.

Glyphosate showed no evidence of increased quantitative or qualitative susceptibility following *in utero* exposures to rats or rabbits. In rats, maternal and developmental toxicity was observed only at or above the limit dose. In rabbits, maternal toxicity was comprised mainly of clinical signs (diarrhea, few and/or soft feces) and no developmental toxicity was observed. In one of the two-generation rat reproductive toxicity studies, no adverse effects were seen in the parental animals including reproductive toxicity. While there was an increased postnatal quantitative susceptibility, offspring effects were observed only at the limit dose (1000 mg/kg/day) and consisted of delayed age and increased weight at attainment of preputial separation (PPS).

Glyphosate is categorized as having low acute toxicity for the oral, dermal, and inhalation routes (Toxicity Categories III or IV). It is a mild eye irritant (Toxicity Category III), slight skin irritant (Toxicity Category IV), and is not a dermal sensitizer.

As part of Registration Review, the Agency collaborated with Health Canada's Pest Management Regulatory Agency (PMRA) to conduct an open literature review in 2012. A subsequent search of the open literature was conducted more recently by the Agency to supplement the joint review with PMRA. The only studies found to be appropriate for quantitative use identified no-observed adverse-effect levels (NOAELs) at doses well above the points of departure (PODs) currently used for risk assessment. As a result, there was no impact on the hazard characterization or draft human health risk assessment for glyphosate from open literature studies (TXR No. 0056885).

Additionally, the Agency reevaluated the human carcinogenic potential of glyphosate, which included a weight-of-evidence evaluation of data from animal toxicity, genotoxicity, and epidemiological studies. This evaluation was presented to the Federal Insecticide, Fungicide, and Rodenticide Scientific Advisory Panel (FIFRA SAP) and was subsequently updated based on their review. The Agency concluded that glyphosate should be classified as "not likely to be carcinogenic to humans."

The developmental rabbit study was selected to evaluate chronic dietary and incidental oral exposures (NOAEL = 100 mg/kg/day). A total uncertainty factor of 100X (10X interspecies, 10X intraspecies and 1X FQPA SF) was applied to these exposures scenarios. An acute dietary endpoint was not selected since there were no effects observed in the database attributable to a single dose. Dermal and inhalation endpoints were not selected since there was no toxicity observed in route-specific toxicity studies and there was no concern for increased quantitative susceptibility to offspring.

Food Quality Protection Act (FQPA) Safety Factor (SF): The Agency recommends the FQPA SF be reduced to 1x. This recommendation is based on the following considerations: (1) the toxicological database for glyphosate is complete ; (2) there is no evidence of quantitative or qualitative fetal susceptibility in rats or rabbits following *in utero* exposure in the developmental studies; (3) there is no evidence of neurotoxicity in the glyphosate database, including the neurotoxicity battery; (4) the offspring effects in one of the two-generation reproductive toxicity studies (delayed age and increased weight at attainment of PPS) occurred at the limit dose with a clear NOAEL and the PODs used for risk assessment are protective of the observed offspring effects; and (5) the dietary and residential exposure analyses are conservative and do not underestimate exposure.

Dietary (food and water) Risk Assessment: A chronic dietary risk assessment was conducted using the Dietary Exposure Evaluation Model - Food Consumption Intake Database (DEEM-FCID ver. 3.16) which incorporates consumption data from United States Department of Agriculture (USDA) National Health and Nutrition Examination Survey, What We Eat in America, (NHANES/WWEIA; 2003-2008). Acute and cancer dietary risk assessments were not conducted since an appropriate endpoint attributable to a single dose was not identified for the general U.S. population or any population subgroup and glyphosate is classified as not likely to be a human carcinogen. The chronic analysis assumed tolerance-level residues, 100% crop treated, DEEM (ver. 7.81) default processing factors, and modeled drinking water estimates (direct application to water scenario). The resulting chronic risk estimates (food and water) were <100% of the chronic population-adjusted dose (cPAD) and are therefore less than HED's level of concern (children 1-2 years old were the most highly exposed population subgroup at 23% the cPAD).

In response to concern from segments of the general public related to the presence of glyphosate in human milk, the EPA Biological and Economic Analysis Division Analytical Chemistry Branch (BEAD-ACB) analyzed human milk samples collected by the National Children's Study for residues of glyphosate and the glyphosate metabolites *N*-acetyl-glyphosate and AMPA (aminomethyl phosphonic acid; see Attachment A for structures). A total of 39 samples from 39 mothers were analyzed. Glyphosate, *N*-acetyl-glyphosate, and AMPA were not detected in the samples (glyphosate limit of quantitation (LOQ)/limit of detection (LOD) = 10 ppb/3.3 ppb; metabolite LOQ/LOD = 30 ppb/10 ppb) (ACB Project #B14-46, L. Podhorniak, 13-May-2015).

Residential and Non-Occupational Exposure and Risk Assessment: Residential exposure to glyphosate may occur as a result of the currently registered turf (including golf courses and residential lawns) and aquatic application scenarios. An updated residential exposure assessment was conducted to reflect HED's 2012 Residential Standard Operating Procedures (SOPs), policy changes for body-weight assumptions, updated POD, and updates to HED's inputs for aquatic/swimmer assessments.

Based on the registered turf and aquatic use patterns, there is a potential for short-term dermal and inhalation exposure to residential handlers (mixing, loading, and applying) and short-term dermal, inhalation, and incidental oral exposure from post-application activities. Since short- and intermediate-term dermal or inhalation PODs were not selected, a quantitative exposure and risk assessment was not completed for these routes of exposure. However, children may have short-term post-application incidental oral exposures from hand-to-mouth behavior on treated lawns and swimmers (adult and children) may have short-term post-application incidental oral exposures from aquatic uses. The resulting margins of exposure (MOEs) do not exceed HED's level of concern (LOC). It is noted that the short-term assessment is protective of intermediate-term exposure as the incidental oral PODs for these durations are identical.

Aggregate Risk Assessment: In accordance with the FQPA, HED must consider and aggregate pesticide exposures and risks from three major sources: food, drinking water, and residential exposures. Based on the registered/proposed agricultural and residential uses, HED conducted short-term (food, water, residential incidental oral) and chronic (food and water) aggregate risk assessments. The resulting aggregate risk estimates are all less than HED's LOC. It is noted that the short-term assessment is protective of intermediate-term exposure as the relevant PODs for these durations are identical.

Occupational Risk Assessment: For glyphosate, based on the currently registered use patterns, there is a potential for short-term dermal and inhalation exposure to occupational handlers (mixing, loading, and applying) as well as short-term dermal and inhalation exposure from post-application activities. Since short- and intermediate-term dermal or inhalation endpoints were not selected, a quantitative exposure risk assessment was not completed for these routes of exposure.

Human Studies: This risk assessment relies in part on data from studies in which adult human subjects were intentionally exposed to a pesticide or other chemical. These data, which include the 2012 Residential SOPs (Lawn/Turf), are (1) subject to ethics review pursuant to 40 CFR 26, (2) have received that review, and (3) are compliant with applicable ethics requirements. For certain studies, the ethics review may have included review by the Human Studies Review Board. Descriptions of data sources, as well as guidance on their use, can be found at the Agency website (https://www.epa.gov/pesticide-science-and-assessing-pesticide-risks/occupational-pesticide-handler-exposure-data).

2.0 HED Conclusions

No data deficiencies were identified in the toxicological, residue chemistry, or occupational/residential exposure databases. In addition, the aggregate (food, water, and residential) risk assessments resulted in exposures less than HED's LOC (occupational exposure assessment is unnecessary; see above). HED notes that several crop groups have been updated since tolerances for residues of glyphosate were originally established. A summary of tolerance updates to align established glyphosate tolerances with the updated crop groups is provided in Section 2.2.2. As described in Section 2.3, this assessment assumes that all glyphosate labels are consistent with the uses described in the use summary submitted by the Joint Glyphosate Task Force. Provided the tolerance (see Section 2.2.2) and label (see Section 2.3) issues are addressed and standards are submitted to the National Pesticide Repository as indicated in the next paragraph, HED concludes that the human health risk assessment supports continuation of the current registered glyphosate uses.

The following standards should be submitted to the address specified below (extended zip code must be used): glyphosate, *N*-acetyl-glyphosate, glyphosate internal standard (2-^{13}C and ^{15}N; 3-^{13}C and ^{15}N).

USEPA - Thuy Nguyen
National Pesticide Standards Repository
701 Mapes Road
Fort Meade, MD 20755-5350

2.1 Data Deficiencies

None.

2.2 Tolerance Considerations

2.2.1 Enforcement Analytical Method

Adequate methods are available to enforce the currently established crop and livestock tolerances.

2.2.2 Recommended Tolerances

HED evaluated the glyphosate residue chemistry database to determine if the established tolerances conform to the current practices and to determine if the crop group/subgroup tolerances could be updated to the current crop group/subgroup definitions. Based on this analysis, HED is recommending for establishment of the tolerances listed in Attachment C Table C.1. With the establishment of these tolerances, the following tolerances should be deleted: acerola; aloe vera; ambarella; asparagus; atemoya; avocado; bamboo, shoots; banana; biriba; breadfruit; cactus, fruit; cactus, pads; canistel; cherimoya; custard apple; date, dried fruit; durian; feijoa; fig; fruit, stone, group 12; guava; ilama; imbe; imbu; jaboticaba; jackfruit; longan; lychee; mamey apple; mango; mangosteen; marmaladebox; noni; nut, tree, group 14; olive; palm heart; papaya; papaya, mountain; passionfruit; pawpaw; persimmon; pineapple; pistachio; pomegranate; pulasan; rambutan; rose apple; sapodilla; sapote, black; sapote, mamey; sapote, white; soursop; Spanish lime; star apple; starfruit; sugar apple; Surinam cherry; tamarind; vegetable, leafy, brassica, group 5; vegetable, leafy, except brassica, group 4; watercress, upland; and wax jambu.

2.2.3 International Harmonization

Attachment C includes a summary of the currently established U.S. glyphosate tolerances and the Codex and Canadian maximum residue limits (MRLs). As indicated in the attachment, since the U.S. and Canadian residue definitions differ, harmonization of the tolerance value is not feasible. The U.S. and Codex residue definitions are identical; however, harmonization is not appropriate as either the available residue data for the registered uses of glyphosate show residues higher than the Codex MRL or the Codex MRL is too high to be a measure of misuse.

2.3 Label Recommendations

As part of Registration Review, the Joint Glyphosate Task Force (JGTF) provided information concerning the labeled application scenarios for the following products (see Docket EPA-HQ-OPP-2009-0361): EPA Reg. Nos.: 100-1182, 228-713, 524-343, 524-475, 524-537, 524-549, 524-579, 4787-23, and 62719-556. HED notes that there are additional registered products and that the labeled instructions for these products should be consistent with the application scenarios summarized by the JGTF. HED notes that all labels should specify the following rotational crop restrictions: treated fields may be rotated to a labeled crop at any time and may be rotated to a non-labeled crop 30 days after application.

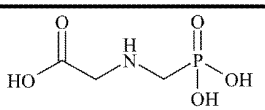
3.0 Introduction

Glyphosate is a non-selective herbicide that acts by blocking the activity of the 5-enolpyruvylshikimate-3-phosphate synthase (EPSPS) enzyme, which is involved in the synthesis of the amino acids tyrosine, tryptophan, and phenylalanine.

3.1 Chemical Identity

The chemical structure and nomenclature for glyphosate are presented in Table 3.1. Attachment D provides a summary of the physicochemical properties of technical grade glyphosate.

Table 3.1. Test Compound Nomenclature.

Compound	
Common name	glyphosate
Company experimental name	DPX-B2856
IUPAC/CAS name	*N*-(phosphonomethyl)glycine
CAS registry number	1071-83-6

3.2 Registered Application Scenarios

Glyphosate is registered for pre- and post-emergence application to a variety of fruit, vegetable, and field crops. Post-emergent applications are typically soil-directed for all but genetically modified crops where over-the-top applications are permitted. Harvest-aid (desiccant) applications are also registered for a number of cereal grain, legume vegetable, non-grass animal feed, and oilseed crops. The JGTF provided tables concerning the labeled application scenarios for the following products: EPA Reg. Nos.: 100-1182, 228-713, 524-343, 524-475, 524-537, 524-549, 524-579, 4787-23, and 62719-556. The information provided in the tables are an adequate representation of these labels with adequate residue data available to support the specified food/feed application scenarios. Glyphosate is also currently registered for application to turf (including golf courses and residential lawns) and for aquatic application

HED notes that there are additional registered products and requests that the registrants verify the following concerning the application scenarios specified for these products: (1) for each specific application scenario, the application rates are equal to or less than those specified in the above products and the RTI/PHI (retreatment interval/preharvest interval) are equal to or greater than those specified in the above products and (2) all food/feed crop labels indicate that treated fields may be rotated to a labeled crop at any time and may be rotated to a non-labeled crop 30 days after application.

3.3 Anticipated Exposure Pathways

Based on the registered agricultural and residential uses, dietary (food and water) and incidental oral (turf and aquatic application scenarios) exposures are possible and were assessed. Dermal and inhalation exposures are also anticipated but were not assessed due to the lack of toxicity via these routes (see Section 4.0). Humans may be exposed to glyphosate in food and drinking water, since glyphosate may be applied directly to growing crops and application may result in glyphosate reaching surface and ground water sources of drinking water. There are residential uses of glyphosate; and non-occupational exposure to glyphosate via spray drift is possible. There is the potential for dermal and inhalation exposures from the residential application of registered glyphosate products by adults. In addition, there is the potential for residential post-application exposures for both adults (dermal only) and children (dermal and incidental oral) from contact with previously treated turf. Occupational exposures are expected from the application (dermal and inhalation) of glyphosate and from reentry into previously treated areas. This risk assessment considers the relevant exposure pathways based on all of the proposed uses of glyphosate. Note that quantitative exposure assessments are conducted only if adverse effects are observed for the duration and route of exposure.

3.4 Consideration of Environmental Justice

Potential areas of environmental justice concerns, to the extent possible, were considered in this human health risk assessment, in accordance with U.S. Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," (https://www.archives.gov/files/federal-register/executive-orders/pdf/12898.pdf). As a part of every pesticide risk assessment, OPP considers a large variety of consumer subgroups according to well-established procedures. In line with OPP policy, HED estimates risks to population subgroups from pesticide exposures that are based on patterns of that subgroup's food and water consumption, and activities in and around the home that involve pesticide use in a residential setting. Extensive data on food consumption patterns are compiled by the U.S. Department of Agriculture's National Health and Nutrition Examination Survey, What We Eat in America, (NHANES/WWEIA) and are used in pesticide risk assessments for all registered food uses of a pesticide. These data are analyzed and categorized by subgroups based on age and ethnic group. Additionally, OPP is able to assess dietary exposure to smaller, specialized subgroups and exposure assessments are performed when conditions or circumstances warrant (see Attachment F). Whenever appropriate, non-dietary exposures based on home use of pesticide products and associated risks for adult applicators and for toddlers, youths, and adults entering or playing on treated areas post-application are evaluated. Spray drift can also potentially result in post-application exposure and it was considered in this analysis. Further considerations are also currently in development as OPP has committed resources and expertise to the development of specialized software and models that consider exposure to other types of possible bystander exposures and farm workers as well as lifestyle and traditional dietary patterns among specific subgroups.

4.0 Hazard Characterization and Dose-Response Assessment

The Agency strives to use high-quality studies when evaluating the hazard of pesticide chemicals and considers a broad set of data during this process. A wide range of potential adverse effects are assessed using acute, subchronic, chronic, and route-specific studies predominately from studies with laboratory animals in addition to epidemiologic and human incident data. All studies are thoroughly reviewed to ensure appropriate conduct and methodologies are utilized, and that sufficient data and details are provided.

For all pesticides, there are toxicology data requirements that must be submitted to the Agency for registration. These studies, defined under the 40 CFR Part 158 Toxicology Data Requirements, provide information on a wide range of adverse health outcomes, routes of exposure, exposure durations, species, and lifestages. They typically follow the Organization for Economic Co-operation and Development (OECD) accepted protocols and guidelines, which ease comparisons across studies and chemicals. Data may also be available to elucidate a chemical's hazard from the open scientific literature, structurally related chemicals, physiologically-based pharmacokinetic (PBPK) or biological dose-response models, biomonitoring, or other exposure studies/analyses.

In 2012, OPP published a guidance document to provide guidance procedures for considering and using open literature toxicity studies to support human health risk assessment[1]. This guidance assists OPP scientists in their judgement of the scientific quality of open literature publications. More specifically, the document discusses how to screen open literature studies for journal articles/publications that are relevant to risk assessment, how to review potentially useful journal articles/publications and categorize them as to their usefulness in risk assessment, and how the studies may be used in the risk assessment.

In recent years, the National Academy of Sciences National Research Council (NRC) has encouraged the Agency to move towards systematic review processes to enhance the transparency of scientific literature reviews that support chemical-specific risk assessments to inform regulatory decision making[2]. The NRC defines systematic review as "a scientific investigation that focuses on a specific question and uses explicit, pre-specified scientific methods to identify, select, assess, and summarize the findings of similar but separate studies"[3]. Consistent with NRC's recommendations, EPA's Office of Chemical Safety and Pollution Prevention is currently developing policies and procedures in order to employ fit-for-purpose systematic reviews.

The hazard characterization, evaluation of potential endpoints, selection of PODs, and the SFs for glyphosate reflect a weight-of-evidence evaluation across multiple lines of evidence. Consistent with Agency policy, this evaluation focuses on studies performed with the active ingredient glyphosate and not studies performed with pesticide formulations containing glyphosate. Many studies examining pesticide formulations containing glyphosate were evaluated in the literature review memo; however, none of the existing studies are sufficiently robust for deriving PODs for risk assessment.

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[1] U.S. EPA (2012). *Guidance for considering and using open literature toxicity studies to support human health risk assessment.* http://www.epa.gov/pesticides/science/lit-studies.pdf

[2] NRC 2011. "Review of the Environmental Protection Agency's Draft IRIS Assessment of Formaldehyde"; NRC 2014. "Review of EPA's Integrated Risk Information System (IRIS) Process"

[3] NRC (2014). Review of EPA's Integrated Risk Information System (IRIS) process. Washington, DC: The National Academies Press. http://www.nap.edu/catalog.php?record_id=18764

4.1 Toxicology Studies Available for Analysis

The hazard database for glyphosate is complete. Since the 2012 risk assessment (D398547, T. Bloem *et al.*, 14-Nov-2012), immunotoxicity and neurotoxicity (acute and subchronic) studies have been submitted and reviewed, and are included in this hazard characterization. The current human health risk assessment also includes the re-evaluation of the carcinogenic potential of glyphosate. Attachment A includes a summary of the glyphosate toxicological database, and includes the following studies:

(1) Acute toxicity following oral, dermal and inhalation exposure; eye and dermal irritation and dermal sensitization;
(2) Acute and subchronic neurotoxicity in rats;
(3) Subchronic oral toxicity in rats, mice, and dogs;
(4) Subchronic dermal and inhalation toxicity in rats;
(5) Chronic toxicity in rats and dogs;
(6) Carcinogenicity in mice and rats;
(7) Developmental toxicity in rats and rabbits;
(8) Reproductive and postnatal toxicity in rats;
(9) Metabolism studies in rats;
(10) Immunotoxicity; and
(11) Mutagenicity/genotoxicity studies in *vivo* and *in vitro*.

A number of literature studies were either found via a systematic review of the open scientific literature or were submitted to the Agency. These studies have been considered as part of Registration Review (TXR #0056885). In conjunction with Health Canada's PMRA, a literature search was performed in late 2011 and early 2012. A total of 67 studies (obtained from 62 individual references) were reviewed for potential use in human health risk assessment. None of these studies had an impact on the hazard characterization or PODs selected for the Registration Review draft human health risk assessment for glyphosate. The majority of the literature studies were found to be unacceptable for a variety of reasons. For example, some studies did not meet the minimum criteria to be considered eligible (e.g., the study was not found to be the primary source of the data, was not publicly available, or not presented as a full article). Of the studies that met the minimum criteria, the most common limitations/deficiencies were related to the nature of the test substance(s) used for exposure (e.g., using commercial formulations, lack of test material validation). Most studies used commercial formulations or dilutions; however, direct measurements of the active ingredient were not conducted in order to determine actual dose concentrations and/or identification information was not provided for the formulation used (e.g., EPA registration number). As a result, potential effects could not be attributed to defined exposure concentrations. A limited number of studies were deemed acceptable and appropriate for consideration in risk assessment; however, any observed effects were observed at doses higher than the selected PODs.

As part of Registration Review, the Agency has reviewed and updated the experimental toxicology literature search since the joint search with PMRA, using the concepts consistent with systematic review, such as detailed tracking of search terms and which literature have been included or excluded. The literature review was conducted in PubMed for the time period January 2012 to October 2015 and yielded 392 articles. This list was then cross-referenced with other studies submitted during that time to the Agency by non-profit groups or members of the

public and another seven studies were added for review bringing the total number of articles to 399. Since the goal of the literature search was to identify relevant and appropriate open literature studies that had the potential to impact human health risk assessment, most of the studies were not considered to be within the scope of the search due to the subject of the research (i.e., ecological and fate studies, crop composition studies, pest management studies, method generating, hypothesis generating, exposure and monitoring) or not relevant in general. Additionally, several articles were not appropriate due to the type of article (i.e., review, commentary, editorial, article retraction, news article, abstract only, not available in English). Similar to the search conducted with PMRA, many of the studies concerning human health used commercial formulations; however, direct measurements of the active ingredient were not conducted in order to determine actual dose concentrations and/or identification information was not provided for the formulation used. As a result, potential effects could not be attributed to defined glyphosate exposure concentrations. None of the studies from this more recent review were found to have an impact on the hazard characterization or draft human health risk assessment for glyphosate.

Additionally, a systematic review of the open literature was performed in 2016 to identify relevant and appropriate open literature studies that could inform the human carcinogenic potential of glyphosate. Details and results of this systematic review can be found in the Revised Glyphosate Issue Paper: Evaluation of Carcinogenic Potential (D444689; 12-DEC-2017; TXR#0057688)

4.2 Absorption, Distribution, Metabolism, & Elimination (ADME)

A comprehensive review of the available data on the absorption, distribution, metabolism and excretion (ADME) of glyphosate was presented in the issue paper for the FIFRA Scientific Advisory Panel (SAP) in December, 2016[4]. In the issue paper, EPA reviewed 12 excretion, metabolism and tissue distribution studies with parent glyphosate, two metabolite disposition studies characterizing the disposition of AMPA and N-Nitroso-N-(phosphonomethyl)glycine (NPMG); and one metabolite disposition study with *N*-acetyl-glyphosate. The review also included a disposition study performed by NTP and two literature studies; a toxicokinetic study performed by Anadon *et al.* (2009), and a tissue distribution and metabolite quantification study performed by Brewster *et al.* (1991). An overall summary of these data are presented below.

Oral exposure is considered the primary route of concern for glyphosate. The maximum absorption from the GI tract for glyphosate was estimated to be approximately 30%-40% based upon radiolabel detected in the urine. In general, the amounts of glyphosate detected in tissues were negligible indicating low tissue retention following dosing. Parent glyphosate is the principal form excreted in urine and feces. The primary route of excretion following oral administration of glyphosate is the feces, as verified by the intravenous dosing and bile cannulation experiments. Within the dose ranges tested, elimination was essentially complete by 24 hours indicating that glyphosate does not bioaccumulate.

4- *Glyphosate Issue Paper: Evaluation of Carcinogenic Potential, EPA's Office of Pesticide Programs, 2016.* https://www.epa.gov/sites/production/files/2016-09/documents/glyphosate_issue_paper_evaluation_of_carcincogenic_potential.pdf

Multiple studies examined the pharmacokinetics of a single dose of radiolabeled glyphosate ranging from 5.6 – 400 mg/kg. Across these studies, time to reach peak plasma concentrations (T_{max}) appeared to increase with increasing dose; however, the reported range of T_{max} (1-5.5 hours) suggests only a slight shift in absorption kinetics occurs despite large increases in dose. In the one study that tested two doses[5], data graphically show that peak blood levels were only roughly 3-fold with a 10-fold increase between the two doses. Reported area under the curve (AUC) values indicated conflicting results regarding whether linear or non-linear absorption kinetics was occurring at higher doses.

4.2.1 Dermal Absorption

A dermal absorption study is not available in the toxicity database. However, a dermal absorption factor is not needed since no dermal hazard was identified and thus quantification of dermal risk is not required (see Section 4.5.1).

4.3 Toxicological Effects

Glyphosate exhibits low toxicity across species, durations, life stages and routes of exposure. In most of the studies in its hazard database, effects are seen at doses at or above the limit dose (>1000 mg/kg/day). A total 14 acceptable chronic toxicity/carcinogenicity studies (6 mouse and 8 rat) were available for review. Among the effects observed were decreases in body weights and minor indicators of toxicity to the eyes, liver, and kidney. There were no effects observed in route-specific dermal and inhalation studies. There is no evidence that glyphosate is neurotoxic or immunotoxic.

Glyphosate showed no evidence of increased quantitative or qualitative susceptibility following *in utero* exposure to rats or rabbits. In rats, maternal and developmental toxicity was seen at or above the limit dose. In rabbits, maternal toxicity manifested primarily as clinical signs (diarrhea, few/soft feces) and developmental toxicity (decreased fetal weight) was seen only at high doses. In a three-generation reproductive toxicity study conducted in 1981, prior to the establishment of the Part 158 Test Guidelines, there was an increased incidence of renal tubule dilation at doses which did not cause parental toxicity in the F_3 generation. This finding was judged to be spurious and unrelated to treatment since a more extensive evaluation in the two subsequent reproduction studies conducted at much higher doses in accordance with the Part 158 Test Guidelines did not replicate these findings. In a second reproduction toxicity study, offspring toxicity (decreased body-weight gain during lactation without a corresponding decrease in absolute body weight) was seen at the same dose that caused parental toxicity. In the third reproduction toxicity study conducted in accordance with the revised 1998 test protocol, offspring effects were observed above the limit dose in the absence of parental toxicity and consisted of delayed age (almost 3 days) and increased weight at attainment of PPS.

Glyphosate is categorized as having low acute toxicity following oral, dermal, and inhalation exposure, since all studies are in Toxicity Categories III or IV. It is a mild eye irritant (Toxicity Category III), slight skin irritant (Toxicity Category IV), and is not a dermal sensitizer.

[5] NTP (1992). NTP technical report on the toxicity studies of Glyphosate (CAS No. 1071-83-6) Administered In Dosed Feed To F344/N Rats And B6C3F1 Mice. Toxic Rep Ser 16: 1-d3.

4.4 Safety Factor for Infants and Children (FQPA SF)

The Agency recommends that the FQPA SF be reduced to 1X. This recommendation is based on the considerations described in the subsequent sections.

4.4.1 Completeness of the Toxicology Database

The toxicology database for glyphosate is adequate for characterizing toxicity and quantification of risk for food and non-food uses. The following acceptable studies are available for evaluation: developmental toxicity studies in rats and rabbits, three multi-generation reproductive toxicity studies in rats, acute and subchronic neurotoxicity studies in rats; and chronic toxicity/carcinogenicity studies in mice and rats.

4.4.2 Evidence of Neurotoxicity

There is no evidence of neurotoxicity following acute and repeated exposures in the neurotoxicity battery or in the other toxicity studies.

4.4.3 Evidence of Sensitivity/Susceptibility in the Developing or Young Animal

The database contained two pre-natal developmental toxicity studies in rats and rabbits and three reproductive toxicity studies (two studies performed for two generations, 1 study performed for three generations). There is no evidence of increased susceptibility (quantitative or qualitative) following *in utero* exposures to rats and rabbits. In rats, no maternal or developmental toxicity was seen at any dose including the limit dose. In rabbits, developmental toxicity was seen at doses higher than the doses that caused maternal toxicity. In the three-generation study conducted in 1981 prior to the institution of the current Test Guidelines and Good Laboratory Practices, focal tubular dilation of the kidneys was observed in the offspring. This finding was judged to be spurious and unrelated to treatment since more extensive evaluations in subsequent reproduction studies conducted at much higher doses did not replicate the offspring effects. Of the two-generation reproduction studies, there was no evidence of increased susceptibility in the offspring in one study. In the other study conducted in accordance with the revised 1998 Test Guidelines, evidence of increased susceptibility in the offspring manifested as delayed age and increased weight at attainment in the absence of parental toxicity; however, concern is low for the offspring effects since the effects were observed above the limit dose (1000 mg/kg/day), a clear offspring NOAEL was established for the observed effects, there was no evidence of reproductive toxicity in the adults, and the PODs used for overall risk assessment would address this concern.

4.4.4 Residual Uncertainty in the Exposure Database

The dietary exposure analysis is conservative as it assumed tolerance level residues and 100% crop treated. The residential exposure analysis is also considered conservative as it is based on the 2012 Residential SOPs.

4.5 Toxicity Endpoint and Point of Departure Selections

A summary of the toxicological doses and endpoints for glyphosate used in human health risk assessment are summarized in table 4.5.4.

4.5.1 Dose-Response Assessment

Acute Dietary Endpoint (All Populations): An acute reference dose (aRfD) was not established, based on the absence of an appropriate toxicological endpoint attributable to a single exposure (dose), including fetal toxicity in developmental toxicity studies.

Chronic Dietary Endpoint: The toxicology database contains long-term toxicity studies in mice, rats and dogs. However, these studies demonstrate that glyphosate is of very low toxicity following repeated oral exposure to experimental animals. In dogs, there was no evidence of toxicity at the highest dose (500 mg/kg/day) tested. Among the 14 combined chronic toxicity/carcinogenicity studies (6 mice and 9 rats), treatment-related effects were seen only at or near the limit dose in rats, and in mice at doses that exceeded the limit dose by over 4-fold. Rabbits were seen to be the most sensitive species. Consequently, the pre-natal developmental toxicity study in rabbits (MRID 44320616) was selected as the critical study for chronic dietary risk assessment. The POD is the maternal NOAEL of 100 mg/kg/day based on maternal toxicity (diarrhea, few and/or no feces) observed at the lowest-observed adverse-effect level (LOAEL) of 175 mg/kg/day and the highest dose tested (300 mg/kg/day). Similar clinical findings (diarrhea, soft and/or liquid feces, no feces) were also seen at the same dose (175 mg/kg/day) and at a higher dose (350 mg/kg/day) in another study in rabbits (MRID 00046362). Although this endpoint is not typically considered to be an adverse effect per se, it was seen in a dose-dependent manner in two studies, and is protective all of the other effects and durations in the database.

A chronic population adjusted dose (cPAD) of 1.0 mg/kg/day was derived from a maternal NOAEL of 100 mg/kg/day and the application of a 100-fold factor that included a 10X UF for inter-species extrapolations, 10X UF for intra-species variations, and a 1X FQPA SF. Since the endpoint of concern is based on maternal toxicity, it is appropriate to assess chronic dietary risk to all population subgroups. Furthermore, the cPAD will be protective of all the effects seen in the long-term studies in mice and rats. An additional SF for the use of short term study for long term risk assessment was not applied since the weight-of-evidence shows toxicity occurred at much higher doses in the other species and thus would provide adequate protection for long-term risk assessment.

Incidental Oral Short- and Intermediate-Term: The developmental toxicity study in rabbits was also chosen for the short- and intermediate-term incidental oral endpoint. The POD (i.e., maternal NOAEL) was 100 mg/kg/day based upon clinical signs of toxicity (diarrhea, few and/or no feces) at the LOAEL of 175 mg/kg/day. The LOC is 100 based upon a 100-fold factor that included a 10X UF for inter-species extrapolations, 10X UF for intra-species variations, and a 1X FQPA SF. The POD is appropriate for the population (i.e., infants and children) and duration of concern. It is also protective of the offspring effects observed above the limit dose in the multi-generation reproduction studies.

Short- and Intermediate-Term Dermal: A POD for short- and intermediate-term dermal exposure risk assessment was not selected since no dermal or systemic toxicity was seen at the limit dose (1000 mg/kg/day) following repeated dermal application to rabbits for 21-days. Although there is an increased postnatal quantitative susceptibility in one of the two-generation reproductive studies, the effects are observed above the limit dose through the oral route, and are of low concern for dermal risk assessment. Consequently, quantification of dermal risk is not required.

Short- and Intermediate-Term Inhalation: A POD for short- and intermediate-term inhalation exposure risk assessment was not selected since there were no portal of entry effects or systemic toxicity seen following inhalation exposure to rats up to the highest concentration tested (0.36 mg/L). Although there is an increased postnatal quantitative susceptibility in one of the two-generation reproductive studies, the effects are observed above the limit dose through the oral route, and are of low concern for inhalation risk assessment. Therefore, quantification of inhalation risk is not required.

4.5.2 Recommendation for Combining Routes of Exposures for Risk Assessment

Since PODs were not selected for assessing risks via the dermal and inhalation routes of exposure, combined risks from other routes are not required.

4.5.3 Cancer Classification and Risk Assessment Recommendation

As part of Registration Review, the Agency reevaluated the human carcinogenic potential of glyphosate. The Agency collected and analyzed a substantial amount of data informing the carcinogenic potential of glyphosate and utilized the "Framework for Incorporating Human Epidemiological & Incident Data in Health Risk Assessment."[6] The framework provides the foundation for evaluating multiple lines of scientific evidence and includes two key components: problem formulation and use of the mode-of-action/adverse-outcome-pathway (MOA/AOP) frameworks. A comprehensive analysis of data on glyphosate from submitted guideline studies and the open literature was performed. This includes epidemiological, animal carcinogenicity, genotoxicity, metabolism, and mechanistic studies. Guideline studies were collected for consideration from the toxicological databases for glyphosate and glyphosate salts. A fit-for-purpose systematic review was executed to obtain relevant and appropriate open literature studies with the potential to inform the human carcinogenic potential of glyphosate. Furthermore, the list of studies obtained from the toxicological databases and systematic review was cross-referenced with recent internal reviews, review articles from the open literature, international agency evaluations, and a list of studies provided by registrants.

Available data from epidemiological, animal carcinogenicity, and genotoxicity studies were reviewed and evaluated for study quality and results to inform the human carcinogenic potential of glyphosate according to the 2005 Guidelines for Carcinogen Risk Assessment. Additionally, multiple lines of evidence were integrated in a weight-of-evidence analysis using the modified Bradford Hill Criteria considering concepts, such as strength, consistency, dose response, temporal concordance, and biological plausibility. The totality of the data has been used by the Agency to inform cancer classification descriptors according to the 2005 Guidelines for Carcinogen Risk Assessment.

In December 2016, the Agency convened the FIFRA SAP to review this evaluation and the evaluation was subsequently updated to address their comments[7]. Based on a weight-of-evidence evaluation, the Agency has concluded that glyphosate is classified as "not likely to be carcinogenic to humans." (D444689; 12-DEC-2017; TXR# 0057688 and G. Akerman, 12-DEC-2017; D444688; TXR#0057689)

6 https://www3.epa.gov/pesticides/EPA-HQ-OPP-2008-0316-DRAFT-0075.pdf
7 https://www.epa.gov/sap/fifra-scientific-advisory-panel-meetings

4.5.4 Summary of PODs and Toxicity Endpoints Used in Human Risk Assessment

Table 4.5.4. Summary of Toxicological Doses and Endpoints for Glyphosate for Use in Human Health Risk Assessments[1].

Exposure/ Scenario	POD	Uncertainty/ FQPA SF	RfD, PAD, LOC	Study and Toxicological Effects
Acute Dietary (General Population, including Infants and Children)	An endpoint of concern (effect) attributable to a single dose was not identified in the database. Quantification of acute dietary risk to general population including infants and children is not required.			
Chronic Dietary (All Populations)	NOAEL = 100 mg/kg/day	UF_A = 10x UF_H =10x FQPA SF = 1x	cPAD = cRfD = 1.00 mg/kg/day	Developmental Toxicity Study – Rabbit (MRID 44320616): Maternal LOAEL = 175 mg/kg/day based on dose-dependent clinical signs (diarrhea, few and/or no feces). These findings were also seen in another study in rabbits at a similar same dose (MRID 00046362).
Short- (1-30 days) and Intermediate-(1-6 months) Term Incidental Oral	NOAEL = 100 mg/kg/day	UF_A = 10x UF_H =10x FQPA SF = 1x	LOC (residential) = MOE < 100	Developmental Toxicity Study – Rabbit (MRID 44320616): Maternal LOAEL = 175 mg/kg/day based on dose-dependent clinical signs (diarrhea, few and/or no feces). These findings were also seen in another study in rabbits at a similar same dose (MRID 00046362).
Short- (1-30 days), Intermediate (1-6 months) Term Dermal	A dermal endpoint was not selected; therefore, quantification of dermal risks is not required.			
Short- (1-30 days), Intermediate (1-6 months) Term Inhalation	An inhalation endpoint was not selected, therefore, quantification of inhalation risks is not required.			
Cancer (oral, dermal, inhalation)	Classification: "Not likely to be carcinogenic to humans."			

[1] UF = uncertainty factor, FQPA SF = FQPA Safety Factor, NOAEL = no-observed adverse-effect level, LOAEL = lowest-observed adverse-effect level, PAD = population-adjusted dose (a = acute, c = chronic) RfD = reference dose, MOE = margin of exposure, LOC = level of concern, HDT = highest dose tested, UF_A = extrapolation from animal to human (interspecies), UF_H = potential variation in sensitivity among members of the human population (intraspecies).

4.6 Endocrine Disruption

As required by FIFRA and the Federal Food, Drug, and Cosmetic Act (FFDCA), EPA reviews numerous studies to assess potential adverse outcomes from exposure to chemicals. Collectively, these studies include acute, subchronic, and chronic toxicity, including assessments of carcinogenicity, neurotoxicity, developmental, reproductive, and general or systemic toxicity. These studies include endpoints that may be susceptible to endocrine influence, including effects on endocrine target organ histopathology, organ weights, estrus cyclicity, sexual maturation, fertility, pregnancy rates, reproductive loss, and sex ratios in offspring. For ecological hazard assessments, EPA evaluates acute tests and chronic studies that assess growth, developmental and reproductive effects in different taxonomic groups. As part of its Registration Review for glyphosate, EPA reviewed these data and selected the most sensitive endpoints for relevant risk assessment scenarios from the existing hazard database. However, as required by FFDCA section 408(p), glyphosate is subject to the endocrine screening part of the Endocrine Disruptor Screening Program (EDSP).

EPA has developed the EDSP to determine whether certain substances (including pesticide active and other ingredients) may have an effect in humans or wildlife similar to an effect produced by a "naturally occurring estrogen, or other such endocrine effects as the Administrator may designate." The EDSP employs a two-tiered approach to making the statutorily required

determinations. Tier 1 consists of a battery of 11 screening assays to identify the potential of a chemical substance to interact with the estrogen, androgen, or thyroid (E, A, or T) hormonal systems. Chemicals that go through Tier 1 screening and are found to have the potential to interact with E, A, or T hormonal systems will proceed to the next stage of the EDSP where EPA will determine which, if any, of the Tier 2 tests are necessary based on the available data. Tier 2 testing is designed to identify any adverse endocrine-related effects caused by the substance, and establish a dose-response relationship between the dose and the E, A, or T effect.

Under FFDCA section 408(p), the Agency must screen all pesticide chemicals. Between October 2009 and February 2010, EPA issued test orders/data call-ins for the first group of 67 chemicals, which contains 58 pesticide active ingredients and 9 inert ingredients. A second list of chemicals identified for EDSP screening was published on June 14, 2013[8] and includes some pesticides scheduled for Registration Review and chemicals found in water. Neither of these lists should be construed as a list of known or likely endocrine disruptors.

Glyphosate is on List 1 for which EPA has received all the required Tier 1 assay data. The Agency has reviewed all of the assay data received for the appropriate List 1 chemicals and the conclusions of those reviews are available in the chemical-specific public dockets (see EPA-HQ-OPP-2009-0361). For further information on the status of the EDSP, the policies and procedures, the lists of chemicals, future lists, the test guidelines and the Tier 1 screening battery, please visit our website.[9]

5.0 Dietary Exposure and Risk Assessment

The registrants have adequately addressed the residue chemistry deficiencies identified in the scoping document (D361315, T. Bloem, 14-Jan-2010).

5.1 Summary of Plant and Livestock Metabolism Studies

Primary Crops: Metabolism studies conducted with non-transgenic crops have been previously submitted and reviewed. Studies in corn, cotton, soybeans, and wheat indicate that the uptake of glyphosate from soil is limited, but the residues which are taken up are readily translocated. Foliarly applied glyphosate is readily absorbed and translocated throughout apples, coffee, dwarf citrus, grapes and pears. Metabolism occurs via *N*-methylation and ultimately yields *N*-methylated glycines and phosphonic acids. Based on these data, HED concluded that the residue of concern in non-transgenic plants is glyphosate (D. Duffy, 3-Jun-1974; C. Trichilo, Reregistration Standard, 15-Jul-1985; D179870, R. Perfetti, 13-Oct-1992; D183202 (RED), R. Perfetti, 27-Oct-1992; R. Perfetti, 17-Mar-1994). Metabolism studies have also been submitted on glyphosate-tolerant canola (RT73; D242628, T. Bloem, 30-Nov-1998) and glyphosate-tolerant field corn (Roundup Ready® field corn; D217539, G. Kramer, 14-Mar-1996). The glyphosate-tolerant canola and field corn varieties were genetically modified to express the EPSPS gene derived from *Agrobacterium sp.* (strain CP4) which codes for an EPSPS protein that is not inhibited by glyphosate. The glyphosate-tolerant canola and corn were also genetically engineered to express the oxidoreductase gene which codes for a protein that converts glyphosate to the non-herbicidal AMPA. Metabolism

8 See http://www.regulations.gov/#!documentDetail;D=EPA-HQ-OPPT-2009-0477-0074 for the final second list of chemicals.
9 http://www.epa.gov/endo/

in these varieties of transgenic canola and corn was essentially the same as the non-transgenic plants. Therefore, it was concluded that the terminal residue to be regulated, in non-transgenic plants and transgenic corn and canola modified to express the *Agrobacterium sp.* EPSPS and oxidoreductase genes, is glyphosate.

Subsequent to these decisions, HED approved DuPont requests concerning application of glyphosate to Optimum™ GAT™ soybean, Optimum™ GAT™ field corn, and Optimum® GLY Canola. These soybean, field corn, canola varieties were genetically engineered to express the *gat*4601 or *gat*4621 genes (derived from *Bacillus licheniformis*; soil bacterium) which confer tolerance to glyphosate via conversion of parent to the non-herbicidal *N*-acetyl-glyphosate. The Optimum™ GAT™ field corn and soybean varieties were also engineered to express the *zm-hra* gene (modified version of the acetolactate synthase (ALS) gene) which encodes for an ALS protein which is not sensitive to the ALS-inhibiting herbicides. As a result of the introduction of these seed lines, HED concluded that the residues of concern in soybean, field corn, and canola for tolerance expression and risk assessment should change from glyphosate to the combined residues of glyphosate and *N*-acetyl-glyphosate (expressed in glyphosate equivalents; D346713, T. Bloem, 12-Mar-2008; D357880, T. Bloem, 29-Oct-2008; D361315, T. Bloem, 14-Jan-2010; D394964, T. Bloem, 15-Nov-2011).

Livestock: The qualitative nature of the residue in livestock following dosing with glyphosate and AMPA is adequately understood. Studies with lactating goats and laying hens fed a mixture of glyphosate and AMPA indicate that the primary route of elimination was by excretion (urine and feces). The HED Metabolism Assessment Review Committee (MARC) determined that the terminal residue to be regulated in livestock is glyphosate (D179870, R. Perfetti, 13-Oct-1992; D183202 (RED), R. Perfetti, 27-Oct-1992; R. Perfetti, 17-Mar-1994).

Since the Optimum™ GAT™ soybean and field corn metabolism studies resulted in significant residues of *N*-acetyl-glyphosate, DuPont submitted summaries of *in vitro* (rumen fluid, fertile hen egg, and rat liver S9 supernatant) and *in vivo* (rat metabolism study) studies conducted with the *N*-acetyl-glyphosate metabolite and submitted goat and hen metabolism studies conducted with the *N*-acetyl-glyphosate metabolite. Based on these data and the glyphosate metabolism studies, HED concluded that the residues of concern in livestock following consumption of glyphosate and *N*-acetyl-glyphosate, for tolerance expression and risk assessment purposes, are glyphosate and *N*-acetyl-glyphosate (D346713, T. Bloem, 12-Mar-2008; D361315, T. Bloem, 14-Jan-2010).

Rotational Crops: A confined rotational crop study has been previously submitted/reviewed which employed an application rate of 3.7 lb ae/acre and carrot, lettuce, and barley as rotational crops (plantback intervals (PBIs) of 30, 119-125, and 364 days; MRIDs 415432-01 and -02, A. Abramovitch, 14-Oct-1992). Glyphosate residues were <0.01 ppm in/on all rotational crops except for barley grain from the 125-day PBI plot which had a glyphosate residue of 0.018 ppm. Based on these data, HED concluded that residues in rotational crops will be insignificant provided the labels specify a 30-day PBI for all nonlabeled crops (D200041, G. Kramer, 12-May-1994; field rotational crop study has not been submitted and is not required).

Environmental Fate: It is assumed that the glyphosate salts dissociate rapidly to form glyphosate acid and the counter ion. Because glyphosate acid will be a zwitterion (presence of both negative (anionic) and positive (cationic) electrostatic charges) in the environment, it is expected to speciate into dissociated species of glyphosate acid in soil, sediment, and aquatic environments. The

environmental fate data for glyphosate, with the exception of a photodegradation study (MRID 44320643), did not address the impact of environmental fate processes on different species of glyphosate acid.

The major route of transformation of glyphosate identified in laboratory studies is microbial degradation. In soils incubated under aerobic conditions, the half-life of glyphosate ranges from 1.8 to 109 days and in aerobic water-sediment systems is 14 - 518 days. However, anaerobic conditions limit the metabolism of glyphosate (half-life 199 - 208 days in anaerobic water-sediment systems). In laboratory studies, glyphosate was not observed to break down by abiotic processes, such as hydrolysis, direct photolysis on soil, or photolysis in water at pH 7. In the field, soil dissipation half-lives for glyphosate were measured to be 1.4 - 142 days. Although the variability in glyphosate dissipation rates cannot be statistically correlated to any specific test site properties, dissipation half-lives tend to be higher at test sites in the central to northern United States. Along with significant mineralization to carbon dioxide, the major degradate of glyphosate is AMPA.

The available field and laboratory data indicate that glyphosate adsorbs strongly to soil. Based on the low vapor pressure of glyphosate, volatilization from soils will not be an important dissipation mechanism. HED concluded that glyphosate is the only residue of concern in drinking water.

5.2 Residues of Concern Summary and Rationale

As indicated in Section 4.2, the only identified metabolite from the rat metabolism study was AMPA which was found in the excreta. Excluding the DuPont glyphosate-tolerant plant metabolism studies, the plant and livestock metabolism studies resulted in a similar profile with glyphosate and AMPA being the main residues. In the DuPont glyphosate-tolerant plant metabolism studies, *N*-acetyl-glyphosate was also a major residue. *N*-acetyl-glyphosate is not anticipated to be more toxic than glyphosate based on the available toxicity data, similar structure to glyphosate, and the lack of lack of structural alerts for carcinogenicity, mutagenicity and endocrine effects (D345923, P. Shah *et al.*, 18-Mar-2008).

In 1992, the HED Metabolism Committee determined that, based on toxicological considerations, AMPA need not be regulated, and in 1994, it was determined that, based on toxicological considerations, AMPA need not be regulated regardless of levels observed in foods or feeds. *N*-acetyl-AMPA was detected as one of the metabolites formed in certain transgenic crops and was excluded as a residue of concern based on residue and toxicity considerations (D345923, P. Shah *et al.*, 18-Mar-2008). The decision that AMPA and *N*-acetyl-AMPA need not be regulated, regardless of levels observed in foods or feeds, was revisited for the glyphosate registration review risk assessment. HED believes the decision to not regulate AMPA is still appropriate based on the following toxicological considerations: (1) the parent active ingredient glyphosate has a very low level of toxicity based on HED's database of guideline studies; (2) glyphosate toxicity studies are being used in endpoint selection; (3) the effects in the available subchronic study for AMPA (body weight loss and histopathologic lesions of the urinary bladder) occur at a dose greater than the limit dose (1,200 mg/kg/day) which is four fold higher than the point of departure being used in risk assessment; and (4) the points of departure selected are protective for the observed toxicity due to AMPA.

A summary of the residues of concern in primary crops, livestock, rotational crops, and drinking water for the tolerance expression and dietary risk assessments is presented in Table 5.2.

Table 5.2. Residues of Concern for Tolerance Expression and Risk Assessment.		
Matrix	Residues Included in Risk Assessmen	Residues Included in Tolerance Expressior
primary crops (excluding soybean and field corn)	glyphosate	glyphosate
soybean and field corn	glyphosate and *N*-acetyl-glyphosate	glyphosate and *N*-acetyl-glyphosate
livestock	glyphosate and *N*-acetyl-glyphosate	glyphosate and *N*-acetyl-glyphosate
rotational crops	glyphosate	glyphosate
drinking water	glyphosate	not applicable

5.3 Food Residue Profile

For most crops, tolerances are at or near the LOQ and reflect the fact that only soil-directed applications are permitted. Significantly higher tolerance are established for those crop where harvest-aid (desiccant) applications are registered and for the tolerant crops where over-the-top applications are permitted.

Provided all labels conform to the application scenarios specified in the JGTF summary (see Section 3.2), the residue chemistry database is sufficient to support the current registrations; no additional residue chemistry data are required. HED evaluated the glyphosate residue chemistry database to determine if the established tolerances conform to the current practices and to determine if the crop group/subgroup tolerances could be updated to the current crop group/subgroup definitions. Based on this analysis, HED is recommending for establishment of the tolerances listed in Attachment C Table C.1. A subgroup 24D tolerance was not recommended as glyphosate is not registered for application to dragon fruit (representative crop). It is noted that for the remaining recommended crop groups/subgroup tolerances, the application scenarios within a crop group/subgroup were not consistent in every instance. Despite this, HED is recommending for the crop group/subgroup tolerances as the differences were minor and unlikely to lead to a significant difference in residues. With the establishment of the tolerances listed in Attachment C Table C.1, the following tolerances should be deleted: acerola; aloe vera; ambarella; asparagus; atemoya; avocado; bamboo, shoots; banana; biriba; breadfruit; cactus, fruit; cactus, pads; canistel; cherimoya; custard apple; date, dried fruit; durian; feijoa; fig; fruit, stone, group 12; guava; ilama; imbe; imbu; jaboticaba; jackfruit; longan; lychee; mamey apple; mango; mangosteen; marmaladebox; noni; nut, tree, group 14; olive; palm heart; papaya; papaya, mountain; passionfruit; pawpaw; persimmon; pineapple; pistachio; pomegranate; pulasan; rambutan; rose apple; sapodilla; sapote, black; sapote, mamey; sapote, white; soursop; Spanish lime; star apple; starfruit; sugar apple; Surinam cherry; tamarind; vegetable, leafy, brassica, group 5; vegetable, leafy, except brassica, group 4; watercress, upland; and wax jambu.

In response to concern from segments of the general public related to the presence of glyphosate in human milk, the BEAD-ACB analyzed human milk samples collected by the National Children's Study for residues of glyphosate and the glyphosate metabolites *N*-acetyl-glyphosate and AMPA (ACB Project #B14-46, L. Podhorniak, 13-May-2015). A total of 39 samples from 39 mothers were analyzed using a fully validated liquid chromatography with tandem mass spectroscopy (LC-MS/MS) method which has a high level of specificity for the target analytes. Glyphosate, *N*-acetyl-glyphosate, and AMPA were not detected in the samples (glyphosate LOQ/LOD = 10 ppb/3.3 ppb; metabolite LOQ/LOD = 30 ppb/10 ppb). Storage stability data are available validating the storage interval (ACB Project #B14-46, L. Podhorniak, 26-Apr-2016).

5.4 Drinking Water Residue Profile

D440486, J. Hetrick, 15-Jun-2017

Table 5.4 is a summary of the worst-case EDWCs when considering all registered uses. Based on these estimates, the chronic dietary assessment assumed a concentration in water of 75 ppb. The monitoring data provided in Table 5.4 were derived from the United States Geological Survey (USGS) National Water-Quality Assessment Program (NAWQA). The groundwater monitoring data with high glyphosate concentrations provided in Table 5.4 are associated with subsurface drains and, therefore, they are not representative of groundwater sourced drinking water. Typically, tile drain fields form preferential flow pathways into tile drains, which allows for a less torturous flow pathway when compared to advection-dispersion flow, as assumed in the groundwater model.

Table 5.4. Drinking Water Concentrations.

Drinking Water Source	Crop Scenario/Model	1-in-10-year average daily (µg/L)	1-in-10-year annual average (µg/L)
Surface Water	direct application to surface water/Pesticide Water Calculator (ver. 1.52) and Variable Volume Water Model (ver. 1.02).	700	**75**
	monitoring[2]	35	2.8
Ground Water	Crop Scenario/Model	Peak (µg/L)	Post-Breakthrough Average (µg/L)
	turf - 40 lbs ae/acre/PRZM-GW (ver. 1.52)[1]	no breakthrough	
	monitoring[3]	285	20.6

[1] PRZM-GW = pesticide root zone mode- groundwater

[2] Monitoring sites with dissolved glyphosate data and watershed areas greater or equal to 0.04 km^2 are assumed to be capable of supporting a CWS. A watershed area of 0.04 km^2 represents a lower bound watershed area for a surface source drinking water.

[3] The indicated highest glyphosate concentration in groundwater is from a subsurface drain in Hamilton County, IA (USGS 423232093351801), which is not representative of a drinking water intake location.

5.5 Dietary Risk Assessment

D429229, T. Bloem, 30-Nov-2017

A chronic dietary risk assessment was conducted using DEEM-FCID (ver. 3.16) which incorporates consumption data from USDA NHANES/WWEIA (2003-2008). Acute and cancer dietary risk assessments were not conducted since an appropriate endpoint attributable to a single dose was not identified for the general U.S. population or any population subgroup and glyphosate is classified as not likely to be a human carcinogen, respectively. The chronic analysis is highly conservative in that it assumed tolerance-level residues, 100% crop treated, DEEM (ver. 7.81) default processing factors, and modeled drinking water estimates (direct application to water scenario). The resulting chronic risk estimates (food and water) were <100% of the cPAD and are therefore less than HED's level of concern (children 1-2 years old were the most highly exposed population subgroup at 23% the cPAD). Table 5.5 is a summary of the chronic dietary exposure estimates.

Table 5.5. Summary of Chronic Dietary Exposure and Risk.

Population Subgroup	cPAD (mg/kg/day)	Exposure (mg/kg/day)	%cPAD[1]
General U.S. Population	1.00	0.089771	9.0
All Infants (< 1 year old)		0.138338	14
Children 1-2 years old		**0.228379**	**23**
Children 3-5 years old		0.212036	21
Children 6-12 years old		0.147749	15
Youth 13-19 years old		0.088362	8.8
Adults 20-49 years old		0.074650	7.5
Adults 50-99 years old		0.061258	6.1
Females 13-49 years old		0.069318	6.9

[1] The bolded %cPAD represents the population with highest risk.

6.0 Residential (Non-Occupational) Exposure/Risk Characterization

D398862, L. Venkateshwara, 30-Oct-2012

Residential exposure to glyphosate may occur as a result of the currently registered turf (including golf courses and residential lawns) and aquatic application scenarios. These uses were previously assessed in 2012 (Memo, L. Venkateshwara, D398862, 30-Oct-2012), and that assessment reflects HED's 2012 Residential SOPs, policy changes for body-weight assumptions, and updates to HED's inputs for aquatic/swimmer assessments. The exposure and risk estimates from the previous assessment are summarized here. It should be noted, however, that the MOEs have been updated to reflect a revised POD, the aquatic use scenario has been updated to reflect a higher application rate identified in the JGTF use matrix, and the aquatic scenario inputs have been updated to reflect the draft Aquatic SOP (November, 2015).

6.1 Residential Handler Exposure

Based on the registered residential use patterns, there is a potential for short-term dermal and inhalation exposures to homeowners who mix and apply products containing glyphosate (residential handlers). However, since short- and intermediate-term dermal and inhalation PODs were not selected due to the lack of toxicity via these routes, a quantitative exposure risk assessment was not completed.

6.2 Post-Application Exposure

Post-application dermal and inhalation assessments were not quantitatively assessed since short- and intermediate-term dermal or inhalation PODs were not selected. However, based on the registered use patterns, children may have short-term post-application incidental oral exposures from hand-to-mouth behavior on treated lawns and swimmers (adults and children) may have short-term post-application incidental oral exposures from the aquatic use. It is noted that the short-term assessment is protective of intermediate-term exposure as the incidental oral PODs for these durations are identical.

Table 6.2.1 presents the post-application incidental oral MOE values calculated for children 1 to <2 years old after applications of glyphosate to turf. Table 6.2.2 presents the post-application incidental oral ingestion MOE values calculated for adults and children 3 to <6 years old after aquatic applications of glyphosate. The post-application MOEs do not exceed the LOC for any of the scenarios assessed (LOC for MOEs <100). It is noted that the lifestages selected for risk assessment are considered protective for the exposures and risks for any other potentially exposed lifestages.

The incidental oral scenarios for the turf assessment (i.e., hand-to-mouth, object-to-mouth, and soil ingestion) should be considered inter-related and it is likely that they occur interspersed amongst each other across time. Combining these scenarios would be overly-conservative because of the conservative nature of each individual assessment. Therefore, none of the incidental oral scenarios were combined.

Table 6.2.1. Post-application Incidental Oral Risk Estimates for Application of Glyphosate to Turf[1].				
Lifestage	Post-application Exposure Scenario		Exposure (mg/kg/day)	Short-term MOEs[5]
Children 1 to <2 year old	Turf – sprays	Hand-to-Mouth[2]	0.1565	640
		Object-to-Mouth[3]	0.00481	21,000
		Incidental Soil Ingestion[4]	0.00034	290,000

[1] Based on the maximum labeled rate specified in the Roundup® Weed & Grass Super Concentrate, EPA Reg. No. 71995-25.
[2] Hand-to-Mouth = Hand residue loading (mg/cm^2)*fraction hand surface area mouthed/event (0.127/event)*typical surface area of one hand (150 cm^2)*exposure time (1.5 hrs/day)*number of replenishment intervals/hr (4 intervals/hr)*(1-(1-saliva extraction factor (0.5)^number of hand-to-mouth contact events per hour (13.9 events/hr); *Hand Residue Loading* = fraction of ae on hands compared to total surface residue from dermal TC study (0.06)*dermal exposure (mg))/typical surface area of one hand (150 cm^2).
[3] Object-to-Mouth = ((Object Residue (µg/cm^2)*CF1 (1.0E-3 mg/µg)*Object Surface Area Mouthed/Event (10 cm^2/event))*(Exposure Time (1.5 hrs/day)*#Replenishment Intervals/hr (4))*(1-((1-Extraction by Saliva (0.48))^(#Object-to-Mouth Events/hr (8.8 events/hr)/#Replenishment intervals/hr))))/Body Weight (11 kg).
[4] Soil Ingestion = (Soil Residue (7.0746975 µg/g) *Ingestion Rate (50 mg/kg/day) *CF(0.000001))/Body Weight (11 kg).
[5] MOE = NOAEL/Daily Dose (mg ae kg/day); Oral NOAEL = 100 mg/kg/day. LOC is for MOEs <100.

Table 6.2.2. Post-Application Swimmer Risk Estimates for Aquatic Application of Glyphosate.				
Exposure Scenario	Application Rate (lb ae/acre)[1]	Maximum Concentration in water (mg/L)[2]	Exposure (mg/kg/day)[3]	Short-term MOE[4]
Ingestion of water, Adult	8	0.737	0.000046035	2,200,000
Ingestion of water, Children 3 to <6 years old			0.000484583	210,000

[1] Application rate from registered labels for aquatic weed control using glyphosate IPA salt (label = EPA Reg. No. 524-343 identified in the JGTF Use Matrix as the highest aquatic rate). Note this rate is higher than previously assessed in D398862.
[2] Maximum concentration in water (top 4 ft) = 8 lb ae/acre x 1A/43,560 ft^2 x 454,000 mg/lb x 4ft x ft^3/28.32 L = 0.737 mg/L.
[3] PDR, incidental oral exposure = concentration, C_w (mg/L) x ingestion rate, IgR (L/hr) x exposure time, ET (hrs/d) x 1/BW (adult = 80 kg; children (3 to <6 years old) = 19 kg).
[4] MOE = NOAEL/PDR; short-term incidental oral NOAEL = 100 mg/kg bw/d. LOC is for MOEs <100.

6.3 Residential Risk Estimates for Use in Aggregate Assessment

Table 6.3 reflects the residential risk estimates that are recommended for use in the aggregate assessment. The recommended residential exposure scenario for use in the adult aggregate assessment reflects short-term incidental oral exposure to treated aquatic areas (post-application exposure). The recommended residential exposure scenario for use in the child aggregate assessment reflects short-term incidental oral exposure to children 1 to <2 years old from treated turf (post-application exposure). As indicated above, the short-term assessment is protective of intermediate-term exposure (identical incidental oral POD for these durations) and the lifestages selected for aggregate risk assessment are considered protective for the exposures and risks for any other potentially exposed lifestage.

Table 6.3. Recommendations for the Residential Exposures for the Glyphosate Aggregate Assessment.					
Lifestage	Exposure (mg/kg/day)[1]			Total Exposure (mg/kg/day)	MOE[2]
	Dermal	Inhalation	Oral		
short-term					
Adults	not applicable		0.000046035	0.000046035	2,200,000
Children 1 to <2 year old			0.1565	0.1565	640

[1] Post-application exposure represents high-end incidental oral exposure for the relevant exposure duration.
[2] Residential post-application MOE = Incidental oral NOAEL / Residential post-application total exposure; LOC for MOEs <100.

6.4 Non-Occupational Bystander Post-Application Inhalation Exposure and Risk Estimates

Volatilization of pesticides may be a source of post-application inhalation exposure to individuals nearby pesticide applications. The Agency sought expert advice and input on issues related to volatilization of pesticides from its FIFRA SAP in December 2009, and received the SAP's final report on March 2, 2010 (http://www.regulations.gov/#!documentDetail;D=EPA-HQ-OPP-2009-

0687-0037). The Agency has evaluated the SAP report and has developed a Volatilization Screening Tool and a subsequent Volatilization Screening Analysis (http://www.regulations.gov/#!docketDetail;D=EPA-HQ-OPP-2014-0219). During Registration Review, the Agency will utilize this analysis to determine if data (i.e., flux studies, route-specific inhalation toxicological studies) or further analysis is required for glyphosate.

6.5 Non-Occupational Spray Drift Exposure and Risk Estimates

Off-target movement of pesticides can occur via many types of pathways and it is governed by a variety of factors. Sprays that are released and do not deposit in the application area end up off-target and can lead to exposures to those it may directly contact. They can also deposit on surfaces where contact with residues can eventually lead to indirect exposures (e.g., children playing on lawns where residues have deposited next to treated fields). The potential risk estimates from these residues can be calculated using drift modeling coupled with methods employed for residential risk assessments for turf products.

The approach to be used for quantitatively incorporating spray drift into risk assessment is based on a premise of compliant applications which, by definition, should not result in direct exposures to individuals because of existing label language and other regulatory requirements intended to prevent them.[10] Direct exposures would include inhalation of the spray plume or being sprayed directly. Rather, the exposures addressed here are thought to occur indirectly through contact with impacted areas, such as residential lawns, when compliant applications are conducted. Given this premise, exposures for children (1 to 2 years old) and adults who have contact with turf where residues are assumed to have deposited via spray drift thus resulting in an indirect exposure are the focus of this analysis analogous to how exposures to turf products are considered in risk assessment.

Several glyphosate products have existing labels for use on turf, thus it was considered whether the risk assessment for that use would be considered protective of any type of exposure that would be associated with spray drift. If the maximum application rate on crops adjusted by the amount of drift expected is less than or equal to existing turf application rates, the existing turf assessment is considered protective of spray drift exposure. The currently registered maximum single agricultural application rate of glyphosate for several scenarios is at 8.0 lb ae/acre (grass pastures, forestry, and Christmas tree farms). The highest fraction of spray drift noted for any application method immediately adjacent to a treated field results in a deposition fraction of 0.26[11] of the application rate. A quantitative spray drift assessment for glyphosate is not required because the maximum application rate for the relevant uses multiplied by the 0.26x adjustment factor for drift (8.0 lb ae/acre x 0.26 = 2.08 lb ae/acre) is less than the assessed maximum direct spray residential turf application rate (10.5 lb ae/acre; D398862, L. Venkateshwara, 30-Oct-2012). As a result, the turf post-application assessment is protective for any potential exposures for any glyphosate products. The turf post-application MOEs have been previously assessed and are based on the revised SOPs for Residential Exposure Assessment (i.e., see above in Section 6.2).

10 This approach is consistent with the requirements of the EPA's Worker Protection Standard which, when included on all labels, precludes direct exposure pathways.

11 Tier 1 output from the aerial application using fine to medium spray quality based on AgDrift® output files

7.0 Aggregate Risk Assessment

In accordance with the FQPA, HED must consider and aggregate pesticide exposures and risks from three major sources: food, drinking water, and residential exposures. Based on the registered/proposed agricultural and residential uses, HED conducted short-term (food, water, residential incidental oral) and chronic (food and water) aggregate risk assessments. Acute and cancer aggregate risk assessments were not conducted since an appropriate endpoint attributable to a single dose was not identified for the general U.S. population or any population subgroup and glyphosate is classified as not likely to be a human carcinogen, respectively. In addition, although an intermediate-term assessment was not conducted, the short-term assessment is protective of intermediate-term as the PODs for these durations are identical.

Short-Term Aggregate Risk Assessment: For children, short-term aggregate exposure includes chronic dietary (food and water) and incidental oral ingestion exposure resulting from the turf use (highest exposure of all possible scenarios). For adults, short-term aggregate exposure includes chronic dietary exposure (food and water) and incidental oral ingestion exposure resulting from the aquatic use (highest exposure of all possible scenarios). Table 7.0 is a summary of the short-term aggregate exposures and risk estimates. Since the aggregate MOEs are ≥260, short-term aggregate exposure to glyphosate does not exceed the LOC (LOC for MOEs <100). HED notes that the lifestages selected for short-term aggregate risk assessment and the resulting aggregate MOEs are protective for any other potentially exposed lifestage.

Table 7.0. Short-Term Aggregate Exposure.

Population	Exposure (mg/kg/day)			Aggregate MOE[2]
	Dietary[1]	Incidental Oral[1]	Combined	
Adults 20-49 years old	0.076405	0.000046035	0.076451	1,300
Children 1 to <2 year old	0.230916	0.1565	0.387416	260

[1] See Table 5.4 (dietary) and Table 6.3 (incidental oral); highest dietary exposure for children and adults was selected.

[2] Aggregate MOE = 100 mg/kg/day (short-term incidental oral NOAEL) ÷ combined exposure (mg/kg/day).

Chronic Aggregate Risk Assessment: Since there are no long-term exposures expected based on the use pattern, aggregate chronic risk assessment only takes into consideration dietary (food and water) exposure only. The chronic aggregate exposure and risk estimates do not exceed HED's LOC (≤23% cPAD; see Section 5.4).

8.0 Cumulative Exposure/Risk Characterization

Unlike other pesticides for which EPA has followed a cumulative risk approach based on a common mechanism of toxicity, EPA has not made a common mechanism of toxicity finding as to glyphosate and any other substances. For the purposes of this assessment, therefore, EPA has not assumed that glyphosate has a common mechanism of toxicity with other substances. In 2016, EPA's OPP released a guidance document entitled, *Pesticide Cumulative Risk Assessment: Framework for Screening Analysis*[12]. This document provides guidance on how to screen groups of pesticides for cumulative evaluation using a two-step approach beginning with the evaluation of available toxicological information and if necessary, followed by a risk-based screening

12 https://www.epa.gov/pesticide-science-and-assessing-pesticide-risks/pesticide-cumulative-risk-assessment-framework

approach. This framework supplements the existing guidance documents for establishing common mechanism groups (CMGs)[13] and conducting cumulative risk assessments (CRA)[14]. During Registration Review, the Agency will utilize this framework to determine if the available toxicological data for glyphosate suggests a candidate CMG may be established with other pesticides. If a CMG is established, then a screening-level toxicology and exposure analysis may be conducted to provide an initial screen for multiple pesticide exposure.

9.0 Occupational Exposure/Risk Characterization

There is the potential for occupational handler and post-application dermal and inhalation exposure; however, due to the lack of toxicity via these routes, no dermal or inhalation PODs were selected for glyphosate. Therefore, a quantitative occupational exposure assessment was not conducted.

Restricted Entry Interval: Glyphosate is classified as Toxicity Category IV via the dermal route and Toxicity Category IV for skin irritation potential. It is not a skin sensitizer. Short- and intermediate-term post-application were not quantitatively assessed since short- and intermediate-term dermal endpoints were not selected. Under 40 CFR 156.208 (c) (2), ai's classified as Acute III or IV for acute dermal, eye irritation and primary skin irritation are assigned a 12-hour REI. Therefore, the [156 subpart K] Worker Protection Statement interim REI of 12 hours is adequate to protect agricultural workers from post-application exposures to glyphosate.

REIs may be further reduced if certain criteria are met in accordance with the Pesticide Registration (PR) Notice 95-3 [Reduction of WPS Interim REIs for Certain Low Risk Pesticides]15. In PR Notice 95-3, there are a set of criteria listed for the active ingredient that must be met for chemicals to be eligible for a reduced REI. These criteria include:

- The active ingredient is in Toxicity Category III or IV based upon data for acute dermal toxicity, acute inhalation toxicity, primary skin irritation, and primary eye irritation. Acute oral toxicity data were used if no acute dermal data were available. If EPA lacked data on primary skin irritation, acute inhalation, or primary eye irritation of the active ingredient, then the Agency reviewed data on that end-point for similar active ingredients (analogs), and excluded such active ingredients from consideration for the reduced REI, if the analog is in Toxicity Category I or II for that endpoint.
- The active ingredient is not a dermal sensitizer (or in the case of biochemical and microbial active ingredients, no known reports of hypersensitivity exist).
- The active ingredient is not a cholinesterase inhibitor (N-methyl carbamate and organophosphate) as these chemicals are known to cause large numbers of pesticide poisonings and have the potential for serious neurological effects.
- No known reproductive, developmental, carcinogenic, or neurotoxic effects have been associated with the active ingredient. If active ingredients did not have data available for these chronic health effects, then EPA considered data on appropriate chemical and biological analogs. Active ingredients that have been classified as carcinogenic in Category B (probable human carcinogen) or Category C with a potency factor, Q* (possible human carcinogen, for which quantification of potential risk is considered appropriate), or are scheduled for HED's Cancer Peer Review process, were omitted from consideration.

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13 Guidance For Identifying Pesticide Chemicals and Other Substances that have a Common Mechanism of Toxicity (USEPA, 1999).

14 Guidance on Cumulative Risk Assessment of Pesticide Chemicals That Have a Common Mechanism of Toxicity (USEPA, 2002).

15 Available: http://www.epa.gov/PR_Notices/pr95-3.html

●EPA does not possess incident information (illness or injury reports) that are "definitely" or "probably" related to post-application exposures to the active ingredient.

Upon review of the criteria for the active ingredient only, it appears that glyphosate is consistent with the criteria in PRN 95-3 that allow for a 4-hour REI. **Note**: *The PR Notice also includes similar criteria for the end-use product. These criteria have not been evaluated by HED.* Based solely on the active ingredient criteria, HED would recommend for reduction of the REI for glyphosate.

10.0 Incident and Epidemiological Analysis

D417808, S. Recore *et al.*, 6-Feb-2014

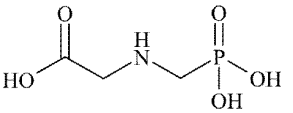
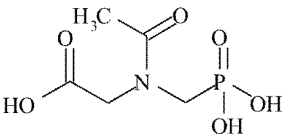
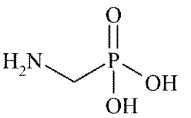
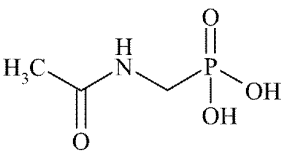
HED found that the acute health effects reported to the incident databases queried are consistent with the previous incident report, and the other databases and medical literature reviewed. These health effects primarily include dermal, ocular, and respiratory effects. Effects are generally mild/minor to moderate meaning the symptoms were minimally traumatic and resolved rapidly. The relatively high (absolute) number of reported glyphosate incidents across the reviewed databases is likely a result of glyphosate being among the most widely used pesticides by volume. It should be noted that most of the incidents reported are minor in severity. Pesticide Incidents from OPP Incident Data System (IDS; 2008 to 2012), California's Pesticide Incident Surveillance Program (PISP; 2005 to 2010), Sentinel Event Notification System for Occupational Risk (SENSOR)-Pesticides (1998 to 2009), the Agency-sponsored National Pesticide Information Center (NPIC; 2007-2013), and American Association of Poison Control Centers (AAPCC; 2001 to 2012) data were reviewed. The incident data available from IDS and NPIC suggest that homeowner mixing/loading/applying (usually due to human errors and container leaks) are responsible for almost half of the reported incidents. SENSOR-Pesticides incident data are consistent with IDS and NPIC, also suggesting that application of glyphosate results in the most reported incidents. The incident data available from CA PISP suggests that occupational handling of equipment is responsible for most incidents due to equipment leaks and malfunction. Based on the data in SENSOR, IDS, and NPIC, it appears that the children's exposures are due to postapplication exposure, accidental ingestion, and tampering with the product.

The medical-case literature reviewed indicates that most of the accidental ingestions of glyphosate formulations resulted in mild symptoms such as irritation of oral and upper gastrointestinal mucosa and were self-limited. However, intentional ingestions caused moderate to severe symptoms and involved multiple organ systems.

While HED identified several dozen glyphosate environmental epidemiology studies, few of these studies reflected an *a priori* research interest in the potential role of glyphosate and chronic disease outcomes, and most studies were hypothesis-generating in nature. Given this and other limitations of these studies, there is insufficient evidence to conclude that glyphosate plays a role in any of the health outcomes studied across this epidemiologic database. EPA will continue to follow the literature concerning the potential role of the chemical in certain cancer and non-cancer outcomes.

Attachment A: Chemical Names and Structures.
Attachment B: Toxicity Profile Tables.
Attachment C: HED-Recommended Tolerances and International Residue Limits.
Attachment D: Physicochemical Properties.
Attachment E: References
Attachment F: Dietary Exposure Estimates Associated with Subsistence Fishing.

Attachment A: Chemical Names and Structures

Compound	Structure
Glyphosate *N*-(phosphonomethyl)glycine	
N-Acetyl-glyphosate *N*-acetyl-*N*-(phosphonomethyl)glycine	
AMPA (aminomethyl)phosphonic acid	
N-Acetyl-AMPA [(acetylamino)methyl]phosphonic acid	

Attachment B: Toxicity Profile Tables

B.1 Toxicology Data Requirements

The requirements (40 CFR 158.340) for uses of glyphosate are in Table B.1. Use of the new guideline numbers does not imply that the new (1998) guideline protocols were used.

Table B.1. Toxicological Data Requirements for Glyphosate.

Study		Technical	
		Required	Satisfied
870.1100	Acute Oral Toxicity	yes	yes
870.1200	Acute Dermal Toxicity	yes	yes
870.1300	Acute Inhalation Toxicity	yes	no[1]
870.2400	Primary Eye Irritation	yes	yes
870.2500	Primary Dermal Irritation	yes	yes
870.2600	Dermal Sensitization	yes	yes
870.3100	Oral Subchronic (rodent)	yes	yes
870.3150	Oral Subchronic (nonrodent)	yes	no[2]
870.3200	21-Day Dermal	yes	yes
870.3465	90-Day Inhalation	yes	yes
870.3700a	Developmental Toxicity (rodent)	yes	yes
870.3700b	Developmental Toxicity (nonrodent)	yes	yes
870.3800	Reproduction	yes	yes
870.4100a	Chronic Toxicity (rodent)	yes	yes
870.4100b	Chronic Toxicity (nonrodent)	yes	yes
870.4200b	Oncogenicity (mouse)	yes	yes
870.4300	Chronic/Oncogenicity	yes	yes
870.5100	Mutagenicity—Gene Mutation - bacterial	yes	yes
870.5300	Mutagenicity—Gene Mutation - mammalian	yes	yes
870.5xxx	Mutagenicity—Structural Chromosomal Aberrations	yes	yes
870.5xxx	Mutagenicity—Other Genotoxic Effects	yes	yes
870.6100a	Acute Delayed Neurotoxicity (hen)	no	no
870.6100b	90-Day Neurotoxicity (hen)	no	no
870.6200a	Acute Neurotoxicity Screening Battery (rat)	yes	yes
870.6200b	90-Day Neurotoxicity Screening Battery (rat)	yes	yes
870.7485	General Metabolism	yes	yes
870.7600	Dermal Penetration	no	no
870.7800	Immunotoxicity	yes	yes

[1] The requirement for an acute inhalation LC_{50} study was waived.

[2] This is not considered a data gap because there is a chronic dog study in the database.

Table B.2. Acute Toxicity Profile.

Guideline No.	Study Type	MRID(s)	Results	Toxicity Category
870.1100	Acute oral [rat]	41400601	LD_{50} > 5,000 mg/kg	IV
870.1200	Acute dermal [rabbit]	41400602	LD_{50} > 5,000 mg/kg	IV
870.1300	Acute inhalation	None	The requirement for an acute inhalation LC_{50} study was waived	None
870.2400	Acute eye irritation [rabbit]	41400603	Corneal opacity or irritation clearing in 7 days or less	III
870.2500	Acute dermal irritation [rabbit]	41400604	Mild or slight irritant	IV
870.2600	Skin sensitization [guinea pig]	41642307	Not a sensitizer	None

Table B.3. Subchronic, Chronic, and Other Toxicity Profile.

Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.3100	90-Day Oral Toxicity (Mice)	00036803 (1979) Acceptable/guideline 0, 5000, 10000, 50000 ppm (0, 944/ 1530, 1870/2740, 9710/ 14800 mg/kg/day [M/F])	NOAEL = 1870/2740 mg/kg/day [M/F]. LOAEL = 9710/14800 mg/kg/day [M/F] based on decreased body weight.
9870.3100	90-Day oral toxicity range finding (Rat)	40559401 (1987) Acceptable/guideline 0, 1000, 5000, or 20000 ppm (0, 63, 317, 1267 mg/kg/day)	NOAEL = 1267 mg/kg/day. LOAEL = not established.
870.3150	90-Day oral toxicity (Rat) – AMPA	00241351 (1979) Acceptable/guideline 0, 400, 1200, 4800 mg/kg/day [M/F]	NOAEL = 400 mg/kg/day [M/F]. LOAEL = 1200 mg/kg/day [M/F] based on body-weight loss and histopathological lesions of the urinary bladder.
870.3150	90-Day oral toxicity (Dog)- AMPA	43334702 0, 8.8, 26.4, 88, or 264 mg/kg/day	NOAEL= 264 mg/kg/day. LOAEL= not established. No toxicity at the highest dose tested.
870.3200	21-Day dermal toxicity (Rabbit)	00098460 (1982) Acceptable/guideline 0, 100, 1000, 5000 mg/kg/day	NOAEL = 1000 mg/kg/day in males and females. LOAEL = 5000 mg/kg/day based on slight erythema and edema on intact and abraded skin of both sexes, and decreased food consumption in females.
870.3465	28-Day inhalation toxicity (rat)	00137704 (1983) Acceptable/guideline 0, 0.05, 0.16, or 0.36 mg/L	NOAEL = 0.36 mg/L (HDT). LOAEL not established based on 6 hours/day, 5 days/week for 4 weeks.
870.3700a	Prenatal developmental in rodents (Rat)	00046362 (1980) Acceptable/guideline 0, 300, 1000, 3500 mg/kg/day via gavage during Gestation Days (GD) 6-19	**Maternal** NOAEL = 1000 mg/kg/day. LOAEL = 3500 mg/kg/day based on based on inactivity, mortality, stomach hemorrhages and reduced body-weight gain. **Developmental** NOAEL = 1000 mg/kg/day. LOAEL = 3500 mg/kg/day based on increased incidence in the number of fetuses and litters with unossified sternebrae and decreased fetal body weight.
870.3700a	Prenatal developmental in rodents (Rat)	44320615 (1996) Acceptable/guideline 0, 250, 500, or 1000 mg/kg/day via gavage during gestation days (GD) 6-15	**Maternal** NOAEL = 1000 mg/kg/day. LOAEL = not established. **Developmental** NOAEL = not established.
870.3700a	Prenatal developmental in rodents (Rat) - AMPA	43334705 (1991) Guideline 0, 150, 400, or 1000 mg/kg/day via gavage during GD 6-19	**Maternal** NOAEL = 150 mg/kg/day. LOAEL = 400 mg/kg/day based clinical signs (hair loss, soft stools and mucoid feces). **Developmental** NOAEL = 400 mg/kg/day. LOAEL = 1000 mg/kg/day based on decreased fetal body weight.
870.3700b	Prenatal developmental in (Rabbit)	00046363 (1980) Acceptable/guideline 0, 75, 175, or 350 mg/kg/day via gavage during GD 6-27	**Maternal** NOAEL = 75 mg/kg/day. LOAEL = 175 mg/kg/day based on based on mortality, diarrhea, soft stools, and nasal discharge. **Developmental** NOAEL = 350 mg/kg/day (HDT). LOAEL = not established.

Table B.3. Subchronic, Chronic, and Other Toxicity Profile.			
Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.3700b	Pre-natal Developmental Toxicity-Rabbit	(1996) Acceptable/guideline 44320616 0, 100, 175, or 300 day via gavage during GD7-19	Maternal NOAEL = 100 mg/kg/day. Maternal LOAEL = 175 mg/kg/day based on dose-dependent clinical signs (diarrhea, few/no feces). Developmental NOAEL = 300 mg/kg/day. Developmental LOAEL = not established.
870.3800	Reproduction and fertility effects, three-generation (Rat)	00105995 (1981) Acceptable/guideline 0, 3, 10, or 30 mg/kg/day in the diet.	**Parental/Systemic** NOAEL = 30 mg/kg/day (HDT). **Reproductive** NOAEL = 30 mg/kg/day (HDT). **Offspring** NOAEL = 10 mg/kg/day. LOAEL = 30 mg/kg/day based on focal dilation of the kidney in male F3b pups.
870.3800	Reproduction and fertility effects, two-generation (Rat)	41621501 (1990) Acceptable/guideline 0, 2000, 10,000, or 30,000 ppm (0, 250, 500, and 1500 mg/kg/day) in the diet.	**Parental/Systemic** NOAEL = 500 mg/kg/day in males and females. LOAEL = 1500 mg/kg/day in males and females based on soft stools, decreased body-weight gain and food consumption. Focal dilation of the kidney observed at 30 mg/kg/day in the three-generation study was not observed at any dose level in this study. **Reproductive** NOAEL = 1500 mg/kg/day (HDT) in males and females. **Offspring** NOAEL = 500 mg/kg/day in males and females. LOAEL = 1500 mg/kg/day in males and females based on decreased body-weight gain during lactation.
870.3800	Reproduction and fertility effects, two-generation (Rat)	48865101 (2012) Acceptable/guideline 0, 1500, 5000, or 15,000 ppm (0/0, 121/126, 408/423, or 1234/1273 mg/kg/day [M/F]) in the diet	**Parental/Systemic** NOAEL = 1234/1273 mg/kg/day in males and females. The LOAEL for parental toxicity was not observed. **Reproductive** NOAEL = 1234/1273 mg/kg/day (HDT) in males and females. **Offspring** NOAEL = 408/423 mg/kg/day in males and females. LOAEL = 1234/1273 mg/kg/day in males and females based on delayed age and increased weight at attainment of PPS.
870.4100a	Chronic toxicity (dog)	00153374 (1985) Acceptable/guideline 0, 20, 100, or 500 mg/kg/day [M/F] via gelatin capsule	NOAEL = 500 mg/kg/day [M/F]. LOAEL = not established.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	00093879 (1981) Minimum 0, 3, 10, or 34 mg/kg/day in the diet	NOAEL = 34 mg/kg/day. LOAEL = not established. High dose not adequate to assess carcinogenicity. Another study requested (see below).
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	41643801, 41728701 (1990) Acceptable/guideline 0, 2000, 8000, or 20000 ppm 0, 362/447, or 940/1183 mg/kg/day [M/F] in the diet.	NOAEL = 362/447 mg/kg/day [M/F]. LOAEL = 940/1183 mg/kg/day[M/F] based on decreased body-weight gain in females, decreased urinary pH in males, increased incidence of cataracts and lens abnormalities in males, and increased absolute and relative (to brain) liver weight in males.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	49631701 (1993) Acceptable/guideline 0, 10, 100, 300, or 1000 mg/kg/day [M/F] in the diet.	NOAEL=100 mg/kg bw/day [M/F]. LOAEL = 300 mg/kg bw/day [M/F] based on pronounced cellular alterations of the parotid and mandibular salivary glands.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	49704601 (2001) Acceptable/guideline 0, 2000, 6000, or 20,000 ppm 0,121/145, 361/437, and 1214/1498 mg/kg/day [M/F] in the diet.	NOAEL = 361/437 mg/kg bw/day [M/F]. LOAEL = 1214/1498 mg/kg bw/day [M/F] based on kidney papillary necrosis.

Table B.3. Subchronic, Chronic, and Other Toxicity Profile.			
Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	40214007, 41209905, 41209907 (1987) Acceptable/guideline 0, 100, 500, and 1000 ppm 0, 4.2/5.4, 21.2/27 or 41.8/55.7 mg/kg/day [M/F] in the diet.	NOAEL = 100 ppm (4.2/5.4 mg/kg/day [M/F]) LOAEL = 500 ppm (21.2/27.0 mg/kg/day [M/F) based upon decreased LDH levels at 6 and 12 months.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	49987401 (1994) Acceptable/guideline 0, 6.3/8.6, 59.4/88.5, and 595.2/886 mg/kg/day [M/F] in the diet.	NOAEL ≥ 10,000 ppm (740.6 mg/kg/day) A LOAEL was not established.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	50017103, 50017104, 50017105 (1997) Acceptable/guideline 0, 3000, 10000, or 30000 ppm 0, 104/115, 354/393 and 1127/1247 mg/kg bw/day [M/F] in the diet.	NOAEL = 3000 ppm (104/115 mg/kg/day) LOAEL = 10000 ppm (354/393 mg/kg/day) based upon retarded growth in males throughout the study.
870.4200	Combined Chronic Toxicity/Carcinogenicity (Rat)	49957404 (2009) Acceptable/guideline 0, 1500, 5000, and 15,000 ppm 0, 86/105, 285/349 or 1077/1382 mg/kg/day [M/F] in the diet.	NOAEL is ≥ 1077/1382 mg/kg/day. A LOAEL was not established. Transient liver enzyme activity for mid-dose males and high-dose males and females were observed, in addition to increased adipose infiltration of the bone marrow in high-dose males. Both effects were not considered adverse.
870.4300	Carcinogenicity (Mouse)	00130406 (1983) Acceptable/guideline 0, 1000, 5000, or 30,000 ppm 0, 161/195, 835/968, 4945/6069 mg/kg bw/day [M/F] in the diet.	NOAEL = 835/968 mg/kg bw/day [M/F]. LOAEL = 4945/6069 mg/kg bw/day [M/F] based on increased centrilobular hepatocellular necrosis in high-dose males and proximal tubular epithelial basophilia in high-dose females.
870.4300	Carcinogenicity (Mouse)	41643801, 41728701 (1990) Acceptable/guideline 0, 1000, 5000, or 30000 ppm 0, 150, 750, or 4500 mg/kg/day [M/F] in the diet.	NOAEL = 750 mg/kg/day [M/F]. LOAEL = 4500 mg/kg/day [M/F] based on significant decreased body-weight gain in both sexes, hepatocyte necrosis and interstitial nephritis in males, and increased incidence of proximal tubule epithelial basophilia and hypertrophy in the kidney of females.
870.4300	Carcinogenicity (Mouse)	49631702 (1993) Acceptable/guideline 0, 98/102, 297/298, 988/1000 mg/kg bw/day [M/F] in the diet.	NOAEL = 1000 mg/kg bw/day. A LOAEL was not identified.
870.4300	Carcinogenicity (Mouse)	49957402 (2009) Acceptable/guideline 0, 500, 1500, or 5000 ppm 0, 71.4/97.9, 234.2/299.5, or 810/1081.2 mg/kg bw/day [M/F] in the diet.	NOAEL ≥ 5000 ppm (234.2/299.5 mg/kg/day) A LOAEL was not established.

Table B.3. Subchronic, Chronic, and Other Toxicity Profile.			
Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.4300	Carcinogenicity (Mouse)	50017108, 50017109 (1997) Acceptable/guideline 0, 1600, 8000, or 40000 ppm 0, 165/153.2, 838.1/786.8, or 4348/4116 mg/kg bw/day [M/F] in the diet.	NOAEL = 8000/1600 ppm (838.1/153.2 mg/kg/day [M/F]) LOAEL = 40000 ppm (4116 mg/kg/day [M]) based on a significant increase in overall incidence of anal prolapse which corresponded to erosion/ulcer of the anus histopathologically. LOAEL = 8000 (838.1 mg/kg/day [F]) based upon retarded growth with statistically significant decreases in weight at week 6 and weeks 9-24.
870.4300	Carcinogenicity (Mouse)	40214006, 41209907 (1987) Acceptable/guideline 0, 11.7/16, 118/159, and 991/1341 mg/kg bw/day [M/F] in the diet.	NOAEL = 1000 ppm (11.7/16 mg/kg/day [M/F]) LOAEL = 8000 ppm (118/159 mg/kg/day [M/F) based upon an increased incidence of white matter degeneration in the lumbar region of the spinal cord in males, and an increased incidence of epithelial hyperplasia of the duodenum in females. .
870.6200a	Acute neurotoxicity screening battery	44320610 (1996) Acceptable/guideline 0, 500, 1000, 2000 mg/kg [M/F]	Neurotoxicity NOAEL = 2000 mg/kg/day [M/F]. Neurotoxicity LOAEL was not observed. Systemic NOAEL = 2000 mg/kg/day [M/F]. Systemic LOAEL was not observed.
870.6200b	Subchronic neurotoxicity screening battery	44320612 (1996) Acceptable/guideline 0, 2000, 8000, 20000 ppm (0, 155.5/ 166.3, 617.1/672.1, 1546.5/1630.6 mg/kg/day [M/F])	Neurotoxicity NOAEL = 1546.5/1630.6 mg/kg/day [M/F]. Neurotoxicity LOAEL was not observed. Systemic NOAEL = 1546.5/1630.6 mg/kg/day [M/F]. Systemic LOAEL was not observed.
870.7800	Immunotoxicity (Mouse)	48934207 (2012) Acceptable/guideline 0, 500, 1500, 5000 ppm (0, 150, 499, 1448 mg/kg/day [F])	Immunotoxicity NOAEL = 1448 mg/kg/day. Immunotoxicity LOAEL was not observed. Systemic NOAEL = 1448 mg/kg/day. Systemic LOAEL was not observed.

1- The entire battery of additional metabolism, genotoxicity and mutagenicity studies considered by EPA can be found in the *Glyphosate Issue Paper: Evaluation of Carcinogenic Potential, EPA's Office of Pesticide Programs, 2016.*

Table B.4 Acute, Subchronic, and Other Toxicity Profile for *N*-Acetyl-Glyphosate			
Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.1100 (*N*-Acetyl-Glyphosate)	Acute Oral Toxicity (Rat)	47007901 (2004) Acceptable/guideline 5000 mg/kg [M/F]	LD_{50} = greater than 5000 mg/kg in male and female rats.
870.3100 (*N*-Acetyl-Glyphosate)	90-Day oral toxicity (Rat)	47119201 (2007) Acceptable/guideline 0, 180, 900, 4500, and 18,000 ppm M: 0, 11.3, 55.7, 283, and 1157 mg/kg/day F: 0, 13.9, 67.8, 360, and 1461 mg/kg/day	NOAEL = 1157/1461 mg/kg/day (m/f), highest dose tested. LOAEL = was not established.
870.5100	Bacterial Gene Mutation	47007905 (2004) Acceptable/guideline 0, 100, 333, 1000, and 5000 µg/ per plate	Non-mutagenic when tested up to 5000 ug/plate, in presence and absence of activation in S. *typhimurium* strains TA100, TA1535 and TA1537 and in Escheria coli strain WP2urvA.

Table B.4 Acute, Subchronic, and Other Toxicity Profile for *N*-Acetyl-Glyphosate			
Guideline No.	Study Type	MRID No. (year)/ Classification /Doses	Results
870.5300	In Vitro Mammalian Gene Mutation Test (CHO/HGPRT)	47007902 (2006) Acceptable/guideline 0, 250, 500, 1000, 1500, and 2091 µg/ml	Non-mutagenic at the HGPRT locus in Chinese hamster ovary cells tested up to 2091 µl/ml, in presence and absence of metabolic activation.
870.5300	*In vitro* Chromosomal Aberration Assay in Chinese Hamster Ovary (CHO) cells	47007903 (2004) Acceptable/guideline 0, 19.0, 27.1, 38.8, 55.4, 79.1, 113, 161, 231, 329, 471, 672, 960, 1370, 1960, and 2800 µg/ml ± S9 0, 960, 1370, 1960, and 2800 µg/ml – S9	No evidence of chromosomal aberration in Chinese Hamster Ovary cells when tested at doses up to 2800 µg/mL with or without metabolic activations.
870.5395	Mouse Bone Marrow Micronucleus Test	47007904 (2006) Acceptable/guideline 0, 500, 1000, 2000 mg/kg [M/F] 30 mg/kg Cyclophosphamide	No chromosomal aberrations were detected in male and female mice at doses up to 2000 mg/kg.
870.7485	Metabolism and pharmacokinetics (Rat)	47007906 (2004) Acceptable/guideline 15 mg free acid equivalent/kg	Absorption was estimated to be approximately 66% of the administered dose as estimated based on urinary excretion. The mean maximum concentrations in blood and plasma were 2.93 and 5.31 µg equiv./g at 1 and 2 hours post-dose, respectively. The half-life was 20.1 h in blood and 15.6 h in plasma. After 168 h post-dose, only 0.2% of the dose remained in the carcass, and 2.8% of the dose was isolated in the cage wash and wipe. A total of 97.25% of the dose was identified, and 97.18% of the dose was identified as parent. The remaining 0.07% of the identified dose was glyphosate, isolated in the feces. In the plasma, 100% of the sample radioactivity was identified as the parent. Similarly, 99.3-100% of the radiolabeled compounds from each sample was identified as parent in the urine and feces

Attachment C: HED-Recommended Tolerances and International Residue Limits

HED evaluated the glyphosate residue chemistry database to determine if the established tolerances conform to the current practices and to determine if the crop group/subgroup tolerances could be updated to the current crop group/subgroup definitions. Based on this analysis, HED is recommending for establishment of the tolerances listed in Table C.1. With the establishment of these tolerances, the following tolerances should be deleted: acerola; aloe vera; ambarella; asparagus; atemoya; avocado; bamboo, shoots; banana; biriba; breadfruit; cactus, fruit; cactus, pads; canistel; cherimoya; custard apple; date, dried fruit; durian; feijoa; fig; fruit, stone, group 12; guava; ilama; imbe; imbu; jaboticaba; jackfruit; longan; lychee; mamey apple; mango; mangosteen; marmaladebox; noni; nut, tree, group 14; olive; palm heart; papaya; papaya, mountain; passionfruit; pawpaw; persimmon; pineapple; pistachio; pomegranate; pulasan; rambutan; rose apple; sapodilla; sapote, black; sapote, mamey; sapote, white; soursop; Spanish lime; star apple; starfruit; sugar apple; Surinam cherry; tamarind; vegetable, leafy, brassica, group 5; vegetable, leafy, except brassica, group 4; watercress, upland; and wax jambu.

Table C.2 is a summary of the U.S. tolerances and the Canadian and Codex MRLs. For the majority of the crops, the U.S. and Codex residue definitions are identical. However, the Canadian residue definition differs in that it includes AMPA and N-acetyl-AMPA. Since the U.S. and Canadian residue definitions differ, harmonization of the tolerance value is irrelevant.

HED has evaluated the Codex MRLs and the U.S. tolerance to determine if harmonization is appropriate. HED determined that harmonization of the forage, fodder, and hay tolerances are unnecessary as these commodities are not important in terms of international trade. For the remaining commodities where there are both U.S. and Codex tolerances, HED determined that harmonization was either inappropriate as the Codex MRL is too high and would not be an adequate measure of misuse (sugar beet and popcorn) or the available residue data resulted in residues higher than the current Codex MRL (banana, sweet corn, sunflower seed, dry pea, dry bean, hog meat byproducts, poultry meat, and poultry meat byproducts).

Table C.1. HED Recommended Changes to the Tolerance Level or Commodity Definition.

Current		HED-Recommended		Comment
Commodity	Tolerance (ppm)	Commodity	Tolerance (ppm)	
Soybean, forage	100.0	Soybean, forage	100	update to the current practice concerning significant figures
Soybean, hay	200.0	Soybean, hay	200	
Soybean, hulls	120.0	Soybean, hulls	120	
Soybean, seed	20.0	Soybean, seed	20	
Fruit, stone, group 12	0.2	Fruit, stone, group 12-12	0.2	update to the current crop group definitions; coconut was excluded from the tree nut crop group tolerances as the residues were not within 5x (coconut tolerance at 0.1 ppm)
Nut, tree, group 14	1.0	Nut, tree, group 14-12 (except coconut)	1.0	
Vegetable, leafy, except brassica, group 4	0.2	Vegetable, leafy, group 4-16	0.2	
Vegetable, leafy, brassica, group 5	0.2	Vegetable, *Brassica*, head and stem, group 5-16	0.2	
several	0.2-0.5--	Vegetable, stalk and stem, subgroup 22A	0.5	
	0.2	Vegetable, leaf petiole, subgroup 22B	0.2	
	0.2	Fruit, tropical and subtropical, edible peel, group 23	0.2	
	0.2	Fruit, tropical and subtropical, small fruit, inedible peel, group 24A	0.2	
	0.2	Fruit, tropical and subtropical, medium to large fruit,	0.2	

Table C.1. HED Recommended Changes to the Tolerance Level or Commodity Definition.				
Current		HED-Recommended		Comment
Commodity	Tolerance (ppm)	Commodity	Tolerance (ppm)	
		smooth, inedible peel, group 24B		
	0.2	Fruit, tropical and subtropical, large fruit, rough or hairy, inedible peel, group 24C	0.2	
	0.2	Fruit, tropical and subtropical, vine, inedible peel, group 24E	0.2	

Table C.2. Summary of US and International Tolerances and Maximum Residue Limits.

Residue Definition[1]			
US	Canada	Mexico[2]	Codex[3]
40 CFR §180.364 (a) All except livestock, canola, field corn, AGF, and soybean: glyphosate. livestock, canola, field corn, AGF, and soybean: glyphosate and N-acetyl-glyphosate (expressed as glyphosate)	All except livestock, dry soybeans, canola, and field corn: glyphosate and AMPA. Livestock, dry soybeans, canola, and field corn: glyphosate, AMPA, N-acetyl-AMPA (not include in the livestock MRLs), **and** N-acetyl-glyphosate.	--	All except soya bean and maize: glyphosate. Soya bean and Maize: glyphosate and N-acetyl-glyphosate (expressed as glyphosate).

Tolerance/MRL (ppm)				
Commodity	US	Canada	Mexico[2]	Codex[3]
Alfalfa, seed	0.5	--	--	--
Almond, hulls	25	--	--	--
Animal feed, nongrass, group 18	400	--	--	--
Artichoke, globe	0.2	--	--	--
Barley, bran	30	10 barley	--	20 wheat bran, unprocessed
Beet, sugar, dried pulp	25	--	--	--
Beet, sugar, roots	10	10	--	15 sugar beet
Beet, sugar, tops	10	--	--	--
Berry and small fruit, group 13-07	0.2	--	--	--
Betelnut	1.0	--	--	--
Blimbe	0.2	--	--	--
Cacao bean, bean	0.2	--	--	--
Carrot	5.0	--	--	--
Chaya	1.0	--	--	--
Citrus, dried pulp	1.5	--	--	--
Coconut	0.1	--	--	--
Coffee, bean, green	1.0	--	--	--
Corn, pop, grain	0.1	3	--	5 maize
Corn, sweet, kernel plus cob with husk removed	3.5	3	--	3
Cotton, gin byproducts	210	--	--	--
Dokudami	2.0	--	--	--
Epazote	1.3	--	--	--
Fish	0.25	--	--	--
Fruit, citrus, group 10-10	0.5	--	--	--
Fruit, pome, group 11-10	0.2	--	--	--
Fruit, tropical and subtropical, edible peel, group 23	0.2	--	--	--
Fruit, tropical and subtropical, small fruit, inedible peel, group 24A	0.2	--	--	--
Fruit, tropical and subtropical, medium to large fruit, smooth, inedible peel, group 24B	0.2	banana - 0.05	--	--
Fruit, tropical and subtropical, large fruit, rough or hairy, inedible peel, group 24C	0.2	--	--	--
Fruit, tropical and subtropical, vine, inedible peel, group 2EA	0.2	--	--	--
Fruit, stone, group 12-12	0.2	--	--	--
Galangal, roots	0.2	--	--	--

Table C.2. Summary of US and International Tolerances and Maximum Residue Limits.

Residue Definition[1]			
US	Canada	Mexico[2]	Codex[3]
40 CFR §180.364 (a) All except livestock, canola, field corn, AGF, and soybean: glyphosate. livestock, canola, field corn, AGF, and soybean: glyphosate and N-acetyl-glyphosate (expressed as glyphosate)	All except livestock, dry soybeans, canola, and field corn: glyphosate and AMPA. Livestock, dry soybeans, canola, and field corn: glyphosate, AMPA, N-acetyl-AMPA (not include in the livestock MRLs), **and** N-acetyl-glyphosate.	--	All except soya bean and maize: glyphosate. Soya bean and Maize: glyphosate and N-acetyl-glyphosate (expressed as glyphosate).

Tolerance/MRL (ppm)				
Commodity	US	Canada	Mexico[2]	Codex[3]
Ginger, white, flower	0.2	--	--	--
Gourd, buffalo, seed	0.1	--	--	--
Governor's plum	0.2	--	--	--
Gow kee, leaves	0.2	--	--	--
Grain, cereal, forage, fodder and straw, group 16, except field corn, forage and field corn, stover	100	--	--	400 barley straw and fodder, dry; 100 oat straw and fodder, dry; 50 sorghum straw and fodder, dry; 300 wheat straw and fodder, dry
Grain, cereal, group 15 except field corn, popcorn, rice, sweet corn, and wild rice	30	10 barley; 5 wheat; 15 oats; 15 barley, wheat (milling fractions, excluding flour); 35 oats milling fractions, excluding flour	--	30 cereal grains (except maize and rice)
Grass, forage, fodder and hay, group 17	300	--	--	500 hay or fodder (dry) of grasses
Herbs subgroup 19A	0.2	--	--	--
Hop, dried cones	7	--	--	--
Kava, roots	0.2	--	--	--
Kenaf, forage	200	--	--	--
Leucaena, forage	200	--	--	--
Mioga, flower	0.2	--	--	--
Nut, pine	1.0	--	--	--
Nut, tree, group 14-12 (except coconut)	1.0	--	--	--
Oilseeds, group 20, except canola	40	10 seeds (borage, cuphea, echium, gold of pleasure, hare's ear mustard, milkweed, mustard seed (condiment and oilseed type), oil radish, poppy seed, sesame, sweet rocket); 3 flax seed; 40 undelinted cotton seed	--	40 cotton seeds 7 sunflower seed
Okra	0.5	--	--	--
Oregano, Mexican, leaves	2.0	--	--	--
Palm heart, leaves	0.2	--	--	--
Palm, oil	0.1	--	--	--
Pea, dry	8.0	5 peas	--	5 peas (dry)
Peanut	0.1	--	--	--
Peanut, hay	0.5	--	--	--
Pepper leaf, fresh leaves	0.2	--	--	--
Peppermint, tops	200	--	--	--
Perilla, tops	1.8	--	--	--
Pistachio	1.0	--	--	--
Quinoa, grain	5.0	--	--	--
Rice, grain	0.1	--	--	--
Rice, wild, grain	0.1	--	--	--
Shellfish	3.0	--	--	--
Spearmint, tops	200	--	--	--
Spice subgroup 19B	7.0	--	--	--
Stevia, dried leaves	1.0	--	--	--
Sugarcane, cane	2.0	--	--	2
Sugarcane, molasses	30	--	--	10
Sweet potato	3.0	--	--	--
Tea, dried	1.0	--	--	--

Table C.2. Summary of US and International Tolerances and Maximum Residue Limits.

Residue Definition[1]			
US	Canada	Mexico[2]	Codex[3]
40 CFR §180.364 (a) All except livestock, canola, field corn, AGF, and soybean: glyphosate. livestock, canola, field corn, AGF, and soybean: glyphosate and N-acetyl-glyphosate (expressed as glyphosate)	All except livestock, dry soybeans, canola, and field corn: glyphosate and AMPA. Livestock, dry soybeans, canola, and field corn: glyphosate, AMPA, N-acetyl-AMPA (not include in the livestock MRLs), **and** N-acetyl-glyphosate.	--	All except soya bean and maize: glyphosate. Soya bean and Maize: glyphosate and N-acetyl-glyphosate (expressed as glyphosate).

Tolerance/MRL (ppm)				
Commodity	US	Canada	Mexico[2]	Codex[3]
Tea, instant	7.0	--	--	--
Teff, forage	100	--	--	--
Teff, grain	5.0	--	--	--
Teff, hay	100	--	--	--
Ti, leaves	0.2	--	--	--
Ti, roots	0.2	--	--	--
Ugli fruit	0.5	--	--	--
Vegetable, bulb, group 3-07	0.2	--	--	--
Vegetable, *Brassica*, head and stem, group 5-16	0.2	--	--	--
Vegetable, cucurbit, group 9	0.5	--	--	--
Vegetable, foliage of legume, subgroup 7A, except soybean	0.2	--	--	200 bean fodder 500 pea hay or pea fodder (dry)
Vegetable, fruiting, group 8-10 (except okra)	0.1	--	--	--
Vegetable, leaf petiole, subgroup 22B	0.2	--	--	--
Vegetable, leafy, group 4-16	0.2	--	--	--
Vegetable, leaves of root and tuber, group 2, except sugar beet tops	0.2	--	--	--
Vegetable, legume, group 6 except soybean and dry pea	5.0	4 beans, dry lentils	--	2 beans (dry) 5 lentil (dry)
Vegetables, root and tuber, group 1, except carrot, sweet potato, and sugar beet	0.2	--	--	--
Vegetable, stalk and stem, subgroup 22A	0.5	asparagus - 0.5	--	--
Wasabi, roots	0.2	--	--	--
Water spinach, tops	0.2	--	--	--
Yacon, tuber	0.2	--	--	--
Canola, seed	20	20	--	30
Cattle, meat byproducts	5.0	2 kidney of cattle; 0.2 liver of cattle	--	5 edible offal mammalian
Corn, field, forage	13	--	--	--
Corn, field, grain	5.0	3	--	5 maize
Corn, field, stover	100	--	--	150 maize fodder (dry)
Egg	0.05	0.08	--	0.05*
Goat, meat byproducts	5.0	2 kidney of goats; 0.2 liver of goats	--	5 edible offal mammalian
Grain aspirated fractions	310	--	--	--
Hog, meat byproducts	5.0	2 kidney of hogs; 0.2 liver of hogs	--	5 pig, edible offal of
Horse, meat byproducts	5.0	2 kidney of horses; 0.2 liver of horses	--	5 edible offal mammalian
Poultry, meat	0.10	0.08	--	0.05*
Poultry, meat byproducts	1.0	2 kidney of poultry; 0.2 liver of poultry	--	0.5 poultry, edible offal of
Sheep, meat byproducts	5.0	2 kidney of sheep; 0.2 liver of sheep	--	5 edible offal mammalian
Soybean, forage	100	--	--	--
Soybean, hay	200	--	--	--
Soybean, hulls	120	--	--	--
Soybean, seed	20	20 dry soybeans	--	20 soya bean (dry)
MRLs with No US Equivalent				
Alfalfa fodder	--	--	--	500
Meat (from mammals other than marine mammals)	--	0.08 meat of (cattle, goats, hogs, horses, and sheep)	--	0.05*
Milk	--	0.08	--	0.05*

Table C.2. Summary of US and International Tolerances and Maximum Residue Limits.

Residue Definition[1]			
US	Canada	Mexico[2]	Codex[3]
40 CFR §180.364 (a) All except livestock, canola, field corn, AGF, and soybean: glyphosate. livestock, canola, field corn, AGF, and soybean: glyphosate and N-acetyl-glyphosate (expressed as glyphosate)	All except livestock, dry soybeans, canola, and field corn: glyphosate and AMPA. Livestock, dry soybeans, canola, and field corn: glyphosate, AMPA, N-acetyl-AMPA (not include in the livestock MRLs), **and** N-acetyl-glyphosate.	--	All except soya bean and maize: glyphosate. Soya bean and Maize: glyphosate and N-acetyl-glyphosate (expressed as glyphosate).

Tolerance/MRL (ppm)				
Commodity	US	Canada	Mexico[2]	Codex[3]
Fat of (cattle, goats, hogs, horses, poultry and sheep)	--	0.15	--	--
Completed: M. Negussie; 08/31/15				

[1] glyphosate = *N*-(phosphonomethyl)glycine; N-acetyl-glyphosate = N-acetyl-N-(phosphonomethyl)glycine; AMPA = aminomethylphosphonic acid.

[2] Mexico adopts US tolerances and/or Codex MRLs for its export purposes.

[3] * = absent at the limit of quantitation (LOQ); Po = postharvest treatment, such as treatment of stored grains. PoP = processed postharvest treated commodity, such as processing of treated stored wheat. (fat) = to be measured on the fat portion of the sample. MRLs indicated as proposed have not been finalized by the CCPR and the CAC.

Attachment D: Physicochemical Properties

The physicochemical properties of technical grade glyphosate are presented in Table D.1. Glyphosate is water soluble with a low Log Kow.

Table D.1. Physicochemical Properties of the Technical Grade Glyphosate.

Melting point	189.5 ± 0.5 °C	The Pesticide Manual, 13th Edition
pH	1.9 at 20 °C	
Density	1.705 g/cm^3 at 20 °C	
Water solubility	10.5 g/L at 20 °C	
Solvent solubility	acetone 0.078 g/L methanol 0.231 g/L hexane 0.026 g/L ethyl acetate 0.012 g/L dichloromethane 0.233 g/L n-octanol 0.020 g/L propan-2-ol 0.020 g/L toluene 0.036 g/L	European Commission: Glyphosate 6511/VI/99-final, 21-Jan-2002
Vapor pressure	1.31 x 10^{-2} mPa at 25 °C	The Pesticide Manual, 13th Edition
Dissociation constant, pK_a	0.8 (1st phosphonic), 2.3 (carboxylate), 6.0 (2nd phosphonic), and 11.0 (amine)	Knuuttila. 1979 Acta Chem. Scand. B 33:623-626
Octanol/water partition coefficient, Log(K_{OW})	-3.2 (pH 2-5, 25 °C)	European Commission: Glyphosate 6511/VI/99-final, 21-Jan-2002
UV/visible absorption spectrum	ε = 0.086 (295 nm)	

Attachment E: References

Tracking Code	Author	Date	Title
Risk Assessment and Scoping Documents			
D345923	P. Shah *et al.*	18-Mar-2008	Glyphosate-Isopropylammonium and Pyrithiobac Sodium. Human-Health Risk Assessment for Application to Glyphosate-Tolerant Soybean.
D362745	J. Van Alstine *et al.*	3-Jun-2009	Glyphosate. Human-Health Assessment Scoping Document in Support of Registration Review.
D369999	J. Van Alstine *et al.*	28-Dec-2009	Glyphosate. Public Comments Regarding the Health Effects Division's (HED's) Human-Health Assessment Scoping Document in Support of Registration Review of 3-JUN-2009. HED's Response to Public Comments.
D398547	T. Bloem *et al.*	14-Nov-2012	Glyphosate. Section 3 Registration Concerning the Application of Glyphosate to Carrots, Sweet Potato, Teff, and Oilseeds (Crop Group (CG) 20) and to Update the CG Definitions for Bulb Vegetable (CG 3-07), Fruiting Vegetable (CG 8-10), Citrus Fruit (CG 10-10), Pome Fruit (CG 11-10), and Berry (CG 13-07). Human-Health Risk Assessment.
Toxicology			
TXR No. 0056885	M. Perron	12-DEC-2017	Glyphosate: Literature Review
TXR No. 0057299	J. Rowland	10-01-2015	Evaluation of the Carcinogenic Potential of Glyphosate
--	OPP	12-Sep-2016	Glyphosate Issue Paper: Evaluation of Carcinogenic Potential
Incident Report			
D417808	S. Recore et al.	6-Feb-2014	Glyphosate: Tier II Incident Report
Dietary Exposure			
D440486	J. Hetrick	15-Jun-2017	Drinking Water Assessment for the Registration Review of Glyphosate.
D429229	T. Bloem	30-Nov-2017	Dietary Exposure Analysis in Support of Registration Review.
ACB Project B14-46	L. Podhorniak	18-Sep-2015	Analysis of Human Milk for Incurred Residues of Glyphosate and its Metabolites.
Residential Exposure			
D398862	L. Venkateshwara	30-Oct-2012	Glyphosate. Occupational and Residential Exposure Assessment for a Proposed Use on Carrots, Sweet Potato, Teff and Oilseeds (Harvest Aid).
Residue Chemistry			
D200041	G. Kramer	12-May-1994	Label Amendment for Roundup (Glyphosate)
D217539	G. Kramer	14-Mar-1996	Glyphosate in or on Corn Forage. Evaluation of Residue Data and Analytical Methods.
D242628	T. Bloem	30-Nov-1998	Glyphosate residues in/on glyphosate tolerant canola seed and canola meal. Amendment of 24-August-1998.
D346713	T. Bloem	12-Mar-2008	Glyphosate-Isopropylammonium and Pyrithiobac Sodium. Application to Glyphosate-Tolerant Soybeans. Summary of Analytical Chemistry and Residue Data.
D357880	T. Bloem	29-Oct-2008	Glyphosate and Pyrithiobac Sodium. Amended Section 3 Registration to Permit the Rotation to Glyphosate-Tolerant Field Corn and Glyphosate-Tolerant Soybean Following Application to Glyphosate-Tolerant Cotton and Revision of the Field Corn Tolerance Expression. Summary of Analytical Chemistry and Residue Data.
D361315	T. Bloem	14-Jan-2010	Glyphosate and Pyrithiobac Sodium in/on Glyphosate-Tolerant Soybean. Review of Amendment Dated 9-December-2008 Submitted in Response to Residue Chemistry Deficiencies Identified in D346713 (T. Bloem, 12-Mar-2008).
D394964	T. Bloem	15-Nov-2011	Glyphosate. Section 3 Registration for Application of the Isopropylamine Salt of Glyphosate to DuPont™ Optimum® GLY Canola. Summary of Analytical Chemistry and Residue Data.
Literature Studies			
--	A. Anadon	2009	Toxicokinetics of glyphosate and its metabolite aminomethyl phosphonic acid in rats
--	D. Brewster	1991	Metabolism of Glyphosate in Sprague-Dawley Rats: Tissue Distribution, Identification, and Quantitation of Glyphosate-Derived Materials following a Single Oral Dose

Attachment F: Dietary Exposure Estimates Associated with Subsistence Fishing.

Glyphosate is registered for direct application to water with fish (0.25 ppm) and shellfish (3.0 ppm) tolerances established (180.364(a)(1)). Although these tolerances were incorporated into the dietary exposure analysis, the employed consumption database does not consider consumption levels associated with subsistence fishing. Making the conservative assumptions that an adult (69-kg body weight) or child (10-kg body weight) will consume on a chronic basis 200 grams/day or 25 grams/day, respectively, of fish and shellfish and assuming tolerance-level residues, the resulting exposure estimates are <1% of the cPAD. Therefore, exposure to glyphosate for individuals who consume fish/shellfish on a regular basis is not significantly different from that of the general population. The fish/shellfish consumption rates were attained from the State of Washington Department of Ecology Fish Consumption Rates Technical Support Document (Tables 1 and A.1).

Exhibit 12

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

AUTHENTICATION

I, Delores Barber, attest that I am the Director of the Information Technology and Resources Management Division (ITRMD) of the United States Environmental Protection Agency (EPA or Agency) and that the attached documents are true, correct, and compared copies of the file copies in my legal custody, consisting of:

MEMORANDUM Dated: 10/1/2015
To: Charles Smith & Khue Nguyen (OPP)
From: Jess Rowland & Karlyn Middleton (OPP)

Re: GLYPHOSATE: Report of the Cancer Assessment Review Committee (87 Pages)

Subscribed under the penalty of perjury on this 7th day of June, 2018.

Delores Barber

Delores Barber, Director
Information Technology and Resources Management Division (ITRMD)

CERTIFICATION OF TRUE COPY

I, Wendy Blake, certify that I am the Associate General Counsel, General Law Office, Office of General Counsel, of the United States Environmental Protection Agency; that I am the designee of the General Counsel for the purpose of executing certifications under 40 C.F.R. sec. 2.406; that I have duties in Washington, District of Columbia; and that the official whose signature appears above has legal custody pursuant to 40 C.F.R. sec. 2.406 of the original documents, copies of which are attached, as witnessed by my signature and the official seal of the United States Environmental Protection Agency.



Wendy L. Blake
Associate General Counsel
General Law Office
Office of General Counsel

Date: 6/11/18

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

MEMORANDUM

DATE: **October 1, 2015**

SUBJECT: **GLYPHOSATE:** Report of the Cancer Assessment Review Committee

PC Code: 417300	**DP Barcode:** N/A
Decision No.: N/A	**Registration No.:** N/A
Petition No.: N/A	**Regulatory Action:** N/A
Risk Assessment Type: NA	**Case No.:** N/A
TXR No.: 0057299	**CAS No.:** 1071-83-6
MRID No.: N/A	**40 CFR:** N/A

FROM: Jess Rowland,
Deputy Division Director
Chair, Cancer Assessment Review Committee
And
Karlyn Middleton, Co-Chair
Cancer Assessment Review Committee
Health Effects Division (7509P)

TO: Charles Smith, Chief,
Risk Assessment Branch I
Health Effects Division (7509P)
And
Khue Nguyen
Chemical Review Manager
Risk Management and Implementation Branch 1
Pesticide Re-evaluation Division

On September 16, 2015, the Cancer Assessment Review Committee (CARC) of the Health Effects Division, of the Office of Pesticide Programs evaluated the carcinogenic potential of Glyphosate in accordance with the *EPA's Final Guidelines for Carcinogen Risk Assessment* (March, 2005). Attached please find the final Cancer Assessment Document.

CANCER ASSESSMENT DOCUMENT

EVALUATION OF THE CARCINOGENIC POTENTIAL OF
Glyphosate

FINAL REPORT
October 1, 2015

CANCER **A**SSESSMENT **R**EVIEW **C**OMMITTEE
HEALTH EFFECTS DIVISION
OFFICE OF PESTICIDE PROGRAMS
U.S Environmental Protection Agency

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5. Feinchemie Schwebda. (1996). Combined Chronic Toxicity and Carcinogenicity Study with Glyphosate Technical in Wistar Rats. Bangalore, India: Rallis India, Ltd. (Cited in Greim *et al.*, 2015). 48
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COMMITTEE MEMBERS IN ATTENDANCE:

Jess Rowland, M.S., Chair

Karlyn Middleton, M.S., Co-Chair

Gregory Akerman, Ph.D.

Lori Brunsman, B.S.

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Charles Wood D.V.M., Ph.D., Pathologist, ORD

EXECUTIVE SUMMARY

Glyphosate is a nonselective herbicide that is currently registered for pre- and post-emergence application to a variety of fruit, vegetable, and field crops.

In 1985, the agency, in accordance with the Proposed Guidelines for Carcinogen Risk Assessment, classified glyphosate as a Group C chemical (Possible Human Carcinogen) based on the presence of kidney tumors in male mice. There was no evidence for carcinogenicity in male or female rats. Furthermore, there were no mutagenicity concerns (TXR No. 0052067).

In 1986, the agency requested the FIFRA Scientific Advisory Panel (SAP) to evaluate the carcinogenic potential of glyphosate. On February 24, 1986, the SAP recommended that glyphosate should be categorized as a Group D chemical: Not Classifiable as to Human Carcinogenicity. The panel determined that the data on renal tumors in male mice were equivocal: they were only adenomas, and the increase did not reach statistical significance. The panel also advised the agency to issue a data call-in notice for further studies in rats and/or mice to clarify unresolved questions (SAP Report, 02/24/1986). This review is available at http://www.epa.gov/pesticides/chem_search/cleared_reviews/csr_PC-103601_24-Feb-86_209.pdf

In 1991, the Carcinogenicity Peer Review Committee (CPRC) of the Health Effects Division (HED), of the Office of Pesticide Programs (OPP), of the U.S. Environmental Protection Agency (USEPA) evaluated the carcinogenic potential of glyphosate. In accordance with the agency's 1986 *Draft Guidelines for Carcinogen Risk Assessment,* the CPRC classified glyphosate as a Group E Chemical: "Evidence of Non-Carcinogenicity for Humans" based upon lack of evidence for carcinogenicity in mice and rats and the lack of concern for mutagenicity (TXR# 0008897).

Earlier this year (March 2015), the International Agency for Research on Cancer (IARC), Lyon, France, assessed the carcinogenic potential of glyphosate. The IARC reviewed the available epidemiological studies and carcinogenicity studies for glyphosate in experimental animals. The IARC concluded that there is *limited evidence* in humans for the carcinogenicity of glyphosate based on a positive association for non-Hodgkin lymphoma (NHL). The IARC also concluded that there is *sufficient evidence* in experimental animals based on significant positive trends for kidney tumors in one study and for hemangiosarcomas in another study in male mice. IARC determined that there is strong evidence for genotoxicity. Overall, IARC classified glyphosate as "*probably carcinogenic to humans (Group 2A)* (IARC, 2015).

IARC's conclusion was based on epidemiologic studies available in the open literature and carcinogenicity studies in rats (4 studies) and mice (2 studies) by dietary administration. Of these six studies reviewed by IARC, two studies in rats and one study in mice were previously not available to OPP. The conclusion by IARC and the additional studies not available to OPP, prompted the agency to re-evaluate the carcinogenic potential of glyphosate.

On September 16, 2015, HED's Cancer Assessment Review Committee (CARC) evaluated all available epidemiological studies published in the open literature that examined the association between glyphosate exposure and one or more cancer outcomes. This included one cohort study, seven nested case-control studies based on the cohort study population, and 25 case- control studies. The CARC also evaluated 11 chronic toxicity/carcinogenicity studies in rats (7) and mice (4) following dietary administration for up to two years. Six of the studies (4 rat and 2 mouse) were submitted to OPP to support registration/re-registration requirements, including two studies in rats and one study in mice which were not previously available to OPP (but reviewed by IARC). Data for review of the other five studies (3 rat and 2 mouse) were obtained from a review article and its supplement published in the open literature (Greim *et al.,* 2015) that also had not been previously reviewed by the agency (IARC did not evaluate the five studies cited in the Greim *et al.* 2015 review article). The CARC also evaluated the mutagenicity/genotoxicity studies submitted to OPP as well as studies summarized in two review articles (Williams *et al.*, 2000, and Kier and Kirkland, 2013) published in the open literature.

The CARC concluded that the epidemiological studies in humans showed no association between glyphosate exposure and cancer of the following: oral cavity, esophagus, stomach, colon, rectum, colorectum, lung, pancreas, kidney, bladder, prostate, brain (gliomas), soft-tissue sarcoma, leukemia, or multiple myelomas.

The CARC concluded that there is conflicting evidence for the association between glyphosate exposure and NHL. No association between glyphosate exposure and NHL was found in population-based case-control studies in the United States, Canada or France. Additionally, the large prospective Agricultural Health Study (AHS) with 54,315 licensed pesticide applicators in Iowa and North Carolina did not show a significantly increased risk of NHL. A population-based case-control study from Sweden suggested an association between glyphosate exposure and NHL; however, this finding was based on only 4 glyphosate-exposed cases and 3 controls.

When data from two case-control studies in Sweden (one on NHL and the other on hairy cell leukemia) were pooled, a univariate analysis showed an increased risk (odds ratio (OR) = 3.04; 95% confidence interval (CI) = 1.08–8.52); however, when study site, vital status, and exposure to other pesticides were taken into account in a multivariate analysis, the risk was attenuated (OR=1.85; 95% CI=0.55–6.20). In another case-control study in Sweden, among the 29 glyphosate-exposed cases, a multivariate analysis showed an increased risk for NHL (OR=1.51; 95% CI=0.77–2.94) and B-cell lymphoma (OR=1.87; 95% CI=0.998–3.51). A meta-analysis of the six separate studies showed an association between glyphosate exposure and NHL with a meta-risk ratio of 1.5 (95% CI=1.1–2.0) (Schinasi and Leon, 2014). The CARC noted that most of the studies in the database were underpowered, suffered from small sample size of cancer cases with glyphosate exposure, and had risk/odds ratios with large confidence intervals. Additionally, some of the studies had biases associated with recall and missing data.

In an attempt to address the noted power/sample size issues across studies, IARC used adjusted weighting estimates of the two Swedish studies (Hardell *et al.* 2002 and Eriksson *et al.* 2008) and

reported an lower odds ratio in a second meta-analysis of the same data (OR=1.3; 95% CI=1.03–1.65). Given the limitations of the studies used and uncertainty in the analytical methods, the CARC concluded that a different weighting scheme could have resulted in a different meta risk ratio. Thus, while epidemiologic literature to date does not support a direct causal association, the CARC recommends that the literature should continue to be monitored for studies related to glyphosate and risk of NHL.

Overall, the CARC concluded that there was no evidence of carcinogenicity in the eleven carcinogenicity studies conducted in Sprague Dawley or Wistar rats and CD-1 mice. There were no treatment-related increases in the occurrence of any tumor type in either sex of either species.

By contrast, the IARC concluded that there is *sufficient evidence* in experimental animals based on a positive trend in the incidence of a relatively rare tumor type, renal tubular carcinoma and renal tubule adenoma or carcinoma (combined) in CD-1 males in one feeding study. A second study reported a positive trend for hemangiosarcomas in male CD-1 mice. The CARC did not consider these tumors to be treatment-related since the observed tumors did not exhibit a clear dose-response relationship, were not supported non-neoplastic changes, were not statistically significant on pairwise analysis with concurrent control groups, and/or were within the range of the historical control data. If the kidney tumors and the hemangiosarcomas are really treatment-related, it is unlikely that the same tumors would not have been detected at higher incidences in the studies in the other studies of CD-1 mice when tested at similar or higher doses (1000–4000 mg/kg/day). Moreover, in 4 of the 11 studies (3 rat and 1 mouse) evaluated by CARC, there was no biologically or statistically significant increases in the occurrence of any tumor type in either species. The other observed differences in incidence did not show a dose response relationship, and were within the range of the background/historical control range. The four studies which were negative for carcinogenicity were reported in the review article by Greim *et al.* (2015) but were not included in the IARC evaluation. This omission of the negative findings from reliable studies may have had a significant bearing on the conclusion drawn for evidence of carcinogenicity in animals.

The CARC evaluated a total of 54 mutagenicity/genotoxicity studies which included studies submitted to the agency, as well as studies reported in the two review articles (Williams *et al.*, 2000, and Kier and Kirkland, 2013). A number of studies reported in the review article by Kier and Kirkland (2013) were not considered by IARC. The CARC, based on a weight-of-evidence of the *in vitro* and *in vivo* studies, concluded that there is no concern for genotoxicity or mutagenicity. Glyphosate was no mutagenic in bacterial reversion (Ames) assays or *in vitro* mammalian gene mutation assays. There is no convincing evidence that glyphosate induces micronuclei formation or chromosomal aberrations *in vitro* or *in vivo*.

By contrast, IARC's conclusion that glyphosate is genotoxic based on positive results that included studies that tested glyphosate-formulated products as well as studies where the test material was not well-characterized (*i.e.*, no purity information was provided). The IARC analysis also focused on DNA damage as an endpoint (*e.g.*, comet assay). DNA damage is often reversible and can result from events that are secondary to toxicity (cytotoxicity), as opposed to permanent DNA

changes which are detected in tests for mutations and chromosomal damage (*e.g.* chromosomal aberrations or micronuclei induction). The studies that IARC cited as positive findings for chromosomal damage had deficiencies in the design and/or conduct of the studies confounding the interpretation of the results. In addition these positive findings were not reproduced in other guideline or guideline-like studies evaluating the same endpoints. Furthermore, IARC's evaluation did not include a number of negative results from studies that were reported in the review article by Kier and Kirkland (2013). The inclusion of the positive findings from studies with known limitations, the lack of reproducible positive findings and the omission of the negative findings from reliable studies may have had a significant bearing on IARC's conclusion on the genotoxic potential of glyphosate.

In accordance with the 2005 Guidelines for Carcinogen Risk Assessment, based on the weight-of-evidence, glyphosate is classified as "Not Likely to be Carcinogenic to Humans". This classification is based on the following weight-of-evidence considerations:

- The epidemiological evidence at this time does not support a causal relationship between glyphosate exposure and solid tumors. There is also no evidence to support a causal relationship between glyphosate exposure and the following non-solid tumors: leukemia, multiple myeloma, or Hodgkin lymphoma. The epidemiological evidence at this time is inconclusive for a causal or clear associative relationship between glyphosate and NHL. Multiple case-control studies and one prospective cohort study found no association; whereas, results from a small number of case-control studies (mostly in Sweden) did suggest an association. Limitations for most of these studies include small sample size, limited power, risk/odd ratios with large confidence intervals, and recall bias as well as missing data. The literature will continue to be monitored for studies related to glyphosate and risk of NHL.

- In experimental animals, there is no evidence for carcinogenicity. Dietary administration of glyphosate at doses ranging from 3.0 to 1500 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in seven separate studies with male or female Sprague-Dawley or Wistar rats. Similarly, dietary administration of glyphosate at doses ranging from 85 to 4945 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in four separate studies with male or female CD-1 mice. The CARC did not consider any of the observed tumors in 11 carcinogenicity studies in rats and mice to be treatment-related since the observed tumors did not exhibit a clear dose-response relationship, were not supported pre-neoplastic changes (*e.g.*, foci, hypertrophy, and hyperplasia), were not statistically significant on pairwise statistical analysis with concurrent control groups, and/or were within the range of the historical control data.

- Based on a weight of evidence approach from a wide range of assays both *in vitro* and *in vivo* including endpoints for gene mutation, chromosomal damage, DNA damage and repair, there is no *in vivo* genotoxic or mutagenic concern for glyphosate.

I. INTRODUCTION

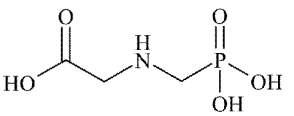
On September 16, 2015 the Cancer Assessment Review Committee (CARC) of the Health Effects Division of the Office of Pesticide Programs met to re-evaluate the carcinogenic potential of glyphosate.

II. BACKGROUND INFORMATION

Glyphosate (*N*-(phosphonomethyl) glycine) is a nonselective herbicide that is currently registered for pre- and post-emergence application to a variety of fruit, vegetable, and field crops. Tolerances are currently established for residues of glyphosate in/on various plant commodities at 0.2–400 ppm (40 CFR §180.364 (a)) (1). Registered uses range from tree nuts, citrus, and grapes to corn, soybeans, cotton, and rice. Glyphosate is also registered for use on transgenic crop varieties such as canola, corn, cotton, soybeans, sugar beets, and wheat. Aquatic and terrestrial registered uses of glyphosate include non-selective control of nuisance aquatic weeds, ornamentals, greenhouses, residential areas, ornamental lawns and turf, fallow land, pastures, and nonagricultural rights-of-way.

The chemical structure and nomenclature for glyphosate is presented in Table 1.

Table 1. Chemical Nomenclature of Glyphosate

Compound	
Common name	Glyphosate
Company experimental name	DPX-B2856
IUPAC/CAS name	*N*-(phosphonomethyl)glycine
CAS registry number	1071-83-6

Glyphosate is formulated in liquid and solid forms, and it is applied using ground and aerial equipment. Application rates of glyphosate to food crops range from <1 pound (lb) of acid equivalent (ae) per acre (A) for a variety of crops to approximately 15 lb ae/A for spray and spot treatments of crops including tree nuts, apples, citrus, and peaches. Residential lawn and turf application rates range from <1 lb ae/A to approximately 10.5 lb ae/A. The application timing of glyphosate is varied. Glyphosate can be applied early and late in the season, at pre-plant, planting, pre-emergence, pre-bloom, bud stage, pre-transplant, pre-harvest, post-plant, post-transplant, post-bloom, and post-harvest. It can also be applied during dormant stages and to fallow land, established plantings, stubble, and when needed. In September 1993, the agency issued the glyphosate Reregistration Eligibility Decision (RED) document (D362745), available from http://www.epa.gov/pesticides/reregistration/REDs/old_reds/glyphosate.pdf.

In 1985, the agency, in accordance with the Proposed Guidelines for Carcinogen Risk Assessment, classified glyphosate as a Group C chemical (Possible Human Carcinogen) based on the presence of kidney tumors in male mice. There was no evidence for carcinogenicity in male or female rats. Furthermore, there were no mutagenicity concerns (TXR No. 0052067).

In 1986, the agency requested the FIFRA Scientific Advisory Panel (SAP) to evaluate the carcinogenic potential of glyphosate. On February 24, 1986, the SAP recommended that glyphosate should be categorized as a Group D chemical: Not Classifiable as to Human Carcinogenicity. The panel determined that the data on renal tumors in male mice were equivocal: they were only adenomas, and the increase did not reach statistical significance. The panel also advised the agency to issue a data call-in notice for further studies in rats and/or mice to clarify unresolved questions (SAP Report, 02/24/1986). This review is available at http://www.epa.gov/pesticides/chem_search/cleared_reviews/csr_PC-103601_24-Feb-86_209.pdf

In 1991, the Carcinogenicity Peer Review Committee (CPRC) of the Health Effects Division, Office of Pesticide Programs, in accordance with the agency's 1986 *Draft Guidelines for Carcinogen Risk Assessment,* classified glyphosate as a Group E Chemical: Evidence of Non-Carcinogenicity for Humans. This classification was based upon lack of evidence for carcinogenicity in mice and rats and the lack of concern for mutagenicity (TXR No. 0008897).

In 2002, the European Union (EU) concluded that there was no evidence of carcinogenicity for glyphosate in long-term studies with mice and rats (EU, 2002).

In 2004, the Joint FAO/WHO Meeting on Pesticide Residues (JMPR) concluded that there was no evidence of carcinogenicity for glyphosate in long term studies in mice and rats and there was no evidence for genotoxic potential (JMPR, 2004).

In 2015, the International Agency for Research on Cancer (IARC) classified glyphosate as a Group 2A chemical (Probable Human Carcinogen) based on *limited evidence* of carcinogenicity in humans and sufficient evidence in experimental animals. The limited evidence in humans was based on a positive association between non-Hodgkin lymphoma (NHL) and glyphosate exposure from published epidemiology studies. The *sufficient evidence* in experimental animals was based on a positive trend in the incidence of renal tubular carcinoma and renal tubule adenoma/ carcinoma combined in male CD-1 mice in one study and on a positive trend in the incidence of hemangiosarcomas in male CD-1 mice in another study. There is strong evidence that glyphosate causes genotoxicity (IARC, 2015).

In 2015, two chronic toxicity/carcinogenicity studies in rats (MRID Nos. 49631701; 4970460) and one carcinogenicity study in mice (MRID No. 49631702) that were reviewed by IARC, but not previously available to OPP, were submitted and reviewed. This assessment by the CARC includes all of the studies (epidemiology and animals) reviewed by IARC as well as a subset of animal studies reported in a review article by Greim *et al.* (2015) but not reviewed by IARC.

III. EPIDEMIOLOGY

This section includes a review of epidemiologic cohort and case-control studies of glyphosate to evaluate whether exposure to glyphosate is associated causally with the risk of developing cancer in humans.

The Agricultural Health Study (AHS) is a large prospective study conducted in Iowa and North Carolina. Participants (private and commercial applicators) were asked to complete a 21-page questionnaire that included data on personally mixing and/or applying pesticides (including glyphosate), and frequency (days of use per year) and duration (years of use) of pesticide use. Data on the use of personal protective equipment, other farming practices, dietary and lifestyle information, demographic data, and medical information were also collected via the questionnaire (Alavanja *et al.,* 1996). The role of pesticide use and lymph hematopoietic cancers, and in particular NHL, has been studied in several investigations. For most of the cancer endpoints studied in relation to pesticide use, only one epidemiology study is available (De Roos *et al.*, 2005); however, for NHL and other non-solid tumors, several investigations are published.

A. Cohort Study

There are multiple published studies which use data from the same cohort, the AHS (Alavanja *et al.,* 2003; Flower *et al.*, 2004; De Roos *et al.*, 2005; Engel *et al.*, 2005; Lee *et al.*, 2007; Landgren *et al.*, 2009; Andreotti *et al.*, 2009; and Dennis *et al.*, 2010). It should be noted that there is some overlap between the cases and person-time reported findings in the AHS.

B. Case-Control Studies

Three case-control studies conducted by the National Cancer Institute in Iowa and Minnesota during the 1980s were reported by Brown *et al.* (1990), Cantor *et al.* (1992) and Brown *et al.* (1993).

De Roos *et al.* (2003) and Lee *et al.* (2004a) reported the results of case-control studies conducted in Iowa, Minnesota, Nebraska and/or Kansas in the U.S.A.

The Canadian population based case-control studies were reported by McDuffie *et al.*, 2001; Hohenadel *et al.*, 2011; Karunanayke *et al.*, 2012; and Kachuri *et al.*, 2013.

Results of the Swedish case-control studies were reported by Nordstrom *et al.*, 1998; Hardell and Erikson, 1999 and Hardell *et al.*, 2002; and Eriksson *et al.*, 2008.

A single case-control study conducted in France was reported by Orsi *et al.* (2009).

Coco *et al.*, (2013) reported the results of a pooled analyses of case-control studies conducted in six European countries between 1998 and 2004.

Case-control studies on the cancer of the brain (mainly gliomas) were reported by Ruder *et al.* 2004; Carreon *et al.*, 2005; Lee *et al.*, 2005; and Yiin *et al.*, 2012.

Case-control studies on other cancer sites were reported by Alavanja *et al.*, 2004 (lung); Bank *et al.*, 2011 and Koutros *et al.*, 2013 (prostate); Pahwa *et al.*, 2012 (soft tissue sarcoma) and Lee *et al.,* 2004b (stomach and esophagus).

Schinasi and Leon (2014) conducted a meta-analysis of the six studies that evaluated NHL and glyphosate exposure (McDuffie *et al.*, 2001; Hardell *et al.*, 2002; DeRoos *et al.*, 2003; 2005; Eriksson *et al.*, 2008; and Orsi *et al.*, 2009). Sorahan (2015) conducted a re-analysis of the multiple myeloma in the U.S. AHS.

C. Results

A summary of the studies evaluating the association between glyphosate exposure and cancer are discussed below.

- Results of the studies reporting data on solid tumors (non-lymphohematopoietic) at various anatomical sites are presented in Table 2.

- Results of the studies reporting data on glyphosate exposure and non-solid tumors (lymphohematopoietic) are presented in Table 3.

1. Solid Tumor Cancer Studies

Within the AHS study cohort, a number of authors evaluated several anatomical cancer sites in relation to pesticide use. A discussion of studies outside of the AHS cohort that addressed pesticide use in relation to non-solid tumors including multiple myeloma and NHL is presented below in Section C.2. (Non-Solid Tumor Sites).

(i) Cancer at Multiple Sites

De Roos *et al.*, (2005) evaluated associations between glyphosate exposure and cancer incidence in the AHS cohort study of 57,311 licensed pesticide applicators in Iowa and North Carolina. The authors used Poisson regression to estimate exposure-response relationships between glyphosate and incidence of all cancers combined and 12 relatively common cancer subtypes. Exposure to glyphosate was not associated with all cancers combined [Rate Ratio (RR) =1.0 with 95% Confidence Interval (CI) of 0.90–1.2)] or any cancer at a specific anatomical site.

Several AHS nested case-control analyses as well as the cohort analysis from De Roos *et al.*, 2005, also provide information concerning the carcinogenic potential of glyphosate. As presented in Table 2, there is no statistical evidence of an association with glyphosate presented across these studies. Specifically, AHS researchers reported no statistical evidence of an association between glyphosate use and cancers of the oral cavity (De Roos *et al.*, 2005), colon (De Roos *et al.*, 2005; Lee *et al.*, 2007), rectum (De Roos *et al.*, 2005; Lee *et al.*, 2007), lung (De Roos *et al.*, 2005), kidney (De Roos *et al.*, 2005), bladder (De Roos *et al.*, 2005), pancreas (De Roos *et al.*, 2005; Andreotti *et al.*, 2009), breast (Engel *et al.*, 2005), prostate (Alavanja *et al.*, 2003; Koutros *et al.*, 2013) or melanoma (De Roos *et al.*, 2005; Dennis *et al.*, 2010). The risk ratios (OR) or rate ratios (RR) and 95% confidence interval (CI) for these studies are provided in Table 2.

In a population-based study (Band *et al.*, 2011) outside of the AHS, Canadian researchers reported non-significantly elevated odds of prostate cancer in relation to glyphosate use (OR=1.36; 95% CI=0.83–2.25). This study included prostate cancer cases from 1983-1990, prior to the prostate-specific antigen (PSA) era. Consequently, the study included more advanced tumors before diagnosis. Additionally, these data are in conflict with the results of Alavanja *et al.* (2003), which reflects the PSA-era cases (*i.e.*, cases which are typically identified at an earlier stage in the progression of the disease). Koutros *et al.* (2013) did not identify an association with advanced prostate cancer (OR=0.93; 95% CI=0.73–1.18) in a prostate cancer follow-up study within the AHS.

A Canadian case-control study (Pahwa *et al.*, 2011) examined exposure to pesticides and soft tissue sarcoma and found no relation with the use of glyphosate (OR=0.90; 95% CI= 0.58–1.40).

Flower *et al.* (2004) examined the relation between parental pesticide use and all pediatric cancers reported to state registries among children of AHS participants and did not observe a significant association with maternal use exposure to glyphosate (OR=0.61; 95% CI= 0.32–1.16) or paternal (prenatal) exposure to glyphosate: (OR=0.84; 95% CI= 0.35– 2.54).

(ii) Brain (Glioma) Cancer

Lee *et al.* (2005) investigated the association between brain cancer with farming and agricultural pesticide use. The authors conducted telephone interviews of men and women diagnosed with gliomas (n=251) between 1988 and 1993 in Nebraska and in controls (n=498) identified from the same regions. Matching for age and vital status, study authors reported a non-significant elevated odds of glioma (OR=1.5; 95% CI=0.7–3.1) in relation to glyphosate use; however, the results were significantly different between those who self-reported pesticide use (OR=0.4; 95% CI=0.1–1.6), and for those for whom a proxy respondent was used (OR=3.1; 95% CI=1.2–8.2), indicating recall bias was likely a characteristic of this study.

Three population-based case-control studies evaluated the risk of brain cancer, specifically, glioma risk, among men and women participating in the Upper Midwest Health Study (Carreon *et al.*, 2005; Ruder *et al.*, 2004; Yiin *et al.*, 2012). Ruder *et al.* (2004) reported no association between brain cancer and glyphosate use, but did not present any specific results (*i.e.* quantitative data). Among glioma cases identified 1995–1997 by Carreon *et al.* (2005), the authors found little evidence of a role for glyphosate in the etiology of this tumor. Herbicide use, including glyphosate was not associated with glioma in women by proxy respondents (OR=0.75; 95% CI=0.4–1.3) or excluding proxy respondents (OR=0.6; 95% CI=0.3–1.2). In the study by Carreon *et al.* (2005), there was no difference in risk estimate by vital status (use of self-report or proxy respondent), suggesting recall bias was more limited in this study in contrast to Lee *et al.* (2005). Using a quantitative measure of pesticide exposure (in contrast to an ever-use metric), the authors similarly observed no statistical evidence of an association with glyphosate; risk estimates were roughly equal to the null value (home and garden use: OR=0.98; 95% CI=0.67–1.43; non-farm jobs: OR=0.83; 95% CI=0.39–1.73) (Yiin *et al.*, 2012).

(iii) Stomach and Esophageal Cancers

In a population-based case control study in eastern Nebraska, Lee *et al.* (2004) investigated pesticide use and stomach and esophageal adenocarcinomas. Cancer cases (stomach=170 and esophagus=137) were identified through the state cancer registry, and confirmed by a pathologist. The exposure assessment was based on self-reported pesticide use, with follow-up telephone interview to verify the reported information. There was no association between glyphosate exposure and either stomach cancer (OR=0.8; 95% CI=0.4–1.5) or esophageal cancer (OR=0.7; 95% CI=0.3–1.4).

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Cancer at Multiple Sites					
De Roos *et al.* (2005) AHS: Iowa and North Carolina, U.S.A.	Cohort 1993-2001 54,315 licensed pesticide applicators	Self-report questionnaire; validated, reliability tested; adjusted for other pesticides	All cancers RR =1.0 (0.9-1.2)	No association between glyphosate exposure and all cancer including NHL	Age at enrollment (continuous), education, cigarette smoking, alcohol consumption, family history of cancer in first degree relatives, and state of residence (dichotomous: Iowa/NC)
Site-Specific Cancers: Lung; Oral cavity; Colon; Rectum; Kidney; Bladder; Prostate and Melanoma					
De Roos *et al.* (2005) AHS: Iowa and North Carolina, U.S.A.	Cohort 1993-2001 54,315 licensed pesticide applicators	Self-report questionnaire; validated, reliability tested; adjusted for other pesticides	Lung RR= 0.9 (0.6-1.3) Oral Cavity RR=1.0 (0.5-1.8) Colon RR=1.4 (0.8-2.2) Rectum RR=1.3 (0.7-2.3) Pancreas RR=0.7 (0.3-2.0) Kidney RR=1.6 (0.7-3.8) Bladder RR=1.5 (0.7-3.2) Prostate RR=1.1 (0.9-1.3) Melanoma RR=1.6 (0.8-3.0)	No significant association between glyphosate exposure and cancer of the lung, oral cavity, colon, rectum, pancreas, kidney, bladder, prostate or melanomas	Age at enrollment (continuous), education, cigarette smoking, alcohol consumption, family history of cancer in first degree relatives, and state of residence (dichotomous: Iowa/NC)

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Site-Specific Cancers: Breast Cancer					
Engel *et al.* (2005) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-1997 30,454 wives of licensed pesticide applicators with no history of breast cancer at enrollment	Self-report questionnaire	Direct exposure (wives who applied) OR=0.9 (0.7-1.1) (Exposed: 82 cases, 10,016 controls) Indirect exposure (wives whose husbands applied) OR=1.3 (0.8-1.9) (Exposed: 109 cases, 9,304 controls)	No association between glyphosate exposure and breast cancer	Age, race and state of residence (Iowa and North Carolina). Limited to licensed applicators. Potential exposure to multiple pesticides
Site-Specific Cancers: Pancreatic Cancer					
Andreotti *et al.* (2009) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-1997; follow-up to 2004 93 cases 82,503 controls	Self-report questionnaire; validated, reliability tested	Ever-use OR=1.1 (0.6, 1.7) (Exposed: 55 cases)	No association between glyphosate exposure and pancreatic cancer	Age, smoke, diabetes, applicator type. Limited to licensed applicators. Potential exposure to multiple pesticides

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Site-Specific Cancers: Prostate Cancer					
Alavanja *et al.* (2003) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-1997; cancer thru 1999 55,332 male applicators	Self-report questionnaire; validated, reliability tested	No quantitative risk estimate reported	No quantitative estimate due to lack of significant exposure-response association with prostate cancer.	Age, family history. Limited to licensed applicators. Potential exposure to multiple pesticides
Band *et al.* (2011) British Columbia, Canada	Case-Control 1983- 1990 1,516 prostate cancer patients 4,994 age-matched controls	Job exposure matrix for agriculture; detailed occupational history; exposure aggregated over all jobs reported. 60 exposed cases	OR=1.36 (0.83-2.25) (Exposed: 25 cases 60 controls)	No association between glyphosate exposure and prostate cancer	Alcohol consumption, cigarette years, education level, pipe smoking years and respondent
Koutros *et al.* (2013) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-2003 1,962 incident cases, including 919 aggressive prostate cancers among 54,412 applicators	Self-report questionnaire, validated	OR=0.93 (0.73-1.18)	No association between glyphosate exposure and prostate cancer	Age, state, race, family history of prostate cancer, smoking, fruit servings, and leisure-time physical activity in the winter

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Site-Specific Cancers: Colorectal Cancer					
Lee *et al.* (2007) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-97; follow-up to 2002 56,813 licensed pesticide applicators	Self-report questionnaire	Colon OR=1.0 (0.7-1.5) (Exposed: 151 cases 49 controls) Rectum OR=1.6 (0.9-2.9) (Exposed: 74 cases 18, controls) Colorectal OR=1.2 (0.9-1.6) (Exposed: 225 cases 67 controls)	No significant association between glyphosate exposure and colon, rectum or colorectal cancer	Age, smoking, state, total days use pesticides. Limited to licensed applicators. Potential exposure to multiple pesticides
Site-Specific Cancers: Cutaneous Melanoma					
Dennis *et al.* (2010) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-1997 150 cases, 24,554 non-cases	AHS self-report questionnaire	No quantitative risk estimate reported	No quantitative estimate due to lack of an association with cutaneous melanoma	Age, sex, tendency to burn, red hair, sun exposure time, BMI at 20 years

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Site-Specific Cancers: Soft Tissue Sarcoma					
Pahwa *et al.* (2011) Canada	Case-Control 1991-1994 342 cases, 1506 age/resident matched controls	Self-reported use, structured interview/ questionnaire; cumulative exposure (+/-10 days/yr)	OR=0.90 (0.58-1.40)	No association between glyphosate exposure and soft tissue sarcoma	Significant medical history variables and with strata for the variables of age group and province of residence
Total Childhood Cancer					
Flower *et al.* (2004) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control; hybrid prospective/ retrospective 1993-1998 21, 375 children of licensed pesticide applicators In Iowa (n=17,357) North Carolina (n=4018)	Self-report questionnaire; duration and frequency of pesticide use; Female Family questionnaire (child name)	<u>Maternal use</u> OR=0.61 (0.32-1.16) 32 cases <u>Paternal use (prenatal)</u> OR=0.84 (0.35-2.34);	No association was detected between frequency of parental pesticide application of glyphosate and childhood cancer risk.	Potential exposure to other pesticides. Child age in multiple logistic [standardized incidence ratio (SIR)] was unadjusted

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Brain Cancer (Glioma)					
Lee *et al.* (2005a) Nebraska	Population based Case-Control study 1988-1993; 251 glioma cases 498 controls	Self-reported questionnaire information, telephone follow-up for unclear responses; men and women assessed separately	Self-Report OR=0.4 (0.1- 1.6) (Exposed: 4 cases 17 controls) Overall OR=1.5 (0.7-3.1) (Exposed: 17 cases 32 controls) Proxy report OR=3.1 (1.2- 8.2) (Exposed:13 cases 15 controls)	Non-significant excess risk for the overall group, but inconsistent for self-report and proxy indicating recall bias	Age, proxy, respond type
Ruder *et al.* (2004) Upper Midwest Health Study (Iowa, Michigan, Minnesota and Wisconsin, U.S.A.)	Population-based Case-Control 1995-1997 457 glioma cases 648 population controls	Self-report questionnaire, with telephone based follow-up	No quantitative risk estimate reported for glyphosate.	No association with glyphosate exposure and brain cancer	Farm residence, age, use of other pesticides

Table 2. Summary of Findings: Solid Tumor Cancer Studies

Study	Study Design	Exposure Assessment	Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)	Conclusions	Potential Confounders Considered
Carreon *et al*. (2005) Upper Midwest Health Study (Iowa, Michigan, Minnesota and Wisconsin)	Population-based Case-Control 1995-1997 341 glioma cases, 528 controls	Self-report questionnaire	Proxy respondents OR=0.75 (0.4-1.3) (Exposed: 18 cases 41 Controls) Excluding proxy OR=0.6 (0.3-1.2) (Exposed:10 cases)	No association with glyphosate exposure and brain cancer	Age, education and use of other pesticide
Yin et al. (2012) Upper Midwest Health Study (Iowa, Michigan, Minnesota and Wisconsin)	Population-based Case-Control 1995-1997 798 glioma cases 1,175 controls	Self-report questionnaire	Home/garden use OR=0.98; 95% CI=0.67 - 1.43; Non-farm jobs: OR=0.83; 95% CI=0.39-1.73)	No significant positive association with glyphosate exposure and brain cancer	Age, sex, education and use of other pesticide

Table 2. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR) / Odds Ratio (OR) (95% Confidence Interval CI)**	**Conclusions**	**Potential Confounders Considered**
Esophagus and Stomach Cancer					
Lee *et al.* (2004b) Nebraska, U.S.A.	Population based Case-Control 1988-1993 137 esophageal cases; 170 stomach cases; 502 controls	Self-report pesticide use, telephone structured interview	Esophagus OR=0.7 (0.3-1.4) (Exposed:12 cases 46 controls) Stomach OR=0.8 (0.4-1.5) (Exposed: 12 cases 46 controls)	No association with glyphosate exposure and esophagus or stomach cancer	Age, sex

2. Non-Solid Tumor Cancer Sites

A number of studies evaluating the possible link between pesticide use and lymphohematopoietic cancers such as leukemia, multiple myeloma and NHL are presented in Table 3.

(i) Leukemia

In a population-based case-control study in Iowa and Minnesota, Brown *et al.* (1990) investigated leukemia risk and pesticide use; authors did not observe an association with the ever-use of glyphosate in this study (OR=0.9; 95% CI=0.5–1.6). The study population (578 cases; 340 living and 238 deceased and 1245 controls) was identified from cancers reported to state registry or authorities in 1981–1984, and the pesticide exposure assessment was performed through in-person interviews which the authors state likely reduced the exposure misclassification (*i.e.* incorrect exposure information). Although the large sample size is a strength of this study, the limitations include not controlling for exposure to other pesticides, limited power for studying the effects of glyphosate use, and the potential for recall bias.

In a Swedish population-based case-control study, 121 cases in men and 484 controls matched for age and sex were identified in 1987–1992 through the Swedish cancer registry. The authors reported a non-statistically significant elevated risk of hairy cell leukemia in relation to glyphosate use (OR=3.1; 95% CI=0.8–12.0), controlling for age, sex, and residential location. However, because these results are based on only 4 glyphosate-exposed cases and 5 exposed controls as noted by the authors, this risk should be interpreted with caution. Also, there was limited power to detect an effect and there was no adjustment for other exposures. At this time, there is limited available literature concerning glyphosate use and leukemia (Nordstrom *et al.*, 1998).

(ii) Multiple Myeloma

In a follow-up analyses using the same study population from Iowa and Minnesota Brown *et al.* (1993) investigated whether pesticide use is also related to multiple myeloma. Among men in Iowa (173 cases, 605 controls), the authors observed a statistically non-significant elevated association with glyphosate use (OR=1.7; 95% CI=0.8–3.6). However, the authors caution that while the study may lend support to the role of pesticides in general, the study limitations preclude use of the evidence as a definitive finding for any one compound.

De Roos *et al.* (2005) reported a suggestive association between multiple myeloma and glyphosate-exposed pesticide applicators based on a small number (32) of cases. For applicators with the full data set (54,315) and without adjustment for other variables the OR was 1.1; 95% CI=0.5–2.4. In the fully adjusted model, there was a non-statistically significantly elevated risk (OR=2.6; 95% CI=0.7–9.4), however, the number of participants included in this analysis was lower (n=40,716) due to missing data for the covariates. The authors postulated that the increased myeloma risk could be due to bias resulting from a selection of subjects in adjusted analyses that differed from subjects included in unadjusted analyses.

Sorahan (2015), using Poisson regression, re-analyzed the AHS data reported by De Roos *et al.* (2005) to examine the reason for the disparate findings in relation to the use of a full data set versus the restricted data set. Risk ratios were calculated for exposed and non-exposed subjects. When adjusted for age and sex, the OR was 1.12 with the 95% CI of 0.5–2.49 for ever-use of glyphosate. Additional adjustment for lifestyle factors and use of other pesticides did not have any effect (OR=1.24; 95% CI=0.52–2.94).

In a population-based case-control study among men in six Canadian provinces between 1991 and 1994, researchers reported non-statistically significantly elevated odds of multiple myeloma in relation to glyphosate use (OR=1.22; 95% CI=0.77–1.93), based upon 32 glyphosate exposed multiple myeloma case and 133 controls (Pahwa *et al.*, 2012).

Kachuri *et al.* (2013), using the same Canadian study population as above, further explored multiple myeloma in relation to days per year glyphosate used in 342 cases of multiple myeloma and 1357 controls. For ever use, the OR=1.19 and 95% CI=0.76–1.87. For light users (≤2 days/year) there was no association (OR=0.72; 95% CI=0.39–1.32; 15 exposed cases); whereas, for heavy users (>2 days/ year), there was a non-significant increased odds ratio (OR=2.04; 95% CI=0.98–4.23; 12 exposed cases). The limitation in this study was the same as the previous study (*i.e.*, the number of cases and controls exposed to glyphosate were very low).

Landgren *et al.* (2009), within the AHS study population, investigated the association between pesticide use and prevalence of monoclonal gammopathy of undetermined significance (or MGUS). The MGUS is considered a pre-clinical marker of multiple myeloma progression. The authors did not observe a link with glyphosate use in the AHS cohort (OR=0.50; 95% CI=0.20–1.0).

(iii) Lymphoma

The National Cancer Institute (NCI) performed a series of population-based case-control studies in the Midwestern U.S. in the early to mid-1980s. These studies include several hundred non-Hodgkin lymphoma (NHL) cases and controls, the identified cases were through disease registries which in many cases, were histopathologically confirmed. The investigators ascertained pesticide exposure through use of a structured interview with follow-up concerning pesticide use over time.

Cantor *et al.* (1992), in a case-control study of NHL interviewed a total of 622 white men and 1245 population based-controls in Iowa and Minnesota. Only 26 cases and 49 controls ever handled glyphosate yielding an OR of 1.1 with the 95% CI of 0.7–1.9. The study, however, did not adjust for exposure to other pesticides.

De Roos *et al.* (2003) used pooled analysis (n=3,417) of three case-control studies of NHL conducted in white men in Nebraska, Kansas and in Iowa and Minnesota. Based on 36 exposed cases and 61 exposed controls, the risk estimates for the association between glyphosate exposure and NHL was significant (OR=2.1; 95% CI=1.1–4.0) in the logistic regression analyses. However,

utilizing hierarchical regression techniques to adjust for exposure to other pesticide exposures, there was an increase risk, but the increase was not statistically significant (OR=1.6; 95% CI=0.90–2.8). Overall, the data showed a suggestive association.

Based on the above findings, Lee *et al.*, (2004) examined the relationship between asthma and pesticide exposure, and NHL. Pooling data from several midwestern states (IA, MN, and NE) increased the study sample size, and additional pesticide use information was incorporated to adjust the risk estimate (duration and frequency of use, telephone follow-up interview). The study included 872 men with NHL and 2381 frequency-matched controls. The authors reported that the OR associated with glyphosate was not statistically significantly different among those with asthma (OR=1.2; 95% CI=0.4–3.3; 6 exposed cases) and among those without asthma (OR=1.4; 95% CI=0.98–2.1; 53 exposed cases), adjusting for age, state and vital status.

The three studies discussed above (Cantor *et al.*, 1992; De Roos *et al.*, 2003 and Lee *et al.*, 2004) reflect the same population in the AHS and used different levels of information (duration and frequency of exposure) and different analytic techniques [hierarchical regression and stratified analysis (by atopy)]. While studies with increasing levels of refinement to methodology report a stronger risk estimates in relation to glyphosate, additional studies are needed to exclude the role of chance and other limitations that may explain positive (non-statistically significant) associations.

A population-based case–control study (Hardell and Erickson, 1999) investigated the exposure to pesticides as a risk factor for NHL in Sweden during 1987–1990. Exposure data were ascertained by comprehensive questionnaires and supplemented by telephone interviews. Of the 404 cases and 741 controls, only 4 glyphosate-exposed cases and 3 controls were included in the study. In a univariate analysis, the risk estimate was elevated, but precision was low (OR=2.3; 95% CI=0.40–13.0).

Hardell *et al.* (2002) analyzed pooled data from two case-control studies from Sweden that examined NHL (Hardell and Erickson, 1999) and another on hairy cell leukemia, a subtype of NHL (Nordstrom *et al.*, 1998). In the univariate analysis glyphosate exposure was found to be significantly increased (OR=3.04; 95% CI=1.08–8.52) but, when study site, and vital status were considered in a multivariate analyses, there was a non-statistically elevated risk among glyphosate users (OR=1.85; 95% CI=0.55–6.20). However, the wide range of the CI suggest that the study is under powered and, therefore the findings do not allow definitive conclusion on the association of NHL and glyphosate exposure.

In another case-control study in Sweden (1999–2003), Eriksson *et al.* (2008) examined the effects of exposure to different agents and NHL among 910 NHL cases and 1016 non-NHL controls. Glyphosate exposure which was reported in 29 cases and 18 controls produced an OR of 2.02 (95% CI=1.10–3.71) in a univariate analysis and an OR of 1.51 (95% CI=0.77–2.94) in a multivariate analysis conducted to clarify the relative importance of exposure to different pesticides. When exposure was for more than 10 days/year, the OR was 2.36 (95% CI=1.16–4.40)

and for exposure less than 10 days/year, the OR was 1.69 (95% CI=0.7–4.07). The risk estimate was elevated also for B-cell lymphoma and glyphosate exposure (OR=1.87; 95% CI=0.998–3.51).

McDuffie *et al.* (2001) in a multicenter-population based study among men of six Canadian provinces estimated the association between glyphosate and NHL. The study included 517 cases and 1506 controls identified betwen1991and 1994 through provincial cancer registries. In this study, authors histopathologically confirmed 84% of cases, implemented a two-tiered exposure questionnaire; and assessed the validity of the questionnaire through quality control studies both of which increased the accuracy of the test results. There was a non-statistically significant increased risk of NHL from glyphosate exposure. The OR was 1.26 and the 95% CI was 0.87–1.80 for 51 exposed cases, adjusted for age and province and the OR was 1.20 with a 95% CI of 0.83–1.74 when adjusted for age, province and high-risk exposure (adjusted for statistically significant medical variables such as history of measles, mumps, cancer, allergy desensitization shots, and a positive family history of cancer in a first-degree relative).

In a follow-up study which controlled for exposure to other pesticides, the risk to NHL from glyphosate exposure was attenuated. Glyphosate exposure which was reported in 19 cases and 78 controls produced an OR of 0.92 with 95% CI of 0.54–1.55 (Hohenadel *et al.*, 2011). Within this series of studies, the authors also evaluated Hodgkin lymphoma (HL), and observed little statistical evidence of an association, using similar study design and methods. Among the 38 cases exposed to glyphosate the OR was 0.99 with a 95% CI of 0.62–1.56 (Karunanayake *et al.,* 2012).

In a hospital-based case control study conducted between 2000 and 2004 in France, authors identified 491 NHL cases and 456 age-and sex-matched controls, and performed telephone-based questionnaire to assess pesticide and other confounding variables. There was no association between NHL and glyphosate use; for the 12 exposed cases, the OR was 1.0 and the 95% CI was 0.5–2.2). For Hodgkin lymphoma, for the 6 exposed cases, the OR was 1.7 and the 95% CI was 0.6–5.0 (Orsi *et al.*, 2009).

The EPILYMPH case-control study was conducted across six countries in Europe (Czech Republic, France, Germany, Ireland, Italy, and Spain) to explore the role of occupational exposure to specific chemicals and risk of lymphoma overall, B-cell lymphoma and other subtypes. Although the study recruited 2348 cases and 2462 controls, only a very small number of cases were exposed to glyphosate (n=4) and controls (n=2). A non-significant increase in OR was observed for B-cell lymphoma (OR=3.1; 95% CI=0.6–17.1), but the estimate is unstable due to the small number of exposed cases and controls (Cocco *et al.,* 2013)

Schinasi and Leon (2014) conducted a meta-analysis exploring occupational glyphosate exposure and NHL using data from six of the above mentioned studies (McDuffie *et al.*, 2001; Hardell *et al.*, 2002; DeRoos *et al.*, 2003 and 2005; Eriksson *et al.*, 2008; and Orsi *et al.*, 2009). Since the authors identified a variety of sources of heterogeneity between publications, they calculated meta-risk ratio (RR) estimates and 95% CIs using random effect models, allowing between study heterogeneity to contribute to the variance. They reported I^2 values, which represented the

percentage of the total variance explained by study heterogeneity and measure inconsistency in results. Larger I^2 values indicate greater inconsistency. For glyphosate, the meta-risk ratio was 1.5 with a 95% CI of 1.0–2.0 and the I^2 value was 32.7% indicating greater inconsistency in these data sets. This study combined multiple smaller studies that on their own were very limited in statistical power to detect differences.

The 2015 IARC evaluation noted that fully adjusted risk estimates in two of the Swedish studies (Hardell *et al.*, 2002 and Eriksson *et al.*, 2008) were not used in the analysis conducted by Schinasi and Leon (2014). Consequently, IARC conducted a reexamination of the results of these studies. For an association between glyphosate exposure and NHL, the IARC estimated a meta-risk ratio of 1.3 (95% CI=1.03–1.65), I^2=0%; p=0.589 for heterogeneity) (IARC 2015).

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
Leukemia					
Brown *et al.* (1990) Iowa and Minnesota, U.S.A.	Population-based Case-Control 1981-1984 578 cases 1245 controls	In person interview; surrogates used.	OR=0.9 (0.5-1.6) (Exposed:15 cases 49 controls)	No association between glyphosate exposure and leukemia	Vital status (alive, dead), residency (IA or MN), tobacco use, parent, sibling, or child with a lymphopoietic cancer, high risk occupation and exposure to substances (benzene, hair dyes etc) related to risk of leukemia
Nordstrom *et al.* (1998) Sweden	Population-based Case-Control 1987-1992 121 cases 484 controls	Self-reported pesticide questionnaire and follow-up telephone interview	OR=3.1 (0.8-12) (Exposed: 4 cases 5 controls)	A non-statistically significant elevated risk of hairy cell leukemia	Age, sex, country of residence (selected using matching, dissolved matching analyses) No adjustment for exposure from other pesticides
Multiple Myeloma					
Brown *et al.* (1993) Iowa, U.S.A.	Population based Case-Control 1981-1984 173cases 650 controls	Interview based questionnaire with follow-up	OR=1.7 (0.8-3.6) (Exposed: 11 cases 40 controls)	Limited power to assess association of glyphosate exposure and multiple myeloma	Age and vital status

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
De Roos *et al.* (2005) Iowa and North Carolina, U.S.A.	Prospective Cohort 1993-2001 54,315 licensed pesticide applicators	Self-administered questionnaire	Full data set RR =1.1 (0.5-2.4) (Exposed: 32 cases) Adjusted for age etc RR=2.6 (0.7-9.4)	No risk for full data set. Excess risk only with no missing information of 22 cases in the restricted data set (Sorahan, 2015)	Missing data on covariates when multiple adjustments were made, limiting interpretation
Orsi *et al.* (2009) France	Hospital based Case-Control 2000-2004 491 cases 456 controls	Self-report questionnaire, with follow-up telephone based questionnaire, expert review; two stage exposure collection process	OR=2.4 (0.8-7.3) (Exposed: 5 cases 18 controls)	No significant association with glyphosate exposure and multiple myeloma	Age, center, socioeconomic category
Pahwa *et al.* (2012) Canada	Population based Case-Control 1991-1994 342 cases 1506 controls	Self-reported pesticide use, structured interview with questionnaire; cumulative exposure (+/-10 days/yr)	OR=1.22 (0.77-1.93) (Exposed: 32 cases 133 controls)	No significant association with glyphosate exposure and multiple myeloma	Significant medical history variables (history of measles, history of mumps, history of allergies, history of arthritis, history of shingles, and a positive family history of cancer in a first-degree relative), and with strata for the variables of age group and province of residence

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Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
Kachuri *et al*. (2013) Canadian Provinces	Population based Case-Control 1991-1994 342 cases 1357 controls	Self-administered questionnaire	<u>For ever use</u> OR=1.19 (0.76-1.87) Exposed: 32 cases 121controls <u>Light (<2 d/yr) use</u> OR=0.72 (0.39 -1.32) Exposed: 15 cases 88 controls <u>Heavy (>2 d/yr) use</u> OR=2.04 (0.98-4.23) Exposed: 12 cases 29 controls	No association with glyphosate exposure and multiple myeloma for ever or light users Increase for heavy users is non-significant	Relatively low response rate
Monoclonal Gammopathy of Undetermined Significance (MGUS)					
Landgren *et al*. (2009) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-1997 678 participants	Self-administered questionnaire	OR=0.5 (0.2-1.0)	No association with glyphosate exposure and MGUS, a premalignant disorder that often precedes multiple myeloma	Age and education

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
Non-Hodgkin Lymphoma (NHL)					
Cantor *et al.* (1992) Iowa and Minnesota, U.S.A.	Population based Case-Control 1980-1983 622 cases 1245 controls	Structured interview, questionnaire response; farm activities and specific pesticide use	OR=1.1 (0.7-1.9) Exposed: 26 cases 49 controls	No association with glyphosate exposure and NHL	Vital status, age, state, smoking, family history, high risk occupation, high risk exposure. Not controlled for exposure to other pesticides.
De Roos *et al.* (2003) Iowa, Nebraska, Minnesota, Kansas, U.S.A.	Case-Control 1983-1986\Nebraska 1979-1981\Kansas 1979-1986 870 white male cases 2569 white male controls	Interview-based questionnaire, demographic	Logistic regression OR=2.1 (1.1-4.0) Exposed: 36 cases 61 controls Hierarchical regression OR=1.6; (0.9-2.8)	Significant increased OR in logistic model but in the hierarchical model, the OR attenuated and no significant association with glyphosate exposure and NHL	Age, study site, use of all other pesticides (group); hierarchal regression informed priors based on chemical-specific information
Lee *et al.* (2004a) Iowa, Nebraska, Minnesota, U.S.A	Population based Case-Control 1980-1986 872 white male cases	In person, structured interview (pesticide use, duration, frequency, first and last year used); 5-yr follow-up interview, 10-min telephone on pesticide use	Non-asthmatic OR=1.4 (0.98-2.1) (Exposed: 53 cases 91 controls) Asthmatic OR=1.2 (0.4-3.3) (Exposed: 6 cases 12 controls)	No significant association with glyphosate exposure and NHL either for asthmatics or non-asthmatics	Adjusted for age, vital status, state

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Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
De Roos *et al.* (2005) AHS: Iowa and North Carolina, U.S.A.	Nested Case-Control 1993-2001 54,315 licensed pesticide applicators	Self-administered questionnaire	OR=1.1 (0.7-1.9 (Exposed: 92 cases)	No significant association with glyphosate exposure and NHL	Age, smoking, other pesticides, alcohol consumption, family history of cancer, education
Hardell and Erickson (1999) Sweden	Population based Case-Control 1987-1990 404 male cases 741 male controls	Questionnaire and follow-up interview	Univariate OR=2.3 (0.4-13.0) (Exposed: 4 cases 3 controls) Multivariate OR=5.8 (0.6-54)	Some evidence of a link with glyphosate, matching variables; cannot conclude regarding causal role for any specific pesticide	Age, region, vital status (matching). Few subjects exposed. Variables used in multivariate were no specified. Study has limited power to detect an effect
Hardell *et al.* (2002) Sweden	Population based Case-Control Combined Hardell 1999 with another case-control study examining hairy cell leukemia (one of 61 types of NHL) 1987-1990 515 cases 1141 controls	Questionnaire and follow-up interview	Univariate OR=3.04 (1.08-8.52) (Exposed: 8 cases 8 controls) Multivariate OR=1.85 (0.55-6.20)	Risk attenuates when adjusted for other variables in the multivariate analysis	Age, country, study site, vital status, other pesticide exposure in the multivariate analysis

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies

Study	Study Design	Exposure Assessment	Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)	Conclusions	Potential Confounders Considered
Eriksson *et al.* (2008) Sweden	Population based Case-Control 1999-2002 910 cases 1016 controls	Questionnaire and follow-up interview	Univariate OR=2.02 (1.10-3.71) (Exposed: 29 cases 18 controls) Multivariate OR=1.55 (0.77-2.94) With <10 days/ year OR=1.69 (0.7-4.07) (Exposed: 12 cases 9 controls) With > 10 days/year OR=2.36 (1.04-5.37) (Exposed: 17 cases 9 controls) B-cell lymphoma OR=1.87 (0.998-3.51)	Suggestive association for NHL with glyphosate exposure	Age, sex, year of diagnosis. Multivariate analysis adjusted for exposure to other pesticides
McDuffie *et al.* (2001) Canada	Population based Case-Control 1991-1994 517 cases 1506 controls	Two-tiered self-report questionnaire; cumulative exposure (≥ 10 days/yr)	Univariate OR=1.26 (0.87-1.8) (Exposed: 51 cases 133 controls) Multivariate OR=1.20 (0.83-1.74)	No significant association with glyphosate exposure and NHL	Adjusted for statistically significantly medical variables (history of measles, mumps, cancer, allergy shots, and a positive family history of cancer) males only

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
Hohenadel *et al.* (2011) Canada	Case-Control 1991-1994 513 cases 1506 controls	Two-tiered self-report questionnaire; cumulative exposure (≥ 10 days/yr)	OR=0.92 (0.54-1.55) (Exposed: 19 cases 78 controls)	No significant association with glyphosate exposure and NHL	Age, province and proxy respondent, males only
Orsi *et al.* (2009) France	Hospital based Case-Control 2000-2004 491 cases 456 controls	Self-report questionnaire, with follow-up telephone based questionnaire, expert review; two stage exposure collection process	OR=1.0 (0.5-2.2) (Exposed: 12 cases 24 controls)	No association with glyphosate exposure and NHL	Age, center, socioeconomic category
Cocco *et al.* (2013) Czech Republic, France, Germany, Italy, Ireland and Spain	EPICLYMPH Case-Control 1998–2003 2348 cases 2462 controls	Occupational exposure; trained interviewers conducted in person interviews with cases and controls	OR=3.1 (0.6-17.1) (Exposed: 4 cases 2 controls)	No significant association with glyphosate exposure and B-cell	Age, center, socioeconomic category
Hodgkin Lymphoma					
Orsi *et al.* (2009) France	Hospital based Case-Control 2000-2004 491 cases 456 controls	Self-report questionnaire, with follow-up telephone based questionnaire, expert review; two stage exposure collection process	OR=1.7 (0.6-5.0) (Exposed: 6 cases 15 controls)	No significant association with glyphosate exposure and HL	Age, center, socioeconomic category

Table 3. Summary of Findings: Non Solid Tumor Cancer Studies					
Study	**Study Design**	**Exposure Assessment**	**Risk Estimate: Risk Ratio (RR/ Odds Ratio (OR) (95% CI)**	**Conclusions**	**Potential Confounders Considered**
Karunanayake *et al.,* (2012). Canada	Case-Control 1991-1994 361 cases 1,506 controls	Questionnaire and follow-up interview	Univariate OR=1.14(0.74-1.76) (Exposed :38 133 controls) Multivariate OR=0.99 (0.62-1.56)	No association with glyphosate exposure and HL	History of measles, acne, hay fever, shingles and positive family history of cancer in a first-degree relative

D. Discussion

In epidemiologic studies, the quality of the exposure assessment is a major concern since the validity of the evaluations depends in large part on the ability to correctly quantify and classify an individual's exposure. During their life-time, farmers are typically exposed to multiple pesticides and several of them are used together posing a challenge for identifying specific risk factors. Moreover, there is no direct information on pesticide exposure or absorbed dose because analyses are based on self-reported pesticide use. The studies included in this epidemiology assessment relied primarily on questionnaires and interviews to describe participants' past and/or current exposure to glyphosate. Since the questionnaires are commonly used to account for exposure and capture self-reporting, it can be subject to misclassification and recall bias. For example, case-control studies are at risk of recall bias in the reporting of pesticide use in the past because cases may have spent more time thinking about past exposures than controls. This could lead to differential misclassification and bias relative risk from null. The possible effect of confounding factors, which are related to both the exposure of interest and the risk of disease, may make it difficult to interpret the results. Therefore, the ability of epidemiologic studies to provide convincing evidence of causation under such circumstances may be limited. Causation is suspected if several studies are consistent in their findings and; if the association between the agent and the risk of disease is strong (*i.e.*, high risk ratio). Support from animal data will help to make the case for causation, particularly by establishing biological plausibility and the existence of a potential mechanism. Another important consideration in assessing epidemiologic studies is that commercially formulated products (not the active ingredient) are used by farmers. For example, glyphosate is sold as Roundup®, which is a combination of the active ingredient and other chemicals that often include a surfactant (polyethyleneamine) used to enhance the spreading of spray droplets when they contact the foliage. Thus, it is possible that different glyphosate-containing formulations were used across the different studies.

Most of the studies discussed here were hypothesis-generating in nature, consisted of small sample sizes with limited power to detect associations and evaluated use of glyphosate in addition to several other pesticides and often evaluated risk of multiple different types of cancer. Therefore, the role of chance given the many different statistical tests performed and the lack of a pre-specified hypothesis, limit epidemiologic inference. This hypothesis-generating evidence observed in the studies requires further prospective follow-up studies to determine whether a true association with glyphosate is indeed null. The case-control studies are retrospective studies and are susceptible to recall bias for exposure reporting which could account for discrepancies in the study findings. Variation in the quality of exposure assessment, study design and methods, as well as available information concerning potential confounding variables could also explain these inconsistencies in the data. In contrast, a prospective cohort study evaluates a number of diseases simultaneously and facilitates performance of periodic assessments of agricultural and other exposures. Periodic assessment of recent exposures enhances recall and reduces non-differential misclassification. The ability to determine exposure prior to the onset of a disease eliminates the case-recall bias, which was an issue identified as a weakness in case-control studies.

IV. EVALUATION OF CARCINOGENICITY IN ANIMALS

A total of 11 chronic toxicity/carcinogenicity studies (7 rat and 4 mouse) were included in this weight of evidence review. Of these, six studies were submitted for review to EPA under the registration/reregistration programs including two studies in rats (MRID No. 496311701 and 49704601) and one in mouse (MRID No. 49631702) not previously reviewed. Data for review of the other five studies were obtained from a published review article by Greim *et al.*, 2015 and were available online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423. The IARC acknowledged the Greim *et al.,* (2015) review article, but did not evaluate the studies cited in the review because the information provided in the review and its supplement was insufficient.

For this assessment, each study reported in the Greim *et al.,* (2015) review article was evaluated in accordance with the agency's 2012 Guidance for Considering and Using Open Literature Toxicity Studies to Support Human Health Risk Assessment (http://www.epa.gov/pesticides/science/lit-studies.pdf). In accordance with this guidance, the following four studies were not included in this weight of evidence assessment since there is low confidence were determined to be unreliable for carcinogenicity evaluation.

- A two year feeding study in Sprague-Dawley rats (Excel, 1997) was not included due to the lack of test article characterization (no purity of test material).

- The two-year drinking water study in Wistar rats reported by Chruscielska *et al.*, (2000) was not included since the tested material was a formulated product (13.6% ammonium salt) and there were a number of deficiencies (lack of purity, water consumption and body weight data) in the conduct and reporting of the study.

- An initiation-promotion study (George *et al.*, 2010) in male Swiss mice that tested a commercial formulation of glyphosate (41%) with study deficiencies (*e.g.* small number (20) of animals, tested only males, and lack of histopathological examination).

- A carcinogenicity study in Swiss mice (Feinchemie Schwebda, 2001) was not included due to the presence of viral infection within the colony, which confounded the interpretation of the study findings. Malignant lymphomas were reported in this study in all groups. However, lymphomas are one of the most common types of spontaneous neoplastic lesions in aging mice (Brayton *et al.*, 2012). Murine leukemia viruses (MuLVs) are a common cause of lymphoma in many different strains of mice (Ward 2006). Tadesse-Heath *et al.* (2000) reported 50% lymphoma (mostly B-cell origin) incidence in a colony of Swiss mice. Although the incidences in this study were within or near the normal variation of background occurrence, it is not clear whether or not the viral component may have contributed to incidence value reported or the lower survival seen at the high dose in the study. Raw data are not available to perform appropriate statistical analyses of the lymphomas correcting for the intercurrent mortality.

A. Carcinogenicity Studies in Rats

1. Lankas, G, P. A Lifetime Study of Glyphosate in Rats. December 23, 1981. Unpublished report No. 77-2062 prepared by Bio Dynamics, Inc. EPA Accession. No. 247617 – 247621. MRID No. 00093879.

a. Experimental Design

Groups of Sprague-Dawley rats (50/sex/dose) were fed diets containing glyphosate (98.7%, pure) at concentrations of 0, 30, 100 or 300 ppm for 26 months. These concentrations were adjusted during the course of the study so that actual doses of 0, 3, 10, and 31 mg/kg/day in males and 0, 3, 11, and 34 mg/kg/day in females were maintained.

b. Survival Analysis

There were no treatment-related effects on survival at any dose level.

c. Discussion of Tumor Data

There was an increase in the incidences of interstitial cell tumors in the testes of male rats at the low (3/5; 6%), mid (1/50; 2%) and the high dose (6/50; 12%; P=0.013 pairwise comparison) when compared to controls (0/50; 0%). In 1991, HED's Cancer Peer Review Committee (CPRC) did not consider the increases to be treatment-related based on the following weight of evidence considerations: 1) lack of dose-response; 2) absence of pre-neoplastic lesions (*i.e.*, interstitial cell hyperplasia); 3) the incidences were within the normal biological variation seen for this tumor type in this strain of rats; 4) the incidences in the concurrent controls (0%) was not representative of the normal background incidences noted in the historical control animals (mean, 4.5%; range, 3.4% to 6.7%) and 5) no interstitial cell tumors were seen when tested at much higher doses in the same strain of rats in an another study (discussed below). The CARC agreed with the CPRC conclusion and rationale and noted additional rat studies which also showed no effect on interstitial cell tumors.

Although there was no evidence of a treatment-related increase in the incidences of pancreatic islet cell tumors in male rats, the data are presented in Table 4 since this tumor also seen in the second study discussed below.

Table 4. Pancreatic Islet Cell Tumors in Male Sprague-Dawley Rats (MRID 00093879)				
Tumor Type	0 ppm	30 ppm	100 ppm	300 ppm
Adenomas (%)	0/50 (0)	5/49 (10)	2/50 (4)	2/50 (4)
Carcinomas (%)	0/50 (0)	0/49 (0)	0/50 (0)	1/50 (2)
Combined (%)	0/50 (0)	5/49 (10)	2/50 (4)	3/50 (6)

d. Non-Neoplastic Lesions

No treatment-related non-neoplastic lesions were seen.

e. Adequacy of the Dosing for Assessment of Carcinogenicity

The CPRC concluded that the highest dose tested was not adequate to assess the carcinogenic potential of glyphosate. Consequently, a second study was conducted (discussed below).

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2. Stout, L. D. and Rueckerf, P.A. (1990). Chronic Study of Glyphosate Administered in Feed to Albino Rats. Laboratory Project No. MSL-10495; September, 26, 1990, MRID No. 41643801; Historical Controls; MRID No. 41728701.

a. Experimental Design

Groups of Sprague-Dawley rats (60/sex/dose) were fed diets containing glyphosate (96.5%, pure) at dietary concentrations of 0, 2000, 8000 or 20,000 ppm 24 months. These levels were equivalent to 0, 89, 362 or 940 mg/kg/day, respectively, for the males and 0, 113, 457 or 1183 mg/kg/day, respectively, for the females. An interim sacrifice was conducted on 10 rats/sex/dose at 12 months.

b. Discussion of Tumor Data

The most frequently seen tumors were pancreatic cell adenomas, hepatocellular adenomas and thyroid C-cell adenomas in males. Data for these tumors and the respective historical control data are presented in Tables 5 thru 11.

Pancreatic cell adenomas are presented in Table 5 and the historical control data are presented in Table 6. Hepatocellular adenomas seen in males are presented in Table 7 and the historical control data are presented in Table 8. The thyroid C-cell adenomas and/or carcinomas observed in males and females are presented in Tables 9 and 10, respectively, and the historical control data are presented in Table 11.

(i) Pancreas

There was no statistically significant trend test by dose for pancreatic islet cell tumors. Increased incidences of adenomas only were observed at the low- and high-dose groups but not at the mid-dose group.

Table 5. Pancreatic Islet Cell Tumors in Male Sprague-Dawley Rats Cochran-Armitage Trend & Fisher's Exact Test (MRID No. 41643801)

Tumor Type	0 ppm	2000 ppm	8000 ppm	20000 ppm
Adenomas (%) P =	1/43[a] (2) 0.170	8/45 (18) 0.018*	5/49 (10) 0.135	7/48[b] (15) 0.042*
Carcinomas (%) P=	1/43[c] (2) 0.159	0/45 (0) 0.409	0/49 (0) 0.467	0/48 (0) 0.472
Combined (%) P=	2/43 (2) 0.241	8/45 (18) 0.052	5/49 (10) 0.275	7/48 (15) 0.108

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.
b. First adenoma observed at week 81 in the 20,000 ppm group
c. First carcinoma observed at week 105 in the controls (0 ppm)
* Significant in a pair-wise comparison (P<0.05)

Historical control data on the incidence of pancreatic islet cell adenomas in male Sprague-Dawley rats in 2-year studies (1983–1989) conducted at the testing facility (Monsanto Environmental Health Laboratory; MRID No. 41728701) are presented in Table 6.

Table 6. Historical Control Data — Pancreatic Islet Cell Adenomas in Male Sprague-Dawley Rats (MRID No. 41728701)

Study No.	1	2	3	4	5	6	7
Study Year	07/83	02/85	10/85	6/85	9/88	1/89	3/89
Tumor Incidence	2/68	5/59	4/69	1/57	5/60	3/60	3/59
%	2.9%	8.5%	5.8%	1.8%	8.3%	5.0%	5.1%

The CPRC concluded that the pancreatic islet cell adenomas are not treatment-related based on the following weight of evidence considerations: 1) although the incidences at the low (18%) and high (15%) dose groups exceeded the historical control range (1.8–8.5%), there was lack of statistical significance in Cochran-Armitage trend test; 2) the tumor incidence in the concurrent control was at the low end of the historical control range; 3) considerable inter-group variability in the numbers of males with tumors (*i.e.*, no dose-response); 4) there were no preneoplastic changes; 5) there was no progression from adenomas to carcinomas; and 6) the apparent statistical significance of the pairwise comparisons of the treated groups with the concurrent control may be due to the low incidences in the controls and not to an actual carcinogenic response. Furthermore, the incidences of pancreatic cell tumors for the two studies did not show dose-response and the incidences were within the historical control range (0 to 17%) reported in the open literature (Arnold *et al.*, 1985; Borelli *et al.*, 1990; Borzelleca *et al.*, 1986, 1989, 1990; Burnett *et al.*, 1988; Trochimowicz *et al.*, 1988). The CARC agreed with the CPRC conclusion and rationale and noted subsequent rat studies which also showed no effect on islet cell tumors.

(ii) Liver

There was a dose trend for adenomas only. There were no statistically significant increases in the occurrence of benign or malignant hepatocellular tumor types (Table 7). The observed variations in incidence were within the range of the historical control data.

Table 7. Glyphosate: Hepatocellular Tumors in Male Sprague-Dawley Rats Cochran-Armitage Trend & Fisher's Exact Test (MRID No. 41643801)

Tumor Type	0 ppm	2000 ppm	8000 ppm	20000 ppm
Adenomas (%) P =	2/44[a] (5) 0.016*	2/45 (4) 0.683	3/49 (6) 0.551	7/48[b] (15) 0.101
Carcinomas (%) P =	3/44 (7) 0.324	2/45 (4) 0.489	1/49 (2) 0.269	2/48[c] (4) 0.458
Adenoma/Carcinoma (%) P =	5/44 (11) 0.073	4/45 (9) 0.486	4/49 (8) 0.431	9/48 (19) 0.245

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.
b. First adenoma observed at week 88 in the 20000 ppm group
c. First carcinoma observed at week 85 in the 20000 ppm group

Historical control data on the incidence of hepatocellular adenomas and carcinomas in male Sprague-Dawley rats in 2-year studies (1983–1989) conducted at the testing facility (Monsanto Environmental Health Laboratory; MRID No. 41728701) are presented in Table 8.

Table 8. Historical Control Data : Hepatocellular Adenomas in Male Sprague-Dawley Rats (MRID No. 41728701)							
Study No.	1	2	3	4	5	6	7
Study Year	07/83	02/85	10/85	6/85	9/88	1/89	3/89
Adenomas	5/60 (8.3%)	11/68 16.2%)	1/70 (1.4%)	3/59 (5.1%)	11/60 (18.3%)	5/60 8.3%)	4/60 (6.7%)
Carcinomas	4/60 (6.7%)	0/68 (0%)	1/70 (1.4%)	2/59 (3.4%)	3/60 (5%)	1/60 (1.7%)	0/60 (0%)

The CPRC concluded that the slightly increased incidence of adenomas in male rats are not treatment-related since: 1) the increase was not statistically significant in pairwise comparison with the controls; 2) the incidences were within the historical control range; 3) except for a single animal at the mid-dose late in the study (89 weeks), no hyperplasia, preneoplastic foci or other non-neoplastic lesions were seen; and 4) there was no evidence of progression from adenomas to carcinomas. The CARC agreed with the CPRC conclusion and rationale.

(iii) Thyroid

The increased incidences in C-cell adenomas observed at the mid and high-dose groups of rats of both sexes did not show a statistically significant difference in pairwise comparisons with the controls (Table 9 and 10, respectively). There was a dose trend observed for adenomas and adenomas/carcinomas in females (P=0.03). Historical control data are presented in Table 11.

Table 9. Glyphosate: Thyroid C-Cell Tumors in Male Sprague-Dawley Rats Cochran-Armitage Trend & Fisher's Exact Test (MRID No. 41643801)				
Tumor Type	0 ppm	2000 ppm	8000 ppm	20000 ppm
Adenomas (%) P =	2/54[a, b] (4) 0.069	4/55 (7) 0.348	8/58 (14) 0.060	7/58 (12) 0.099
Carcinomas (%) p =	0/54 (0) 0.452	2/55[c] (4) 0.252	0/58 (0) 1.000	1/58 (4) 0.518
Adenoma/Carcinoma (%) p =	2/54 (11) 0.077	6/55 (11) 0.141	8/58 (14) 0.060	8/58 (14) 0.060

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.
b. First adenoma observed at week 54 in the controls
c. First carcinoma observed at week 93 in the 20,000 ppm

Table 10. Glyphosate: Thyroid C-Cell Tumors in Female Sprague Dawley Rats Cochran-Armitage Trend & Fisher's Exact Test (MRID No. 41643801)				
Tumor Type	0 ppm	2000 ppm	8000 ppm	20000 ppm
Adenomas (%) P=	2/57[a] (4) 0.031*	2/60 (7) 0.671	6/59[b] (10) 0.147	6/55 (11) 0.124
Carcinomas (%) P=	0/57 (0) 0.445	0/60 (0) 1.000	1/59[c] (2) 0.509	0/55 (0) 1.000
Adenoma/Carcinoma (%) p=	2/57 (4) 0.033*	2/60 (3) 0.671	7/59 (12) 0.090	6/55 (11) 0.124

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.
b. First adenoma observed at week 72 in the controls
c. First carcinoma observed at week 93 in the 8000 ppm group.

Table 11. Historical Control Data – Thyroid C-cell Tumors in Sprague-Dawley Rats (MRID No. 41728701)		
Tumor Type	Males	Females
Adenomas	1.8 – 10.6%	3.3 – 10.0%
Carcinomas	0.0 – 5.2%	0.0 – 2.9%

The CPRC concluded that the thyroid tumors in either sex are not treatment-related since: 1) the increased incidences exhibited no statistically significant trend or pairwise comparisons with the controls in males; 2) in females, there was a trend but no pairwise significance; 3) there was no progression from adenomas to carcinomas; and 4) there was no dose-related increase in severity of grade or incidence of hyperplasia in males or females. The CARC agreed with the CPRC conclusion and rationale and noted other rat studies which showed no effect on thyroid C-cell tumors.

c. Non-Neoplastic Lesions

There were no treatment-related precursor lesions at any dose level.

d. Adequacy of the Dosing for Assessment of Carcinogenicity

Dosing was considered to be adequate to assess carcinogenicity since the highest dose tested was near or beyond the limit dose (1000 mg/kg/day).

3. **Atkinson, C., Strutt, A., Henderson, W., et al. (1993). 104-Week chronic feeding/ oncogenicity study in rats with 52-week interim kill. Inveresk Research International (IRI), Tranent, Scotland. Study No. 438623; IRI Report No. 7867. April 7, 1993. MRID No. 49631701. Unpublished.**

a. Experimental Design

In a combined chronic toxicity/carcinogenicity study, glyphosate (98.9% pure) was administered to 50 male and female Sprague-Dawley rats/sex/dose in the diet at 0, 10, 100, 300, and 1000 mg/kg/day for 104 weeks. An interim sacrifice was conducted on 15 rats/sex/dose after 52 weeks of treatment.

b. Survival Analysis

No adverse effects on survival were seen in either sex across the doses tested

c. Discussion of Tumor Data

There were no treatment-related increases in the occurrence of any tumor type in this study.

d. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in this study.

e. Adequacy of the Dosing for Assessment of Carcinogenicity

Dosing was considered to be adequate to assess carcinogenicity since the highest dose tested was the limit dose (1000 mg/kg/day) and at this dose increased salivary gland weight accompanied by cellular alterations in the mandibular and/or parotid glands occurred in both males and females.

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4. **Brammer. (2001). Glyphosate Acid: Two Year Dietary Toxicity and Oncogenicity Study in Rats. Central Toxicology Laboratory, Alderley Park Macclesfield, Cheshire, UK: Syngenta. (MRID No. 49704601).**

a. Experimental Design

In a combined chronic toxicity study, glyphosate acid (97.6% pure) was administered to groups of Wistar rats in the diet. Groups of 52 male and 52 female rats received diets containing 0, 2,000, 6,000, and 20,000 ppm glyphosate for 24 months. The achieved doses were 0, 121, 361 or 1214 mg/kg/day in males and 0, 145, 437 or 1498 mg/kg/day in females, respectively. Three satellite groups of 12 rats/sex/group were also included for

interim sacrifice at 12 months of treatment. Parameters evaluated included clinical signs, body weight, food consumption, hematology, clinical chemistry, and urinalysis, as well as organ weights, necropsy and histopathological examination.

b. Survival Analysis

No adverse effects on survival were seen in either sex across the doses tested

c. Discussion of Tumor Data

As shown in Table 12, there was an increase in the incidence of hepatocellular adenomas in male rats at the high dose when compared to controls. This increase was not considered to be treatment-related due to 1) absence of dose-response relationship; 2) lack of progression to malignancy; 3) no evidence of pre-neoplastic lesions; 4) the incidences were within the range (0–11.5%) of historical controls for this strain (Wistar) of rats in 26 studies conducted during the relevant time period (1984–2003) at the testing laboratory; and 5) the 0% incidence in concurrent controls is lower than the average background incidence for liver adenomas in male Wistar rats.

Table 12. Liver Adenomas in Male Wistar Rats Fisher's Exact Test and Exact Trend Test Results

	0	2000	6000	20000
Adenomas	0/52[a]	2/52	0/52	5/52
(%)	(0)	(4)	(0)	(10)
P =	0.00804**	0.24757	1.00000	0.02826*

a =Number of tumor-bearing animals/Number of animals examined.

In addition, statistically higher survival (P=0.02) was observed in males at 20,000 ppm at the end of 104 weeks relative to controls, and an overall trend for improved survival was observed in treated males (P=0.03). The inter-current (early) deaths were 37/52, 36/52, 35/52, and 26/52 for the control, low, mid and high dose groups, respectively. The terminal deaths were 16/52, 17/52, 18/52, and 26/52 for the control, low, mid and high dose groups, respectively. This survival bias in the high dose group could easily explain a modestly higher incidence of an age-related background tumor like liver adenoma (and fits with lack of associated lesions). In the 1990 study in Sprague-Dawley rats (MRID No. 41643801) there was also a weak but significant trend test for liver adenomas in males (P=0.02, no pairwise); however, in that study adenomas in all treatment groups were still within the historical control and the CPRC concluded that this effect was not treatment-related, as discussed above. The lack of increased liver tumor incidence in the other rat studies provide additional evidence for lack of an actual carcinogenic response in the liver.

d. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in any organs of either sex at any dose level tested.

e. Adequacy of Dosing for Assessment of Carcinogenicity

The highest dose tested in both sexes (1214 mg/kg/day in males and 1498 mg/kg/day in females) exceeded the limit dose (1000 mg/kg/day). Treatment-related findings at these doses were observed in the liver and kidney, notably renal papillary necrosis, prostatitis, periodontal inflammation, urinary acidosis, hematuria and slight increases in the incidence of proliferative cholangitis and hepatitis.

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5. **Feinchemie Schwebda. (1996). Combined Chronic Toxicity and Carcinogenicity Study with Glyphosate Technical in Wistar Rats. Bangalore, India: Rallis India, Ltd. (Cited in Greim *et al.*, 2015).**

a. Experimental Design

In a combined chronic/carcinogenicity study, glyphosate (96.0-96.8% pure) was administered to groups of Wistar rats in the diet. Groups of 50 rats/sex/group received diets containing 0, 100, 1000, and 10000 ppm glyphosate for 24 months. The average achieved doses were 0, 7.4, 73.9, and 740.6 mg/kg/day. Parameters evaluated included clinical signs, body weights, food consumption, hematology, clinical chemistry, and urinalysis, organ weights, gross necropsy, and histopathological examination.

b. Survival Analysis

No adverse effects on survival were observed in either sex across the doses tested.

c. Discussion of Tumor Data

There were no statistically significant increases in any tumor type in this study. Details are provide by Greim *et al.,* 2015 can be found online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423

d. Non-Neoplastic Lesions

There were no non-neoplastic lesions at any dose level in either sex.

e. Adequacy of Dosing for Assessment of Carcinogenicity

The doses tested were determined to be adequate in both sexes since the highest dose tested (741 mg/kg/day) approached the limit dose (1000 mg/kg/day).

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6. Arysta Life Sciences. (1997a). HR-001: 24-Month Oral Chronic Toxicity and Oncogenicity Study in Rats. Kodaira-shi, Tokyo, Japan: The Institute of Environmental Toxicology (Cited in Greim *et al.*, 2015).

a. Experimental Design

In a combined chronic/carcinogenicity study, glyphosate (94.6–97.6% pure) was administered to groups of Sprague-Dawley rats in the diet. Groups of 50 rats/sex/group received diets containing 0, 3000, 10000, or 30000 ppm glyphosate for 24 months. The achieved doses were 0, 104, 354 or 1127 mg/kg/day in males and 0, 115, 393, or 1247 mg/kg/day in females, respectively. Parameters evaluated included clinical signs, body weight, food consumption, hematology, clinical chemistry, and urinalysis, organ weights, gross necropsy and histopathological examination.

b. Survival Analysis

No adverse effects on survival were observed in either sex across the doses tested.

c. Discussion of Tumor Data

There were no statistically significant increases in any tumor type in this study. Details are provide by Greim *et al.,* 2015 can be found online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423

d. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in this study.

e. Adequacy of Dosing for Assessment of Carcinogenicity

The highest dose 10,000 ppm (1127 mg/kg/day in males and 1247 mg/kg/day in females) exceed the limit dose (1000 mg/kg/day) and there were increased cecum weights, distension of the cecum, loose stool, follicular hyperkeratosis and/or folliculitis/follicular abscess of the skin, and decreased body weights.

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7. **Nufarm. (2009a). Glyphosate Technical: Dietary Combined Chronic Toxicity/ Carcinogenicity in the Rat. Shardlow, Derbyshire, UK: Harlan Laboratories Ltd. (Cited in Greim *et al.*, 2015).**

a. Experimental Design

In a combined chronic toxicity study, glyphosate (95.7% pure) was administered to groups of Wistar rats in the diet. Groups of 51 rats/sex/group received diets containing 0, 1500, 5000, and 15,000 ppm glyphosate for 24 months. To ensure that a received limit dose of 1000 mg/kg/day was achieved, the highest dose level was progressively increased to 24000 ppm. The achieved doses were 0, 86, 285 or 1077 mg/kg/day in males and 0, 105, 349 or 1382 mg/kg/day, in females. Parameters evaluated included clinical signs, body weight, food consumption, hematology, clinical chemistry, and urinalysis, as well as organ weights, necropsy and histopathological examination.

b. Survival Analysis

No adverse effects on survival were seen in either sex across the doses tested.

c. Discussion of Tumor Data

There were no statistically significant increases in any tumor type in this study. Details are provide by Greim *et al.,* 2015 can be found online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423

d. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in either sex at any dose level.

e. Adequacy of Dosing for Assessment of Carcinogenicity

The highest doses 1077 mg/kg/day in males and 1382 mg/kg/day in females exceed the limit dose (1000 mg/kg/day).

B. Carcinogenicity Studies in Mice

1. Knezevich, A.L and Hogan, G. K. (1983). A chronic feeding study of glyphosate in mice. Unpublished report prepared by Bio/Dynamic Inc., dated July 21, 1983. Report No. 77-2011. EPA Accession No. 251007 – 251009, and 251014.

a. Experimental Design

In a carcinogenicity study, groups of 50 male and female CD-1 mice received glyphosate (99.78%, pure) at dietary levels of 0, 1000, 5000, or 30,000 ppm for two years. These doses were equivalent to 0, 161, 835, 4945 mg/kg bw/day for males and 0, 195, 968, and 6069 mg/kg bw/day for females) for 24 months. Parameters evaluated included clinical signs, body weight, food consumption, organ weights, and histopathological examination.

b. Discussion of Tumor Data

The incidences of renal tubule adenomas were as follows: 0/49 in the controls; 0/49 at the low-dose; 1/50 at the mid-dose; and 3/50 at the high dose (TXR No. 0004370).

In 1985, the Registrant directed a re-evaluation of the original renal section by a consulting pathologist (Dr. Marvin Kuschner). This evaluation identified a small renal tubule adenoma in one control male mouse (animal number 1028) which was not diagnosed as such in the original pathology report (TXR No. 0004855).

In 1986, at the request of the agency, additional renal sections (3 sections/kidney/mouse spaced at 150 micron intervals) were evaluated in all control and all glyphosate-treated male mice in order to determine if additional tumors were present. The additional pathological and statistical evaluations concluded that the renal tumors in male mice were not compound-related (TXR No. 0005590).

At the request of the agency, the Pathology Work Group (PWG) examined all sections of the kidneys including the additional renal sections. The renal tubular-cell lesions diagnosed by the PWG are presented below in Table 13. The PWG noted that because differentiation between tubular-cell adenoma and tubular-cell carcinoma is not always clearly apparent and because both lesions are derived from the same cell type, it appropriate to combine the incidences for purposes of evaluation of statistical analysis. Statistical analyses are presented in Table 14. The PWG unanimously concluded that these lesions are not compound-related based on the following considerations: 1) renal tubular cell tumors are spontaneous lesions for which there is a paucity of historical control data for this mouse stock; 2) there was no statistical significance in a pairwise comparison of treated groups with the controls and there was no evidence of a significant linear trend; 3) multiple renal tumors were not found in any animal; and 4) compound-related nephrotoxic lesions,

including pre-neoplastic changes, were not present in male mice in this study (TXR No. 0005590).

Table 13. Glyphosate: Kidney Tumor in Male CD-1 Mice — PWG				
Dose/Tumor Type	Control	1000 ppm	5000 ppm	30,000 ppm
	0 mg/kg/day	161 mg/kg/day	835 mg/kg/day	4945 mg/kg/day
Tubular-cell adenoma	1/49	0/50	0/50	1/50
Tubular-cell carcinoma	0	0/50	1/50	2/50
Combined incidence	1/49 (2%)	0/50 (0%)	1/50 (2%)	3/50 (6%)

Statistical analysis of the male mouse renal tumors diagnosed by the PWG are presented below in Table 14.

Table 14. Kidney Tumors in Male CD-1 Mice — PWG Cochran-Armitage Trend & Fisher's Exact Test (MRID 00130406)				
Tumor Type	0 mg/kg/day	161 mg/kg/day	835 mg/kg/day	4945 mg/kg/day
Adenomas (%) P =	1/49 (2) 0.4422	0/49 (0) 1.0000	0/50 (0) 1.00000	1/45 (2) 0.7576
Carcinomas (%) P =	0/49 (0) 0.0635	0/49 (0) 1.0000	1/50 (2) 0.5051	2/50 (4) 0.2525
Combined (%) P =	1/49 (2) 0.0648	0/49 (0) 1.0000	1/50 (2) 0.7576	3/50 (6) 0.3163

Historical control data from the testing laboratory (Bio-dynamics) during the glyphosate-study period (1976-1982) are presented in Table 15.

Table 15. Historical Control Data- Kidney tumors in CD-1 Mice — Bi/dynamics Inc.														
Study I.D	A		B		C		D		E		F		G	
Study Period	6/78 - 7/80		12/77- 4/80		12/77- 3/80		10/78- 4/81		11/78- 4/81		11/77- 4/80		10/77-4/80	
No. Examined	57	54	61	51	53	59	60	60	60	60	60	60	60	60
Tubular Adenoma		1	0	0	0	0	0	0	0	2	0	0	0	0

Historical control data from 14 studies conducted between 1977 and 1981 at the testing laboratory indicated that the mouse renal tumors ranged from 0 to 3.3% and the incidence in the current study (3/50; 6%) exceeded the upper limit of the historical control range (TXR No. 0007252).

The CPRC determined that glyphosate produced an equivocal carcinogenic response in male mice characterized by an increased incidence of renal tubular neoplasms. The biological significance of the findings was questionable because of: a) lack of significance in pairwise comparison with concurrent controls for adenomas, carcinomas and the combined tumors; b) there was no concurrent increase in non-neoplastic renal tubular lesions in male mice (*e.g.* tubular necrosis/regeneration, hyperplasia, hypertrophy, etc.), c) the examination of multiple sections of kidneys from all groups resulted in no additional neoplasms; this fact is particularly important since not only were the original sections closely scrutinized by more than one pathologist, but additional sections as well, d) increased incidence in high dose group was very small compared to control considering the very high concentration which produced highly significant reduction in body weight gain in males; e) although the incidences exceeded the historical control, this finding did not override the lack of statistical significance of comparison to the concurrent controls. Furthermore, the increased incidence of chronic interstitial nephritis in males is not relevant to the tubular neoplasms. There was actually a decrease in renal tubular epithelial changes (basophilia and hyperplasia) in males, and although there was a dose-related increase in these changes in female mice, no tubular neoplasms were observed in females. Overall, the Peer Review Committee did not consider the renal tumors to be treatment-related. The CARC reaffirmed the CPRC conclusion and rationale. Also, the lack of increased renal tumors in the other mouse studies in the same strain provides additional evidence for lack of an actual carcinogenic response in the kidneys.

c. Non-Neoplastic Lesions

The incidence of centrilobular hepatocyte hypertrophy was slightly but not significantly increased in high-dose male mice at terminal sacrifice if all mice were included in the analyses. Centrilobular hepatocyte necrosis was significantly ($P \leq 0.01$) increased in high-dose male mice (10/50; 20%) compared to controls (2/49; 4%). No significant increases in centrilobular hepatocyte hypertrophy or necrosis were observed in treated female mice. There was a dose-dependent increase in the proximal tubular epithelial basophilia in female mice; the incidences were: 0/50 (0%) in the controls, 2/50 (4%) at the low dose, 4/50 (8%) at the mid dose, and 9/50 (18%) at the high dose ($P \leq 0.01$). All other tissue alterations occurred sporadically and were found with approximately equal frequency and severity in control and treated animals. These were considered unrelated to glyphosate treatment.

d. Adequacy of the Dosing for Assessment of Carcinogenicity

The high dose tested in males (4945 mg/kg/day) and females (6069 mg/kg/day) was approximately 4 to 6-fold higher than the limit dose (1000 mg/kg/day), which produced highly significant reduction in body weights in both sexes. Therefore, the doses tested were determined to be adequate to assess the carcinogenic potential of glyphosate in this study.

2. Atkinson, C., Martin, T., Hudson, P., and Robb, D. (1993). Glyphosate: 104 week dietary carcinogenicity study in mice. Inveresk Research International, Tranent, EH33 2NE, Scotland. IRI Project No. 438618. April 7, 1993. MRID 49631702.

a. Experimental Design

In a carcinogenicity study, glyphosate (97.5 – 100.2% pure) was administered to groups of 50 CD-1 mice/sex/dose in the diet at doses of 0, 100, 300, or 1000 mg/kg/day for 104 weeks. No interim sacrifices were performed. Parameters evaluated included clinical signs, body weight, food consumption, organ weights, necropsy and histopathological examination.

b. Discussion of Tumor Data

As shown in Table 16, hemangiosarcomas were found in 4/45 (9%) high-dose male mice compared to none in the controls. In the treated mice at the high dose, one had the tumors present in the liver and spleen, one had the tumor present in the liver only, one had the tumors present in the liver, spleen, and prostate, and one had the tumor present in the spleen only. No hemangiosarcomas were found in the control or low- and mid-dose mice.

Table 16. Hemangiosarcomas in Male CD-1 Mice Fisher's Exact Test and Exact Trend Test Results

Dose (mg/kg/day)	0	100	300	1000
Hemangiosarcomas	0/47[a]	0/46	0/50	4/45
(%)	(0)	(0)	(0)	(9)
P =	0.00296**	1.00000	1.00000	0.05332

a= Number of tumor bearing animals/Number of animals examined, excluding those that died before week 52.
Note: ** Significance of trend (P<0.01) denoted at control.

The increase in hemangiosarcomas in male mice was not considered to be treatment-related due to 1) tumors seen only at the limit dose; 2) absence of statistical significance in the pairwise analysis; 3) the incidences was near or the same as the upper limit (0–8%) for the performing laboratory; 4) hemangiosarcomas were not seen in male mice in the other three studies when tested at comparable doses (946–1467 mg/kg/day) or at considerably higher doses (4348–5874 mg/kg/day) in this strain of mouse; 6) the considerable inter-group variability in the number of female mice with this tumor (0, 2 , 0 and 1 in the control, low-, mid- and high-dose groups, respectively); 7) Hemangiosarcomas are commonly observed in mice as both spontaneous and treatment-related tumors arising from endothelial cells; 8) hemangiosarcomas appear in both sexes but are generally more common in males (CD-1); 9) As vascular tumors, they can occur at different sites but liver and spleen tend to be the most common sites in male mice.

c. Non-Neoplastic Lesions

No treatment-related non-neoplastic lesions were seen.

d. Adequacy of the Dosing for Assessment of Carcinogenicity

The highest dose tested was the limit dose (1000 mg/kg/day).

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3. **Arysta Life Sciences. (1997b). HR-001: 18-Month Oncogenicity Study in Mice. Kodaira-shi, Tokyo, Japan: The Institute of Environmental Toxicology (Cited in Greim *et al.,* 2015).**

a. Experimental Design

In a carcinogenicity study, groups of ICR-CD-1 mice (50/sex/group received diets containing glyphosate (94.6–97.6% pure) at 0, 1600, 8000 or 40,000 ppm for 18 months. The achieved doses were 0, 165, 838 or 4348 mg/kg/day in males and 0, 153, 787 or 4116 mg/kg/day in females, respectively. Parameters evaluated included clinical signs, body weight, food consumption, hematology, clinical chemistry, and urinalysis, organ weights, gross necropsy and histopathological examination.

b. Survival Analysis

No adverse effects on survival were observed in either sex across the doses tested.

c. Discussion of Tumor Data

There were no statistically significant increases in any tumor type in this study. Details provided by Greim *et al.* (2015) can be found online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423

d. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in this study.

e. Adequacy of Dosing for Assessment of Carcinogenicity

The highest dose tested in both sexes exceeded (4-fold) the limit dose (1000 mg/kg/day).

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4. Nufarm. (2009b). Glyphosate Technical: Dietary Carcinogenicity Study in the Mouse. Derbyshire, UK: Harlan Laboratories Ltd. (Cited in Greim *et al.*, 2015).

a. Experimental Design

In another feeding study, CD-1 mice (50/sex/dose) received glyphosate (94.6–97.6%, pure) at 0, 500, 1500, or 5000 ppm for 18 months. The calculated test substance intake was 0, 85, 267 or 946 mg/kg/day. Parameters evaluated included clinical signs, body weight, food consumption, organ weights, gross necropsy and histopathological examination.

b. Discussion of Tumor Data

In male mice at the high dose (5000 ppm) there were increases in the incidences of adenocarcinomas of the lung and malignant lymphomas as shown in Tables 17. For the lung adenocarcinomas, the increases did not reach statistically significant pairwise differences, although the trend was significant. For the malignant lymphomas there was a trend and pairwise significance. Details provided by Greim *et al.* (2015) can be found online at http://informahealthcare.com/doi/abs/10.3109/10408444.2014.1003423

Table 17. Lung Adenocarcinomas and Malignant Lymphomas in Male CD-1 Mice (Greim *et al.*, 2015)
Fisher's Exact Test and Exact Trend Test Results

Dose (ppm)	0	500	1500	5000
Lung Adenocarcinoma	5/51[a]	5/51	7/51	11/51
(%)	(10)	(10)	(14)	(22)
P =	0.02906**	0.62953	0.37996	0.08609
Malignant Lymphoma	0/51	1/51	2/51	5/51
(%)	(0)	(2)	(4)	(10)
P =	0.006633**	0.50000	0.24752	0.02820*

a= Number of tumor bearing animals/Number of animals examined.
Note: ** Significance of trend (P<0.01) denoted at control.

The increase in lung adenocarcinomas was not considered to be treatment-related due to: 1) absence of statistical significance in the pairwise analysis; 2) the incidences in all treatment groups including the controls were within the historical control range (1.43–26%) for the performing laboratory; and 3) lung tumors were not seen in the other three studies when tested at doses ranging from 814 to 4945 mg/kg/day for up to two years.

Historical control data and results from the 5 studies can be used to put this finding into perspective. The malignant lymphomas were not considered to be treatment-related since the 0% incidence of this lesion in the concurrent control for male mice was lower than the historical control mean (4.5%) and range (1.5–21.7%) in this strain and age of mice (Gikins and Clifford, 2005; Son and Gopinath, 2004). Therefore, the apparent statistical significance of the pairwise comparisons of the high dose male groups with the concurrent control might have been attributable to this factor and not to actual carcinogenic response. In addition, malignant lymphomas were not seen in the other three studies in this strain of mice when tested at doses ranging from 814 to 4945 mg/kg/day for up to two years.

c. Non-Neoplastic Lesions

There were no treatment-related non-neoplastic lesions in this study.

d. Adequacy of the Dosing for Assessment of Carcinogenicity

The highest dose (947 mg/kg/day) tested approached the limit dose (1000 mg/kg/day).

IV. TOXICOLOGY

A. Metabolism

Single or repeated doses of radiolabeled ^{14}C-glyphosate were administered orally to male and female Sprague-Dawley rats. Following a single oral dose of, ^{14}C-glyphosate, 30 to 36% of the dose was absorbed and less than 0.27% of the dose was eliminated as CO_2. 97.5% of the administered dose was excreted in the urine and feces as the parent compound, glyphosate. Amino methyl phosphonic acid (AMPA) was the only metabolite found in urine (0.2–0.3% of the administered dose) and feces (0.2–0.4% of the administered dose). Less than 1.0% of the absorbed dose remained in tissues and organs, primarily in bone tissue. Repeated dosing at 10 mg/kg did not significantly change the metabolism, distribution or excretion of glyphosate.

In a second study, male and female Sprague-Dawley rats received single intraperitoneal injections of radiolabeled ^{14}C-glyphosate at 1150 mg/kg. Blood samples were collected 0.25, 0.50, 1, 2, 4, 6 and 10 hours after injection. Femoral bone marrow samples were collected from one third of the male and female rats sacrificed at 0.5, 4, or 10 hours after injection. Thirty minutes after injection of glyphosate, the concentration of radioactivity in the bone marrow of male and female rats was equivalent to 0.0044% and 0.0072%, respectively, of the administered dose. Assuming first order kinetics, the decrease in radioactivity in bone marrow occurred with a half-life of 7.6 and 4.2 hours for males and females, respectively. Similarly, the half-lives of the radioactivity in plasma were approximately 1 hour for both sexes. These findings indicate that very little glyphosate reaches bone marrow, that it is rapidly eliminated from bone marrow, and that it is even more rapidly eliminated from plasma.

B. Mutagenicity

In 1991, the Carcinogenicity Peer Review Committee concluded that there was no evidence of genotoxicity for glyphosate based on negative findings in submitted guideline studies for the bacterial reverse mutation test (MRID 00078620), *in vitro* mammalian cell gene mutation test in CHO cells (MRID 00132681), *in vivo* mammalian bone marrow chromosomal aberration test (MRID 00132683) and a "rec assay" used to detect DNA-damaging agents in *Bacillus subtilis* (MRID 00078619) (TXR 0008898).

Glyphosate has also been evaluated for its genotoxic potential in other regulatory and published literature studies. Extensive reviews of the available genotoxicity studies for glyphosate and glyphosate products were conducted by Williams *et al.* (2000) and by Kier and Kirkland (2013). IARC also conducted a review of the publically available genetic toxicity data for glyphosate and glyphosate-based formulations (IARC, 2015).

Williams *et al.*, (2000) concluded that "glyphosate is neither mutagenic nor clastogenic." Similarly, Kier and Kirkland (2013) concluded a "lack of genotoxic potential for both glyphosate and glyphosate based formulations (GBFs) in core gene mutation and chromosomal effect endpoints." Kier and Kirkland (2013) also stated that "the observations of DNA-damage effects seems likely to be secondary to cytotoxic effects." However, IARC (2015) concluded that "there is strong evidence that glyphosate causes genotoxicity." It should be noted that the IARC's conclusion was based not only on studies conducted with the active ingredient but also on studies conducted with the formulation products such as Roundup. Roundup is a combination of the active ingredient and other chemicals, including a surfactant (polyoxyethyleneamine) which enhances the spreading of spray droplets when contact foliage. Of note, the review article by Kier and Kirkland (2013) and supplemental information provided on the publisher's website were not considered in the IARC evaluation.

In this assessment, the CARC considered a total of 54 studies including those submitted to the agency under 40 CFR Part 158 as well as the studies presented in the review articles by Williams *et al.* (2000), Kier and Kirkland (2013), and the IARC monograph (2015). Consistent with OPP's Guidance for Considering and Using Open Literature Toxicity Studies to Support Human Health Risk Assessment (http://www.epa.gov/pesticides/science/lit-studies.pdf), literature studies discussed in the reviews such as IARC that did not meet the Klimisch criteria for reliability (*e.g.* lack of adequate glyphosate purity information for the test material) were not considered by the CARC. The CARC determined the mutagenic potential of glyphosate in humans by conducting a weight-of-evidence evaluation of the results from the cited bacterial reversion (Ames) assays, *in vitro* mammalian gene mutation assays, *in vitro* and *in vivo* chromosomal aberration and micronucleus assays as well as other relevant assays evaluating DNA damage.

1. Bacterial reverse mutation assays

As shown in Table 18, glyphosate was not mutagenic in any of the *in vitro* bacterial mutation assays using *S. typhimurium* or *E. coli* tester strains with or without microsomal S9 metabolic activation. These results are consistent with the negative findings in the previously reviewed EPA guideline (870.5100) bacterial reverse gene mutation study (MRID 00078620).

Table 18. Results from Bacterial Reverse Gene Mutation Assays[1]

Author	Cell/Strain[2]	Purity	Highest test concentration	Results –S9	Results +S9
Akanuma,M. (1995)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	95.7%[3]	5000 µg/plate	Negative	Negative
Callander, R.D. (1996)	TA98, TA100, TA1535, TA1537; WP2P and WP2*uvr*A	95.6%[3]	5000 µg/plate	Negative	Negative
Flügge, C. (2010)	TA98, TA100, TA102, TA1535, TA1537	76.1%[4]	100 µg/plate	Negative	Negative
Flügge, C. (2010)	TA98, TA100, TA102, TA1535, TA1537	96.4%	3160 µg/plate	Negative	Negative
Flügge, C. (2009)	TA98, TA100, TA102, TA1535, TA1537	98.8%	3160 µg/plate	Negative	Negative
Jensen, J.C. (1991)	TA98, TA100, TA1535, TA1537	98.6%	2500 µg /plate w/o S9; 5000 µg /plate w/ S9	Negative	Negative
Li and Long (1988)	TA98, TA100, TA1535, TA1537, TA1538;	98%	5000 µg/plate	Negative	Negative
NTP (1992)	TA97, TA100, TA1535	98%	10,000 µg /plate	Negative	Negative
Schreib, G. (2010)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	96%	5000 µg/plate	Negative	Negative
Shirasu et al. (1978)	TA98, TA100, TA1535, TA1537, TA1538 and WP2*uvr*A	98.4%	5000 µg/plate	Negative	Negative
Sokolowski, A. (2007c)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	95.0%	5000 µg/plate	Negative	Negative
Sokolowski, A. (2007a)	TA98, TA100, TA1535, TA1537; WP2uvrA	95.1%	5000 µg/plate	Negative	Negative
Sokolowski, A. (2009b)	TA98, TA100, TA1535, TA1537;WP2P and WP2*uvr*A	96.3%	5000 µg/plate	Negative	Negative
Sokolowski, A. (2009a)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	96.66%	5000 µg/plate	Negative	Negative
Sokolowski, A. (2007b)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	97.7%	5000 µg/plate	Negative	Negative
Suresh, T.P. (1993)	TA98, TA100, TA1535, TA1537, TA1538	96.0%	1000 µg/plate	Negative	Negative
Thompson, P.W. (1996)	TA98, TA100, TA1535, TA1537; WP2*uvr*A	95.3%	5000 µg/plate	Negative	Negative

1. Studies cited in Williams *et al.* (2000), Kier and Kirkland (2013), or IARC monograph.
2. *S. typhimurium* strains (TA97, TA98, TA100, TA102, TA1535, TA1537, and/or TA1538) or *E. coli* strains (WP2P and WP2*uvr*A)
3. Glyphosate acid
4. Monoammonium glyphosate salt

2. *In vitro* mammalian cell gene mutation assays

Glyphosate did not induce forward mutations in mouse lymphomas cells or Chinese hamster ovary (CHO) cells in the presence or absence of metabolic (S9) activation (Table 19).

Table 19. Results from mammalian gene mutation assays[1].

Author	Assay Type	Cell type	Purity	Highest conc.	Result -S9	Result +S9
Clay (1996)	*In vitro* mammalian gene mutation	L5178Y mouse lymphoma cells/ tk locus	95.6%	1.0 mg/mL	Negative	Negative
Jensen, J.C. (1991)	*In vitro* mammalian gene mutation	L5178Y mouse lymphoma cells/ tk locus	98.6%	5.0 mg/mL	Negative	Negative
Li and Long (1988)	*In vitro* mammalian gene mutation	CHO cells/ HGPRT locus	98%	22.5 mg/mL	Negative	Negative

1. Studies cited in Williams's *et al.* (2000), Kier and Kirkland (2013), or IARC monograph.

3. *In vitro* chromosomal aberration assays

Lioi *et al.* (1998a, 1998b) reported positive findings for chromosomal aberrations in human and bovine lymphocytes treated with glyphosate *in vitro* in the absence of S9 activity. As discussed in the Williams review, there is less confidence in the Lioi *et al.* results based on the use of an unusual 72-hour treatment protocol and the observation of reduced cell growth in glyphosate-exposed cells (an indication of a toxic effect) which can affect the evaluation of the study. Lioi *et al.* also reported chromosomal damage in lymphocytes treated with other known non-genotoxic pesticides in this study at concentration ranges similar to where they reported effects for glyphosate. By contrast, when the tests were performed according to the OECD guideline, Van de Waart (1995) reported no significant increase in chromosomal aberrations in human lymphocytes treated with up to 0.56 mg/mL (-S9) and 0.33 mg/mL (+S9) glyphosate, which are concentrations 3 orders of magnitude higher than those at which Lioi *et al.* reported aberrations. Glyphosate was negative in two other *in vitro* chromosomal aberrations studies using human lymphocytes (Fox, 1998; Manas *et al.* 2009) and did not induce chromosomal aberrations in Chinese hamster lung cells (Matsumoto, 1995; Wright, 1996). A summary of the findings is presented in Table 20.

Table 20. Results from *in vitro* chromosomal aberration assays[1].

Authors	Assay	Cell type	Purity	Highest test concentration	Result -S9	Result +S9
Van de Waart (1995)	Chromosomal Aberration	Human peripheral lymphocytes	>98%	0.56 mg/mL with S9; 0.33 mg/mL w/o S9	Negative	Negative
Fox, V. (1998)	Chromosome Aberration	Human peripheral lymphocytes	95.6%[2]	1250 ug/mL	Negative	Negative
Lioi et al. (1998a)	Chromosomal Aberration	Human peripheral lymphocytes	>98%	1.4 mg/L	Positive	Not Tested
Manas et al. (2009)	Chromosomal Aberration	Human peripheral lymphocytes	96%	6 mM	Negative	Not Tested
Lioi et al. (1998b)	Chromosomal Aberration	Bovine peripheral lymphocytes	>98%	2.9 mg/L	Positive	Not Tested
Matsumoto, K. (1995)	Chromosomal Aberration	Chinese Hamster Lung (CHL) cells	95.68%[2]	1000 ug/mL	Negative	Negative
Wright, N.P. (1996)	Chromosomal Aberration	Chinese Hamster Lung (CHL) cells	95.3%	1250 ug/mL	Negative	Negative

1. Studies cited in Williams *et al.*, (2000), Kier and Kirkland (2013), or IARC monograph.
2. Glyphosate acid

4. *In vivo* micronucleus and chromosomal aberration assays

Numerous studies were evaluated to determine the potential for glyphosate to induce micronuclei in rodent bone marrow cells. Studies included both intraperitoneal (IP) and oral routes of glyphosate administration. In a literature study by Bolognesi *et al.* (1997), the authors reported an induction of micronuclei in male mice treated with up to 300 mg/kg (injected as two ½ doses). It is noted that this study included only 3 animals/dose, rather than the 5 animals/dose recommended in the agency's test guideline (870.5395). In another literature study, Manas *et al.* (2009) reported an induction of micronuclei in BALB/C mice when tested up to 200 mg/kg glyphosate. However, there is some concern regarding how the micronuclei were scored in this study. As stated in the Kier and Kirkland review, Manas *et al.* (2009) reported their findings as an increase in micronucleated erythrocytes rather than polychromatic erythrocytes. Scoring all erythrocytes rather than immature polychromatic erythrocytes can impact the interpretation of the study as the effects cannot be solely attributed to treatment by the test article. Suresh *et al.* (1993) reported an increase in micronuclei in females only in Swiss albino mice treated with 5 mg/kg glyphosate; however, this occurred at a dose that is more than twice the limit dose for the agency's guideline study. Although the above authors reported positive findings, a vast majority of the *in vivo* genotoxicity studies (including the previously reviewed guideline mammalian bone marrow chromosomal aberration test) were negative at doses similar to or higher than the studies discussed above, regardless of the dosing regimen or route of administration. Furthermore, glyphosate was also negative in two rodent dominant lethal tests. A summary of the findings are reported in Table 21.

Table 21. Results from *in vivo* genotoxicity assays[1].

Author	Assay Type	Species/strain	Purity	Highest conc.	Results	Comments
Bolognesi *et al.* (1997)	Micronucleus test	Male mice (strain not provided)	99.9%	300 mg/kg	Positive	Two IP injections of ½ dose; 3 mice/dose
Durward, R. (2006)	Micronucleus test	Young adult male and female albino Crl:CD-1TM(ICR)BR mice	95.7%	600 mg/kg	Negative	Single IP injection; Significant increase in % PCEs per 1000 erythrocytes was observed in the 24-hour; however not 48-hour at 600 mg/kg
Flügge, C. (2009)	Micronucleus test	Male and female CD rats	98.8%	2000 mg/kg	Negative	Single dose; oral gavage
Fox and Mackay (1996)	Micronucleus test	Male and female CD-1 BR mice	95.6%[2]	5000 mg/kg	Negative	Single dose; oral gavage
Honavar, N. (2005)	Micronucleus test	Male and female NMRI mice	97.73%	2000 mg/kg	Negative	Single dose; oral gavage
Honavar, N. (2008)	Micronucleus test	NMRI male mice	99.1%	2000 mg/kg	Negative	Single dose; oral gavage
Jensen, J.C. (1991)	Micronucleus test	Young adult male and female NMRI SPF mice	98.6%	5000 mg/kg	Negative	Single dose; oral gavage
Manas *et al.* (2009)	Micronucleus	BALB/C mice	96%	200 mg/kg	Positive	Two IP doses, 1 day apart
NTP (1992)	Micronucleus test	Male and female B6C3F1 mice	99%	11,379 mg/kg/day	Negative	Dietary admin., 13 weeks
Suresh, T.P. (1993)	Micronucleus test	Young Swiss albino male and female mice	98.6%	5000 mg/kg	Males: Negative Females: Positive	Two doses 1 day apart; oral gavage
Suresh, T.P. (1994)	Mouse Bone Marrow Chromosome Aberration	Male and female Swiss albino mice	96.8%	5000 mg/kg	Negative	Two doses, 24 hours apart; oral gavage
Suresh, T.P. (1992)	Rodent dominant lethal test	Male and female Wistar rats	96.8%	500 mg/kg (single dose); 100 mg/kg (5 daily doses)	Negative	
Wrenn (1980)	Rodent dominant lethal test	Mouse; gavage	98.7%	2000 mg/kg	Negative	

1. Studies cited in Williams *et al.*, (2000), Kier and Kirkland (2013), or IARC monograph.
2. Glyphosate acid
3. IP= intraperitoneal injection

5. Other genotoxicity assays

Inconsistent responses were reported in a number of assays designed to detect DNA damage, including sister chromatid exchange (SCE) assay, unscheduled DNA synthesis assay, and the comet assay (also known as the single cell electrophoresis assay). Positive responses in these assays do not necessarily indicate a chemical is DNA-reactive (*i.e.* mutagenic), but rather that DNA damage occurred under conditions of the assay. Glyphosate was also negative in two Rec-DNA repair tests in *B. subtilis*. The results of these genotoxicity studies are presented in Table 22.

Table 22. Additional genotoxicity assays of glyphosate

Authors	Assay Type	Cell Type	Purity	Highest test conc.	Results
Bolognesi *et al.* (1997)	Sister chromatid exchange (SCE)	Human peripheral blood (*in vitro*)	99.9%	1000 ug/mL	Positive
Lioi *et al.* (1998a)	SCE	Human peripheral blood (*in vitro*)	>98%	1.4 mg/L	Equivocal
Lioi *et al.* (1998b)	SCE	Bovine peripheral blood (*in vitro*)	>98%	2.9 mg/L	Equivocal
Li and Long (1988)	Unscheduled DNA synthesis (UDS)	Rat hepatocytes (*in vitro* exposure)	98%	0.125 mg/mL	Negative
Rossberger,(1994)	UDS	Primary rat hepatocytes	98%	111.69 mM	Negative
Bolognesi *et al.* (1997)	DNA Damage /reactivity/UDS	Mouse; IP administration	99.9%	300 mg/kg	Equivocal
Bolognesi *et al.* (1997)	DNA Damage/reactivity/UDS	Mouse; IP; alkaline solution of extracted DNA	99.9%	300 mg/kg	Positive
Alvarez-Moya et al. (2014)	Comet assay	Human lymphocytes	96%[2]	700 µM	Positive
Lueken *et al.* (2004)	Comet assay	Human fibroblasts GM 5757	98.4%	75 mM	Negative
Manas *et al.*(2009)	Comet assay	Liver Hep-2 cells	96%	7.5 mM	Positive
Mladinic et al. (2009)	Comet assay	Human lymphocytes	98%	580 ug/mL (toxic); approximately 3.43 mM	Positive
Rossberger, S. (1994)	DNA repair test	Male SD rat primary hepatocytes	>98%	111.69 mM	Negative
Akanuma, M. (1995)	DNA repair test (Rec- assay)	*Bacillus subtilis* M45 rec-/ H17 rec+	95.68%[2]	240 ug/disk	Negative
Li and Long (1988)	DNA repair test (Rec assay)	*B. subtilis* H17, rec+; M45, rec-	98%	2 mg/disk	Negative

1. Studies cited in Williams *et al.*, (2000), Kier and Kirkland (2013), or IARC monograph.
2. Glyphosate acid

6. Conclusions

In summary, glyphosate was not mutagenic in bacteria or mammalian cells *in vitro*. Additionally, glyphosate did not induce chromosomal aberrations *in vitro*. Although some studies in the open literature reported positive findings for micronuclei induction in rodents, these findings were not replicated in the majority of the rodent micronuclei or chromosomal aberration studies considered in this assessment by the CARC. Some positive results were reported in SCE and comet assays in the open literature; however, there is no convincing evidence that the DNA damage is a direct effect of glyphosate exposure, but rather may be secondary to cytotoxicity or oxidative damage.

C. Structure-Activity Relationship

At present there are no structurally related pesticides registered by the agency which resemble glyphosate. Sulfosate, the trimethylsulfonium salt of glyphosate (also known as glyphosate-trimesium) is a 1:1 molar salt of N-(phosphonomethyl) glycine anion (PMG) and the trimethylsulfonium cation (TMS). Sulfosate was evaluated for its carcinogenic potential following dietary administration to male and female mice at 0, 10, 1000 or 8000 ppm (equivalent to 0, 16, 159 or 1341 mg/kg/day, respectively) for 18 months, and in male and female Sprague-Dawley rats at 0, 100, 500, or 1000 ppm (equivalent to 0, 5.4, 27 or 557 mg/kg/day, respectively) for two years. There was no evidence of carcinogenicity in either species. Sulfosate is classified as a Group E Chemical: "Not Likely to be Carcinogenic to Humans" based on the absence of carcinogenicity in mice and rats in two acceptable studies. Based on the available mutagenicity studies, there is no concern for mutagenicity (TXR Nos. 0006452 and 0011156).

D. Subchronic and Chronic Toxicity Studies

1. Subchronic Toxicity

In a 90-day feeding study (MRID No. 00036803) CD-1 mice were fed diets containing 0, 250, 500 or 2500 mg/kg/day of glyphosate for three months. Body weight gains of the high-dose males and females were about 24% and 18% lower, respectively, than those of the controls. Body weight gains of the low-dose and mid-dose groups were comparable to those of the controls. For systemic toxicity, the NOAEL is 500 mg/kg/day and the LOAEL is 2500 mg/kg/day, based on decreased body weight gain in both sexes.

In a 90-day feeding study (MRID No. 40559401), Sprague-Dawley rats were fed diets containing 0, 63, 317, and 1267 mg/kg/day of glyphosate, respectively in males and 0, 84, 404 and 1623 mg/kg/day of glyphosate, respectively, in females. Treatment-related findings were: (1) increased serum phosphorus and potassium in all treated groups, males and females; (2) increased serum glucose in the mid-dose and high-dose males; (3) increased blood urea nitrogen (BUN) and serum alkaline phosphatase in the high-dose males; and (4) occurrence of pancreatic lesions in the high-dose males (pancreas was not examined at the low-dose and mid-dose groups). Based on these findings, the systemic NOAEL is <1000 ppm (not determined definitively) for both sexes.

2. Chronic Toxicity

(i) Rats

A chronic feeding/carcinogenicity study (MRID No. 00093879) was conducted using male and female Sprague-Dawley rats which were fed diets containing 0, 30, 100, or 300 ppm of glyphosate for 26 months. These levels were equivalent to 0, 3, 10, and 34 mg of glyphosate/kg/day, respectively. There were no effects based on any of the parameters examined (toxic signs, mortality, body weights, food consumption, hematology, clinical chemistry, urinalysis, organ weights and organ/tissue pathology). Therefore, the NOAEL for systemic toxicity is 300 ppm (males: 31 mg/kg/day and females: 34 mg/kg/day).

A second chronic feeding/carcinogenicity study (MRID No. 41643801) was conducted using male and female Sprague-Dawley rats which were fed diets containing 0, 2000, 8000, or 20,000 ppm of glyphosate for two years. These levels were equivalent to 0, 89, 362, or 940 mg/kg/day, respectively, for the males and 0, 113, 457, or 1183 mg/kg/day, respectively, for the females. Treatment-related effects observed only in the high-dose group included: (1) decreased body weight gain in females; and (2) increased incidence of cataracts and lens abnormalities, decreased urinary pH, increased absolute liver weight, and increased liver weight/brain weight ratio (relative liver weight) in males. No significant systemic effects were observed in the low-dose and mid-dose male and female groups. Therefore, the NOAEL for systemic toxicity is 8000 ppm (males: 362 mg/kg/day and females: 457 mg/kg/day) and the LOAEL is 20,000.

In a combined chronic toxicity/carcinogenicity study (MRID No. 49631701), glyphosate (98.9% a.i.) was administered to 85 Sprague-Dawley rats/sex/dose in the diet for 104 weeks ater 0, 10, 100, 300, and 1000 mg/kg/day to both sexes over the course on the study. Designated for the toxicity portion of the study were 35 rats/sex/dose with the remainder designated for the oncogenicity portion of the study. There were no statistical differences between treated and control groups in survival rates. Pale feces were observed during weeks 16–104 in both sexes at the high dose and in females from the low-mid and high-mid dose levels. No treatment-related effect was observed in food consumption, hematology, ophthalmology, and gross pathology data. Males from the high-dose group had statistically lower mean body weight ($P \leq 0.01$) by 5% to 11% beginning Week 2 of the study until Week 104, and at termination was 10% lower (-14% weight gain). Females at the high dose had statistically lower body weight ($P \leq 0.05$) by 5% to 12% beginning Week 20 through Week 80 (with several exceptions), and at termination was 8% lower (-11% weight gain). Statistically increased ALP activities (+46% to +72%) were observed in males at the high dose throughout the study except for the 51 week interval when the mean value was 31% higher than control. Elevated ALP activities were observed in females at the high dose (+34% to +53%) throughout the study, and through most of the study at the high-mid dose by +20% to +67%, though not always statistically significant. Urinalysis data showed reduced pH (5.5–6) in males at the high dose throughout the study.

The absolute liver weight was decreased significantly in females at the high dose after 52 weeks, but after correcting for final body weight the difference was statistically significant at the three highest doses. The parotid salivary gland weight was increased significantly in males at the three highest doses (56–111%) after 52 weeks, but not after 104 weeks. The combined weight of the sublingual and submaxillary salivary glands was significantly increased by 13% (22% after correcting for body weight) at the high dose after 52 weeks. In females, the parotid gland was not affected but the sublingual and submaxillary combined weight was significantly higher by about 15%. The changes in salivary gland weights were accompanied by increased incidence of mild to severe parotid salivary gland cell alterations and slight to moderate mandibular salivary gland cell alterations were observed in both sexes at the 52-week and 104-week intervals. The lesions were described as cells and/or acini that appeared larger and stained in a weakly basophilic manner without showing a tendency toward proliferative or degenerative changes over time. In males, the increased incidence and severity of lesions in the parotid gland were significant ($P \leq 0.01$) at 100, 300, and 1000 mg/kg bw/day at 52 weeks, and significant at 300 and 1000 mg/kg bw/day at 104 weeks. The increased incidence of lesions in the mandibular gland were significant at 300 and 1000 mg/kg bw/day at 52 weeks and significant ($P \leq 0.001$) at 100, 300, and 1000 mg/kg bw/day at 104 weeks. In females, the increased incidence of parotid lesions was significant at 300 and 1000 mg/kg bw/day at 52 weeks, and significant at 100, 300, and 1000 mg/kg bw/day at 104 weeks. The increased incidence in the mandibular gland lesions was significant at the high dose at both 52 and 104 weeks. The incidence and/or severity of kidney nephropathy decreased in males at 100, 300, and 1000 mg/kg bw/day at 52 weeks and at the high dose at 104 weeks. Urothelial hyperplasia significantly decreased in females from the high dose group at both the 52-week and 104-week intervals. The LOAEL in male and female Sprague-Dawley rats administered glyphosate for 104 weeks in the diet was 100 mg/kg bw/day based on microscopic lesions in the parotid and mandibular salivary glands. The NOAEL was 10 mg/kg bw/day (MRID No. 49631701).

In another chronic toxicity/carcinogenicity study (MRID No. 49704601), groups of 52 male and 52 female Alpk:APSD (Wistar-derived) rats were fed diets containing glyphosate at 0, 2000, 6000, or 20,000 ppm for two years. These doses were equivalent to 0, 121, 361 or 1214 mg/kg/day in males and 0, 145, 437, or 1498 mg/kg/day in females, respectively. Treatment-related findings were confined to the liver and kidneys at the highest dose (20,000 ppm). In both sexes, treatment-related changes manifested as papillary necrosis, prostatitis, periodontal inflammation, urinary acidosis, and hematuria. The LOAEL was 20,000 ppm (1214 mg/kg/day in males and 1498 mg/kg/day in females) and the NOAEL was 6000 ppm (361 mg/kg/day in males and 437 mg/kg/day in females)

(ii) Mice

In a carcinogenicity study (MRID No. 00251007), glyphosate (Technical, 99.7% a.i.) was administered to groups of 50 male and 50 female CD-1 mice/sex/dose in the diet at dose levels of 0, 1000, 5000, or 30,000 ppm (approximately equivalent to 0, 161, 835, 4945 mg/kg bw/day for males and 0, 195, 968, and 6069 mg/kg bw/day for females) for 24 months. Cage-side and detailed clinical observations were done. Body weight and food intake were monitored throughout the study. Water consumption was measured during months 12 and 24. Erythrocyte, as well as total

white cell counts and differentials, were done at months 12, 18, and 24. Tissues and organs were collected from all mice whether dying during the study or at terminal sacrifice. Microscopic analyses were done on all collected tissues.

No treatment-related effects were found on survival, body weight, food or water consumption, or hematology parameters of treated male or female mice. The terminal body weight of high-dose males was significantly decreased 9% while the absolute liver weight of high-dose males was significantly decreased 16%; however, no significant treatment-related effects were found on the liver-to-body-weight ratio. The absolute testes weight of high-dose male mice was increased 7%, while the relative to body testes weight was increased 17. Neither were statistically significant, and no microscopic histological correlates were found. The incidences of centrilobular hepatocyte hypertrophy were slightly, but not significantly increased in high-dose male mice. Centrilobular hepatocyte necrosis was significantly higher in high-dose males (10/50** (20%) vs. control 2/49 (4%), $P \leq 0.01$). No significant increases in centrilobular hepatocyte hypertrophy or necrosis were observed in treated female mice; however, proximal tubular epithelial basophilia was significantly increased in high-dose females (9/50 (18%) vs control 0/50 (0%), $P \leq 0.01$). No other microscopic treatment-related effects were found. Based on increased centrilobular hepatocellular necrosis in high-dose males and proximal tubular epithelial basophilia in high-dose females, the systemic LOAEL for male and female CD-1 mice was 30,000 ppm (approximately 4945 mg/kg bw/day for males and 6069 mg/kg bw/day for females). The NOAEL for the study was 835 mg/kg bw/day for males and 968 mg/kg bw/day for females) (MRID No. 00251007).

In another carcinogenicity study (MRID No. 49631702), glyphosate (97.5–100.2% a.i.) was administered to groups of 50 CD-1 mice/sex/dose in the diet at doses of 0, 100, 300, or 1000 mg/kg/day for 104 weeks. Mortality, body weight, body weight gain, and food consumption were monitored throughout the study. WBC differential counts were done during Weeks 52, 77, and 102 of the study. Organ weights were measured and tissues collected for microscopic analyses. Treatment of male and female mice for 104 weeks did not increase mortality and did not decrease body weight, body weight gain or food consumption. No treatment-related clinical signs of toxicity were observed and no effects were found on WBC differential counts. Treatment did increase the absolute and relative thymus weights of male and female mice treated with 300 or 1000 mg/kg bw/day approximately 2–3-fold, but only the results of male mice were statistically increased. However, no treatment-related effects were found microscopically. At necropsy, the incidence of lung masses was slightly increased in high-dose male mice, but were considered coincidental. Microscopically, there was a slight, but statistically significant increase in mineral deposition in the brains of mid- and high-dose male mice. A non-significant increase was observed in female mice. Kidney cysts were also slightly but statistically increased in low- and mid-dose males, but no increase of cortical tubular eosinophilic droplets was found in female mice. The significance of these findings is questionable since they did not follow a dose-response. The systemic NOAEL for glyphosate in male and female CD-1 mice treated up to 104 weeks was 1000 mg/kg bw/day. A LOAEL was not identified (MRID No. 49631702).

V. COMMITTEE'S ASSESSMENT OF THE WEIGHT-OF-THE-EVIDENCE

A. Evidence for Carcinogenicity in Humans

The CARC evaluated one cohort study and seven nested case-control studies based on the cohort study population and twenty-five case-control studies that examined the association between glyphosate exposure and one or more cancer outcomes.

1. Cancer at Multiple Sites

Several case-control studies reported no association for cancer of the oral cavity, colon, rectum, colorectum, lung, pancreas, kidney, bladder, prostate, breast or melanoma from exposure to glyphosate (De Roos *et al.*, 2005; Engle *et al.*, 2005; Lee *et al.*, 2007; Andreotti *et al.*, 2009; and Dennis *et al.*, 2010).

In single case-control studies, no associations were found for cancers of the esophagus, stomach, prostate or soft-tissue sarcoma from exposure to glyphosate (Alavanja *et al.*, 2003; Lee *et al.*, 2004; Band *et al.*, 2011; Pahwa, *et al.*, 2011; Koutros *et al.*, 2013). No association for childhood cancer was found from maternal or paternal exposure to glyphosate (Flower *et al.*, 2004).

2. Brain Cancer

A case-control study in Nebraska and the Upper Midwest Health case-control study in Iowa, Michigan, Minnesota and Wisconsin did not find any no association of glyphosate with adult brain cancer, specifically for gliomas (Ruder *et al.*, 2004; Carreon *et al.*, 2005; and Lee *et al.*, 2005).

3. Leukemia

No significant association with leukemia was reported in a case-control study in Iowa and Minnesota (Brown *et al.*, 1990) or in the AHS cohort (De Roos *et al.*, 2005). A Swedish case-control study reported a non-statistically significant elevated risk for hairy cell leukemia. However, the authors stipulated that this risk should be interpreted with caution since it was based on only 4 glyphosate-exposed cases (Nordstrom *et al.*, 1998).

4. Multiple Myeloma

No significant association for multiple myeloma from exposure to glyphosate was found in three separate population-based case-control studies: one in Iowa and Minnesota (Brown *et al.*, 1993) and the other in Iowa and North Carolina, USA (De Roos *et al.*, 2005; Sorhan 2015); and the third study in Canada (Pahwa *et al.*, 2012; Kachuri *et al.*, 2013), and in a hospital-based case-control study in France (Orsi *et al.*, 2009). A cohort study found no association with glyphosate exposure and monoclonal gammopathy of undetermined significance, a pre-clinical marker of multiple myeloma progression (Landgren *et al.*, 2009).

5. Non-Hodgkin Lymphoma

There is conflicting evidence for an association between glyphosate exposure and NHL; seven case-control studies reported no association in the U.S, Canada, and France, while two case-control studies from Sweden reported positive association.

No association between glyphosate exposure and NHL was found in four population-based case-control studies in the United States: in Iowa and Minnesota (Cantor *et al.*, 1992); in Iowa, Nebraska and Minnesota (Lee *et al.*, 2004a); in Iowa, Nebraska, Minnesota and Kansas (De Roos *et al.*, 2003) and in the AHS cohort with 57,311 licensed pesticide applicators in Iowa and North Carolina (De Roos *et al.*, 2005).

Similarly, no association between glyphosate exposure and NHL was seen in two population-based case-control studies conducted in various Canadian provinces (McDuffie *et al.*, 2001; Hohenadel *et al.,* 2011).

A hospital based case-control study from France did not find an association between glyphosate exposure and NHL (Orsi *et al.*, 2009).

The first report of an association between glyphosate exposure and NHL was in a population-based case-control study from Sweden (OR=23.3; 95% CI=0.40–13.0); however, this finding was based on only 4 glyphosate-exposed cases and 3 controls (Hardell and Erickson, 1999).

In a 2002 follow-up study, data from two case-control studies in Sweden, one on NHL and the other on hairy cell leukemia, were pooled and analyzed. A univariate analysis showed an increased risk (OR=3.04; 1.08–8.52); however, when study site, vital status, and exposure to other pesticides were taken into account in a multivariate analysis, risk declined (OR=1.85; 95% CI=0.55–6.20) (Hardell *et al.*, 2002).

In another case-control study in Sweden, among the 29 glyphosate-exposed cases, a multivariate analyses showed a statistically significantly increased risk for NHL (OR=1.51; 95% CI=0.77–2.94) and B-cell lymphoma (OR=1.87; 95% CI=0.998–3.51) (Erickson *et al.*, 2008).

A meta-analysis of the six studies (De Roos *et al.,* 2003; 2005; McDuffie *et al.*, 2001; Hardell *et al.*, 2002; Erickson *et al.*, 2008; and Orsi *et al.*, 2009) that showed an association between glyphosate exposure and NHL, resulted in a meta-risk ratio of 1.5 (95% CI=1.1–2.0) (Schinasi and Leon, 2014).

In an attempt to address the noted power/sample size issues and after considering the adjusted estimates of the two Swedish studies, IARC performed a meta-analysis of the data and estimated a meta-risk ratio of 1.3 (95% CI=1.03–1.65) (IARC, 2015).

In summary, the epidemiological evidence at this time does not support a causal relationship between glyphosate exposure and solid tumors. There is also no evidence to support a causal relationship between glyphosate exposure and non-solid tumors: leukemia, multiple myeloma or Hodgkin lymphoma. The epidemiological evidence at this time is inconclusive for a causal or clear associative relationship between glyphosate exposure and NHL. Multiple case-control studies and one prospective cohort study found no association with NHL; whereas, results from a small number of case-control studies (mostly in Sweden) did suggest an association. Most of the studies in the database were underpowered, suffered from small sample size of cancer cases with glyphosate exposure, and risk/odds ratios with large confidence intervals. Additionally, some of the studies had biases associated with recall and missing data. The CARC recognizes the meta-analysis conducted by IARC to try to address the power/sample size issues. However, given the limitations of the studies used, a different weighting scheme could easily change the meta-risk ratio. Thus, while the epidemiologic literature to date does not support causal association, the CARC recommends that the literature continue to be monitored for studies related to glyphosate and risk of NHL.

B. Evidence for Carcinogenicity in Experimental Animals

1. Evidence for Carcinogenicity in Rats

A total of seven chronic toxicity/carcinogenicity studies in Wistar or Sprague-Dawley strain rats were available for review. In these studies, glyphosate was administered in the diet to both sexes at doses ranging from 3.0 mg/kg/day to 1500 mg/kg/day for 2-years.

(i) Testes

In Sprague-Dawley rats (MRID No. 00093879), there was a non-dose-related increase in the incidences of interstitial cell tumors in the testes of males at 3 mg/kg/day (6%), 10 mg/kg/day (2%) and 30 mg/kg/day (12%; P=0.013) when compared to controls (0%). The CARC reaffirmed the previous conclusion that these tumors are not treatment related based on the following considerations: 1) lack of dose-response; 2) absence of pre-neoplastic lesions (*i.e.*, interstitial cell hyperplasia); 3) the incidences were within the normal biological variation seen for this tumor type in this strain of rats; 4) the incidences in the concurrent controls (0%) was not representative of the normal background incidences noted in the historical control animals (mean, 4.5; range, 3.4% to 6.7%;) and 5) this finding is not replicated in the other studies in the same strain of rats (*i.e.*, no interstitial cell tumors were seen when tested up to 1100 mg/kg/day). The CARC concluded that the interstitial cell tumors are not treatment-related.

(ii) Pancreas

Benign pancreatic islet cell tumors were seen in male Sprague-Dawley rats in two studies. In the first study (MRID No. 00093879), there was no dose response or statistical significance; the incidences for adenomas were: 0%, 10%, 4% and 4% at the control, low, mid, and high dose groups. Carcinomas were seen in one rat at the high dose. In the second study (MRID No. 41643801), there was a statistically significant increase in adenomas at the lowest (100 mg/kg/day) and the highest (1000 mg/kg/day) doses compared to controls: lowest dose, 8/45 (18%; P=0.018); intermediate dose, 5/49 (10%); and highest dose, 7/48 (15%; P=0.042) versus controls, 1/43 (2%). The CARC reaffirmed the previous conclusion that the benign pancreatic islet cell tumors are not treatment-related due to lack of dose-response, absence of pre-neoplastic lesions, lack of progression to malignancy, and incidences within the historical control range (0–17%) reported for this tumor in this strain of rats. This neoplasm was not seen in the other five studies. The CARC concluded that the pancreatic islet tumors are not treatment-related.

(iii) Liver

In male Sprague-Dawley rats (MRID No. 41643801), there was a statistically significant positive trend in the incidence of hepatocellular adenomas (P=0.016). The CARC concluded that the minimal increase in adenomas is not treatment-related due lack of statistical significance in pairwise comparison, absence of pre-neoplastic lesions, no progression to malignancy, and the incidences were within the historical control range (1.4–18.3%) of the testing laboratory.

In male Wistar rats (MRID No. 49704601), there was a statistically significant trend (P=0.00804) and pairwise significance for the increase in hepatocellular adenomas at the highest (1214 mg/kg/day) dose compared to controls: lowest dose, 2/52 (4%); intermediate dose, 0/52 (0%); and highest dose, 5/52 (10%; P=0.02826) versus controls, 0/52 (0%). The CARC concluded that this increase is not attributable to treatment based on the following considerations: 1) absence of dose-response relationship; 2) lack of progression to malignancy; 3) no evidence of pre-neoplastic lesions; 4) the incidences were within the historical control range (0–11.5%).

The CARC noted that survival was better at the high dose (25/52; 13%) compared to the controls (16/52; 8.3%) which could be reason for the slightly higher incidence (5/52) of age-related background tumors like liver adenomas in the absence of any associated lesions. Furthermore, with a weak genotoxic effect one would expect to see an effect on carcinomas (or at least adenomas/ carcinomas, combined) and shorter latency period, which were not observed in this study. With a weak cytotoxic or mitogenic effect one would expect to see an increase in foci and other non-neoplastic lesions. In addition, as discussed above, only a linear trend (no pairwise) was seen for this tumor type in another strain (Sprague-Dawley) for rats where the incidences were still within the historical control range. Also, liver tumors were not seen in the other four studies. This provides additional evidence for lack of an actual carcinogenic response in the liver. The CARC concluded that the liver tumors are not treatment-related.

(iv) Thyroid

In Sprague-Dawley rats (MRID No. 41643801), there was a statistically significant positive trend in the incidence of thyroid C-cell tumors in females (P=0.031). The CARC concluded that the minimal increase is not treatment-related due to lack of statistical significance in pairwise comparison, no progression to carcinomas, no increase in severity of grade or incidence of hyperplasia, and the incidences were within the historical control range (3.3–10%). The CARC concluded that the thyroid tumors in female rats are not treatment-related.

In summary, dietary administration of glyphosate at doses ranging from 3.0 to 1500 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in male or female Sprague-Dawley or Wistar rats.

2. Evidence for Carcinogenicity in Mice

Four carcinogenicity studies in CD-1 mice were available for review. In these studies, glyphosate was administered in the diet to both sexes at doses ranging from 85 mg/kg/day to 4800 mg/kg/day for 18–24 months. In one study there were no statistically significant or otherwise notable increases in the occurrence of any tumor types. Tumors observed in the other three studies are discussed below.

(i) Kidney

Kidney (renal tubular) tumors were seen in male CD-1 mice in one study (MRID No. 00251007). The incidences of adenomas was 1/49 (2%), 0/49 (0%), 0/50 (0%), and 1/50 (2%) in the control (0 mg/k/day), low- (157 mg/kg/day), mid- (814 mg/kg/day) and high-dose (4945 mg/kg/day) groups, respectively. The incidence of carcinomas was 0/49 (0%), 0/49 (0%), 1/50 (2%) and 2/50 (4%) in the control, low-, mid- and high-dose groups, respectively. The incidence of adenomas or carcinoma (combined) was 1/49 (2%), 0/50 (0%), 1/50 (2%), and 3/50 (6%) in the control, low-, mid-, and high-dose groups, respectively. None of these differences showed statistical significance.

The CARC reaffirmed the previous conclusion that the kidney tumors are not treatment-related based on the following weight-of-evidence considerations: a) lack of dose-related trend or statistical significance in pairwise comparisons; b) lack of non-neoplastic renal tubular lesions (*e.g.* tubular necrosis/regeneration, hyperplasia, or basophilia); c) the examination of multiple sections of kidneys from all groups resulted in no additional neoplasms; this fact is particularly important since not only were the original sections closely scrutinized by more than one pathologist, but additional sections as well; and d) the difference in incidence between high-dose group (3/50) and the control group (1/49) was minimal, especially considering the very high concentration given (4 x time the limit dose).

Furthermore, the Pathology Work Group concluded that the renal tumors were not treatment-related since none of the treatment groups differed from the controls for a linear trend or pairwise statistical significance, there was no treatment-related nephrotoxic lesions including pre-neoplastic changes, and multiple renal tumors were not seen in any animal.

In addition, the CARC noted that renal tumors were not observed when tested at a similar dose (4348 mg/kg/day) in this strain of mice in another study(Arysta, 1997b) or in two other studies at the limit dose (MRID No. 49631702, Nufarm, 2009b). If really treatment-related, it is unlikely that the same tumor would not have been detected at higher incidences in CD-1 mice with top doses >1000 – 4000 mg/kg/day.

(ii) Lung adenocarcinoma

There was a dose-dependent increase in the incidence of bronchiolar-alveolar adenocarcinoma of the lung in male CD-1 mice (Nufarm, 2009b). There was a positive trend (P=0.02906) in the incidence of lung adenocarcinomas: 5/51 (10%), 5/51 (10%), 7/51 (14%) and 11/51 (22%) at the 0, 85, 267 or 946 mg/kg/day groups, respectively. The CARC determined that this increase is not treatment-related due to lack of statistical significance in pairwise comparison, absence of pre-neoplastic lesions in the lung (*e.g.*, bronchiolar-alveolar hyperplasia), and incidences in all treated groups within the background range (1.42–26%) for this tumor in this strain and age of mice. Also, lung tumors were not seen when tested at a comparable dose (1000 mg/kg/day) or at considerably higher doses (4116–4945 mg/kg/day) in this strain of mice in the other three studies (MRID Nos. 00251007; 49631702; Arysta, 1997b).

(iii) Lymphoma/Lymphosarcomas

There was a dose-dependent and statistically significant increase in the incidence of malignant lymphomas in male mice (Nufarm, 2009b). The incidence was: 0/51 (0%; trend P=0.006633), 1/51 (2%), 2/51 (4%) and 5/51 (10%; P=0.02820) at the 0, 85, 267 or 946 mg/kg/day groups, respectively. The CARC determined that this increase is not treatment-related since the incidences in the concurrent controls (0%) were not representative of the normal background incidences noted in the historical controls (mean, 4.5%; range, 1.5% to 21.7%), and the apparent statistical significance of the pairwise comparison of the high dose group with the concurrent control might have been attributable to this factor rather than an actual carcinogenic response. Also, this neoplasm was not seen in other studies in this strain of mice. For example, in the study by Knezevich and Hogan 1983 (MRID No. 00251007), there was no significant difference in the incidence of lymphomas between control and high-dose groups (P=1.00 for males, P=0.12 for females). In the study by Atkinson *et al.* (1993) (MRID No. 496317), the incidence values in "lymphoreticular/ hematopoietic tissue" were not significantly different between control and high-dose groups (males: 4 in controls, 6 in high-dose group; females: 14 in controls, 13 in high-dose group). In the Arysta 1997 study (Greim *et al.*, 2015), the incidence of lymphoma in males was 2/50, 2/50, 0/51, 6/50 in the control, low, mid and high dose groups, respectively. There were no statistically significant pairwise differences observed in any of these studies.

(iv) Hemangioscarcomas

Hemangiosarcomas were seen in multiple organs including, liver, spleen, and prostate in males and liver and uterus in female CD-1 mice (MRID No. 49631702). There was a positive trend (P=0.00296) in the incidence of hemangiosarcomas in male mice: 0/47 (0%), 0/46 (0%), 0/50 (0%) and 4/45 (9%) at the 0, 100, 300 and 1000 mg/kg/day groups, respectively. The hemangiosarcomas were present in the liver, spleen or prostate in the high dose males. In females, this neoplasm was seen in one female at the low dose (uterus) and in one high dose (spleen). The CARC did not consider the hemangiosarcomas in males to be treatment-related based on the following considerations: 1) there was no pairwise significance; 2) lack of dose-response; 3) the incidence was near the upper limit (0–8%) of the background rate at the performing laboratory; 4) hemangiosarcomas are commonly observed in mice as spontaneous tumors and are generally more common in males in CD-1 strain mice; 5) there was not a significant increase in hemangiosarcomas seen in the other three mouse studies; and 6) if really treatment-related, it is unlikely that the same tumor would not have been detected at higher incidences in CD-1 mice with top doses >1000-4000 mg/kg/day.

In summary, dietary administration of glyphosate at doses ranging from 85 to 4945 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in male or female CD-1 mice.

C. Discussion

When determining the carcinogenic potential of chemicals, the IARC identifies a cancer "hazard" if an agent (*e.g.*, chemical) is capable of causing cancer under some circumstance and the agent is termed "carcinogenic" if it is capable of increasing the incidence of malignant neoplasms, reducing their latency, or increasing their severity or multiplicity. The IARC also considers that there is "*sufficient evidence of carcinogenicity*" based on the occurrence of increased tumors (benign, malignant, or combination) in: 1) two or more species of animals; 2) two or more independent studies in one species; and/or 3) an increased incidence of tumors in both sexes of a single species. Furthermore, a single study in one species and sex might be considered to provide *sufficient evidence of carcinogenicity* when malignant neoplasms occur to an unusual degree with regard to incidence, site, type of tumor or age at onset, or when there are strong findings of tumors at multiple sites (IARC Preamble, 2006).

In March 2015, the IARC evaluated the carcinogenic potential of glyphosate. The IARC determined that there was a positive trend in the incidence of a rare tumor type, renal tubular carcinoma and renal tubule adenoma or carcinoma (combined) in males in one feeding study in CD-1 mice. A second study reported a positive trend for hemangiosarcomas in male CD-1 mice. Thus, in accordance with one of the preamble criteria, "the occurrence of tumors in two studies in one species," IARC determined that there is "sufficient evidence" in experimental animals for the carcinogenicity of glyphosate (IARC, 2015).

In contrast, the USEPA's carcinogenicity classification is based on weight-of-evidence considerations in accordance with the agency's 2005 Guidelines for Carcinogen Risk Assessment. The cancer guideline emphasizes the importance of weighing all of the evidence in reaching conclusions about the human carcinogenic potential of agents. This evaluation is accomplished in a single integrative step after assessing all of the individual lines of evidence. Evidence considered includes tumor findings, or lack thereof, in humans and laboratory animals; an agent's chemical and physical properties; its structure-activity relationships (SARs) as compared with other carcinogenic agents; and studies addressing potential carcinogenic processes and mode(s) of action, either *in vivo* or *in vitro*. Data from epidemiological studies are generally preferred for characterizing human cancer hazard and risk. However, all of the information discussed above could provide valuable insight into the possible mode(s) of action and likelihood of human cancer hazard and risk (USEPA, 2005).

Conclusions for evidence of carcinogenicity are based on the combined strength and coherence of inferences appropriately drawn from all of the available information. The following observations add significance to the tumor findings: tumors in multiple species, strains, or both sexes; dose-related increases; progression of lesions from pre-neoplastic to benign to malignant; proportion of malignant tumors; reduced latency of neoplastic lesions; and both biological and statistical significance of the findings (USEPA, 2005).

The IARC attributed the kidney tumors observed in male CD-1 mice at the high dose in the feeding study (MRID No. 00251007) to treatment since they are rare and there was borderline significance in trend test (P=0.034 for carcinoma and P=0.037 for combined adenoma or carcinoma) in a Cochran-Armitage trend test. However, as shown in Table 14, the agency's statistical analyses did not show a significant trend for either carcinoma (P=0.06345) or the combined adenoma or carcinoma (P=0.06483). In a Fisher's exact test, when compared to the concurrent control, there was no pairwise significance for any tumor type (adenoma, carcinoma, or combined). There were no pre-neoplastic renal tubular lesions such as tubular necrosis/ regeneration, hyperplasia or hypertrophy, despite a high dose level (4945 mg/kg/day) that was approximately 5-fold higher than the limit dose (1000 mg/kg/day) recommended by the agency's guidelines. Examination of multiple sections of kidneys from all animals by more than one pathologist did not result in any additional neoplasms. Although the highest dose tested (4945 mg/kg/day) was approximately 5-fold higher than the limit dose (1000 mg/kg/day) recommended by the agency's guideline, the incidence of the kidney tumors was minimal (1/50 adenomas and 2/50 carcinomas) compared to controls (1/49 adenomas). An evaluation by the PWG concluded that the renal tumors are not treatment-related since there were no compound related nephrotoxic lesions, including pre-neoplastic changes, multiple tumors were not found in any animals, and there was no evidence of a significant linear trend at the 0.5 level in a one-tailed Cochran-Armitage test or pairwise significance in a Fisher's exact test. Furthermore, kidney tumors were not seen when tested at lower (85 to 1000 mg/kg/day) doses or at a comparable (4116 mg/kg/day) dose in this strain of mice in the other three studies. Thus, the totality of data available from 4 carcinogenicity studies provides a strong support for the conclusion that the kidney tumors seen in one study is not the result of a carcinogenic response to glyphosate.

The IARC attributed the hemangiosarcomas observed in male CD-1 mice at the high dose in separate feeding study (MRID No. 49631702) to treatment due to the positive trend ($P<0.001$) in a Cochran-Armitage trend test. As shown in Table 16, the agency's statistical analyses also showed a positive trend ($P=0.00296$) in the trend test. In the Fisher's exact test, there was no pairwise significance when compared to controls. In contrast with the IARC, the CARC did not consider the hemangiosarcomas to be treatment-related based on the following weight-of-evidence considerations: 1) there was no pairwise significance; 2) lack of dose-response; 3) the incidence was near the upper limit (0–8%) of the background rate at the performing laboratory; 4) hemangiosarcomas are commonly observed as spontaneous tumors in male CD-1 strain mice; and 5) hemangiosarcomas were not seen when tested at comparable doses (946–1467 mg/kg/day) or at considerably higher doses (4116–4945 mg/kg/day) in this strain of mice in the other studies (MRID No.00251007, Arysta, 1997b, Nufarm, 2009b). It is noted that JMPR in their evaluation also concluded that the hemangiosarcomas are not treatment-related owing to lack of dose-response relationship, lack of statistical significance and incidences within the historical control range (JMPR, 2004).

Hemangiosarcomas have similar histopathological features in rodents and humans but differ in both incidence and tissue site. In human populations, hemangiosarcomas have an incidence rate of approximately 0.2 new cases/100,000 people (0.0002%) (1996–2000, US National Cancer Institute–SEER Database) and account for <1% of all human sarcomas. The historical background incidence of hemangiosarcomas in B6C3F1 and CD-1 mice relative to the incidence rate in humans has thus been estimated to be approximately 10,000-fold higher than in people (Pegg *et al.,* 2012). The most common sites for spontaneous hemangiosarcomas in rodents are liver, spleen, bone marrow, and to a lesser extent in lymph nodes and skin (see references in Pegg *et al.* (2012). In male mice, liver and spleen tend to be the most common sites. Human hemangiosarcoma is most commonly reported in skin (Weiss *et al.*, 2001). Primary liver hemangiosarcoma in humans has been linked to chemical exposure, notably thorotrast and vinyl chloride, which are both considered genotoxic carcinogens. There are several examples of induction of hemangiosarcomas by non-genotoxic agents in mice, but no clear examples of hemangiosarcoma induction by non-genotoxic agents in human populations (Cohen *et al.,* 2009). Several studies have looked at potential mode of action (MOA) for these tumors in mice in response to various drugs or chemicals. These MOAs generally relate to hypoxia or vascular toxicity as early key events.

1. Mutagenicity

Glyphosate was not mutagenic in bacteria or mammalian cells *in vitro*. Additionally, glyphosate did not induce chromosomal aberrations *in vitro*. Although some studies in the open literature reported positive findings for micronuclei induction in rodents, these findings were not replicated in the majority of the rodent micronucleus assay studies. There is no convincing evidence that the DNA damage is a direct effect of glyphosate, but under some conditions may be secondary to cytotoxicity or oxidative damage. Furthermore, the chemical structure of glyphosate, with its absence of alkyl groups also provides SAR support for the lack of mutagenic/genotoxic potential.

IARC concluded that "there is strong evidence that exposure to glyphosate or glyphosate-based formulations is genotoxic"; however, the IARC analysis included studies that tested glyphosate-formulated products as well as studies where the test material was not well-characterized (*i.e.*, no purity information was provided). The CARC did not include such studies in their evaluation. The IARC analysis also focused on DNA damage as an endpoint (*e.g.*, comet assay); however, DNA damage is often reversible and can result from events that are secondary to toxicity (cytotoxicity), as opposed to permanent DNA changes which are detected in tests for mutations and chromosomal damage (*e.g.* chromosomal aberrations or micronuclei induction). The studies that IARC cited, where positive findings were reported for chromosomal damage, had study limitations confounding the interpretation of the results. In addition, these positive findings were not reproduced in other guideline or guideline-like studies evaluating the same endpoints. This includes many negative studies cited by Kier and Kirkland (2013) that were considered by CARC, but were not included in the IARC decision.

2. Structure Activity Relationship

Sulfosate (the trimethylsulfonium salt of glyphosate) is classified as a Group E Chemical: "Not Likely to be Carcinogenic to Humans," based on the lack of evidence of carcinogenicity in mice and rats in two acceptable studies, and absence of mutagenicity concern.

VI. CLASSIFICATION OF CARCINOGENIC POTENTIAL

In accordance with the 2005 Guidelines for Carcinogen Risk Assessment, glyphosate is classified as "Not Likely to be Carcinogenic to Humans." This classification is based on the following weight-of-evidence considerations:

- The epidemiological evidence at this time does not support a causal relationship between glyphosate exposure and solid tumors. There is also no evidence to support a causal relationship between glyphosate exposure and the following non-solid tumors: leukemia, multiple myeloma, or Hodgkin lymphoma. The epidemiological evidence at this time is inconclusive for a causal or clear associative relationship between glyphosate and NHL. Multiple case-control studies and one prospective cohort study found no association; whereas, results from a small number of case-control studies (mostly in Sweden) did suggest an association. Limitations for most of these studies include small sample size, limited power, risk ratios with large confidence intervals, and recall bias as well as missing data. The literature will continue to be monitored for studies related to glyphosate and risk of NHL.

- In experimental animals, there is no evidence for carcinogenicity. Dietary administration of glyphosate at doses ranging from 3.0 to 1500 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in seven separate studies with male or female Sprague-Dawley or Wistar rats. Similarly, dietary administration of glyphosate at

doses ranging from 85 to 4945 mg/kg/day for up to two years produced no evidence of carcinogenic response to treatment in four separate studies with male or female CD-1 mice. The CARC did not consider any of the observed tumors in 11 carcinogenicity studies in rats and mice to be treatment-related since the observed tumors did not exhibit a clear dose-response relationship, were not supported pre-neoplastic changes (*e.g.*, foci, hypertrophy, and hyperplasia), were not statistically significant on pairwise statistical analysis, and/or were within the range of the historical control data.

- Based on a weight of evidence approach from a wide range of assays both *in vitro* and *in vivo* including endpoints for gene mutation, chromosomal damage, DNA damage and repair, there is no *in vivo* genotoxic or mutagenic concern for glyphosate.

VII. QUANTIFICATION OF CARCINOGENIC POTENTIAL

Not required.

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Exhibit 13

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

AUTHENTICATION

I, Delores Barber, attest that I am the Director of the Information Technology and Resources Management Division (ITRMD) of the United States Environmental Protection Agency (EPA or Agency) and that the attached documents are true, correct, and compared copies of the file copies in my legal custody, consisting of:

Document Dated: 9/12/2016
Glyphosate Issue Paper: Evaluation of Carcinogenic Potential (227 pages)

Subscribed under the penalty of perjury on this 7th day of June, 2018.

Delores Barber

Delores Barber, Director
Information Technology and Resources Management Division (ITRMD)

CERTIFICATION OF TRUE COPY

I, Wendy Blake, certify that I am the Associate General Counsel, General Law Office, Office of General Counsel, of the United States Environmental Protection Agency; that I am the designee of the General Counsel for the purpose of executing certifications under 40 C.F.R. sec. 2.406; that I have duties in Washington, District of Columbia; and that the official whose signature appears above has legal custody pursuant to 40 C.F.R. sec. 2.406 of the original documents, copies of which are attached, as witnessed by my signature and the official seal of the United States Environmental Protection Agency.

Wendy L. Blake
Associate General Counsel
General Law Office
Office of General Counsel

Date: 6/11/18

Glyphosate Issue Paper:
Evaluation of Carcinogenic Potential

EPA's Office of Pesticide Programs
September 12, 2016

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List of Acronyms

ADME: Absorption, Distribution, Metabolism, and Excretion
AHS: Agricultural Health Study
AOP: Adverse Outcome Pathway
AMPA: Aminomethylphosphonic Acid
BrdU: Bromodeoxyuridine
CA: Chromosomal Aberration
CARC: Cancer Assessment Review Committee
CBPI: Cytokinesis Block Proliferation Index
CHL: Chinese Hamster Lung
CHO: Chinese Hamster Ovary
CPRC: Carcinogenicity Peer Review Committee
EFSA: European Food Safety Authority
EPSPS: 5-enolpyruvylshikimate-3-phosphate synthase
FAO: Food and Agriculture Organization
FIFRA: Federal Insecticide, Fungicide, and Rodenticide Act
FISH: Fluorescence *in situ* Hybridization
GC-MS: Gas Chromatography-Mass Spectrometry
HL: Hodgkin Lymphoma
HPLC: High-Performance Liquid Chromatography
HPRT: Hypoxanthine-Guanine Phosphoribosyl Transferase
IARC: International Agency for Research on Cancer
JMPR: Joint Meeting Pesticide Residues
MGUS: Monoclonal Gammopathy of Undetermined Significance
MN: Micronuclei
MOA: Mode of Action
MPCE: Micronucleated Polychromatic Erythrocytes
MRID: Master Record Identifier (a unique number assigned to each study submitted to EPA)
MTD: Maximum Tolerated Dose
NB: Nuclear Bud
NCR: National Research Council
NHL: Non-Hodgkin Lymphoma
NPB: Nucleoplasmic Bridges
NTP: National Toxicology Program
OCSPP: Office of Chemical Safety and Pollution Prevention
OECD: Organization for Economic Cooperation and Development
OPP: Office of Pesticides Program
PCE: Polychromatic Erythrocytes
PK: Pharmacokinetic
PPE: Personal Protective Equipment
PWG: Pathology Work Group
RED: Registration Eligibility Decision
ROS: Reactive Oxygen Species
SAP: Scientific Advisory Panel
SCE: Sister Chromatid Exchange

SCGE: Single Cell Gel Electrophoresis
TAC: Total Antioxidant Capacity
TK: Thymidine Kinase
UDS: Unscheduled DNA Synthesis
USGS: United States Geological Survey
UV: Ultraviolet
WHO: World Health Organization
XPRT: Xanthine-Guanine Phosphoribosyl Transferase

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1.0 Introduction

1.1 Background

Glyphosate is a non-selective, phosphonomethyl amino acid herbicide registered to control weeds in various agricultural and non-agricultural settings. The herbicide acts by inhibiting the 5-enolpyruvylshikimate-3-phosphate synthase (EPSPS) enzyme, which is not present in mammalian systems. Glyphosate was initially registered in 1974. Since then, several human health analyses have been completed for glyphosate. In 1986, EPA issued the Glyphosate Registration Standard which updated the agency's toxicity database for this compound. In 1993, EPA issued the registration eligibility decision (RED) that indicated that glyphosate was eligible for re-registration.

Currently, glyphosate is undergoing Registration Review[1], a program where all registered pesticides are reviewed at least every 15 years as mandated by the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). The initial docket opening for glyphosate occurred in 2009 with the publication of the human health scoping document and preliminary work plan[2]. As part of this process, the hazard and exposure of glyphosate are reevaluated to determine its potential risk to human and environmental health. Risks are assessed using current practices and policies to ensure pesticide products can still be used safely. Registration Review also allows the agency to incorporate new science. For human health risk assessment, both non-cancer and cancer effects are evaluated for glyphosate and its metabolites, aminomethylphosphonic acid (AMPA) and *N*-acetyl-glyphosate; however, this document will focus on the cancer effects only. EPA expects to complete its complete human health risk assessment in 2017 that will include an assessment of risk from anticipated exposures resulting from registered uses of glyphosate in residential and occupational settings.

1.2 Evaluation of Carcinogenic Potential

Since its registration, the carcinogenic potential of glyphosate has been evaluated by EPA several times. In 1985, the initial peer review of glyphosate was conducted in accordance with the Proposed Guidelines for Carcinogen Risk Assessment. The agency classified glyphosate as a Group C chemical (Possible Human Carcinogen), based on the presence of kidney tumors in male mice. In 1986, the agency requested that the FIFRA Scientific Advisory Panel (SAP) evaluate the carcinogenic potential of glyphosate. The panel determined that the data on renal tumors in male mice were equivocal (only an increase in adenomas was observed and the increase did not reach statistical significance). As a result, the panel recommended a Group D chemical classification (Not Classifiable as to Human Carcinogenicity) for glyphosate and advised the agency to issue a data call-in notice for further studies in rats and/or mice to clarify the unresolved questions (FIFRA SAP Report, 1986)[3].

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[1] Additional information on the Registration Review process can be found at: https://www.epa.gov/pesticide-reevaluation/registration-review-process

[2] Documents of the Registration Review can be found in the public docket at: EPA-HQ-OPP-2009-0361, accessible at www.regulations.gov.

[3] Review available at: http://www.epa.gov/pesticides/chem_search/cleared_reviews/csr_PC-103601_24-Feb-86_209.pdf

With the submission of two rat carcinogenicity studies following this data call-in, a second peer review was conducted in 1991 by the agency's Carcinogenicity Peer Review Committee (CPRC) to incorporate the new data. In accordance with the agency's 1986 Draft Guidelines for Carcinogen Risk Assessment, the CPRC classified glyphosate as a Group E Chemical: "Evidence of Non-Carcinogenicity for Humans" based upon lack of evidence for carcinogenicity in mice and rats and the lack of concern for mutagenicity (TXR# 0008897).

Most recently, in September 2015, a third review was done by the Cancer Assessment Review Committee (CARC). Relevant glyphosate data available to EPA at that time for glyphosate were reevaluated, including studies submitted by the registrant and studies published in the open literature. The agency performed this evaluation in support of Registration Review in accordance with the 2005 Guidelines for Carcinogen Risk Assessment, classified glyphosate as "Not Likely to be Carcinogenic to Humans" (CARC, 2015; TXR #0057299).

Recently, several international agencies have evaluated the carcinogenic potential of glyphosate. In March 2015, the International Agency for Research on Cancer (IARC), a subdivision of the World Health Organization (WHO), determined that glyphosate was a probable carcinogen (group 2A) (IARC, 2015). Later, in November 2015, the European Food Safety Authority (EFSA) determined that glyphosate was unlikely to pose a carcinogenic hazard to humans (EFSA, 2015). In May 2016, the Joint Food and Agriculture Organization (FAO)/WHO Meeting on Pesticide Residues (JMPR), another subdivision of the WHO, concluded that glyphosate was unlikely to pose a carcinogenic risk to humans from exposure through the diet (JMPR, 2016). Some individual countries (e.g., France, Sweden) have been moving to ban glyphosate based on the IARC decision, while other countries (e.g., Japan, Canada) have continued to support their conclusion that glyphosate is unlikely to pose a carcinogenic risk to humans.

The recent peer review performed by CARC served as an initial analysis to update the data evaluation for glyphosate at that time. Based on an evaluation of the studies included in the recent analyses by IARC, JMPR, and EFSA, the agency then became aware of additional relevant studies not available to EPA. As a result, EPA also requested information from registrants about studies that existed, but had never been submitted to the agency. The current evaluation incorporates these additional studies. In addition, the Agency conducted a systematic review of the open literature and toxicological databases for glyphosate by using a draft "Framework for Incorporating Human Epidemiologic & Incident Data in Health Risk Assessment". As such, the current evaluation also provides a more thorough evaluation than the 2015 CARC review.

1.3 Overview of Draft "Framework for Incorporating Human Epidemiologic & Incident Data in Health Risk Assessment"

In 2010, OPP developed a draft "Framework for Incorporating Human Epidemiologic & Incident Data in Health Risk Assessment" which provides the foundation for evaluating multiple lines of scientific evidence in the context of understanding of the mode of action (MOA)/adverse outcome pathway (AOP) (U.S. EPA, 2010). The draft framework, which includes two key components, problem formulation and use of the MOA/AOP pathway frameworks, was reviewed

favorably by the FIFRA SAP in 2010 (FIFRA SAP, 2010). Recently, EPA has applied this framework to the evaluation of atrazine and chlorpyrifos[4].

OPP's draft framework is consistent with updates to the World Health Organization/International Programme on Chemical Safety MOA/human relevance framework, which highlights the importance of problem formulation and the need to integrate information at different levels of biological organization (Meek *et al.*, 2014). Consistent with recommendations by the National Research Council (NRC) in its 2009 report on *Science and Decisions*, OPP's draft framework describes the importance of using problem formulation at the beginning of a complex scientific analysis. The problem formulation stage starts with planning dialogue with risk managers to identify goals for the analysis and possible risk management strategies. This initial dialogue provides the regulatory context for the scientific analysis and helps define the scope of such an analysis. The problem formulation stage also involves consideration of the available information regarding the pesticide use/usage, toxicological effects of concern, and exposure pathways and duration along with key gaps in data or scientific information. Specific to glyphosate, the scoping document prepared for Registration Review (J. Langsdale *et al.*, 2009) along with the review conducted by the CARC (CARC, 2015) represent the problem formulation analyses for the weight-of-evidence evaluation for carcinogenic potential. A summary of the US exposure profile is provided in Section 1.4 below to provide context for interpreting the various lines of evidence.

One of the key components of the agency's draft framework is the use of the MOA framework/AOP concept (Figure 1.1) as a tool for organizing and integrating information from different sources to inform the causal nature of links observed in both experimental and observational studies. Specifically, the modified Bradford Hill Criteria (Hill, 1965) are used to evaluate strength, consistency, dose response, temporal concordance and biological plausibility of multiple lines of evidence in a weight-of-evidence analysis.

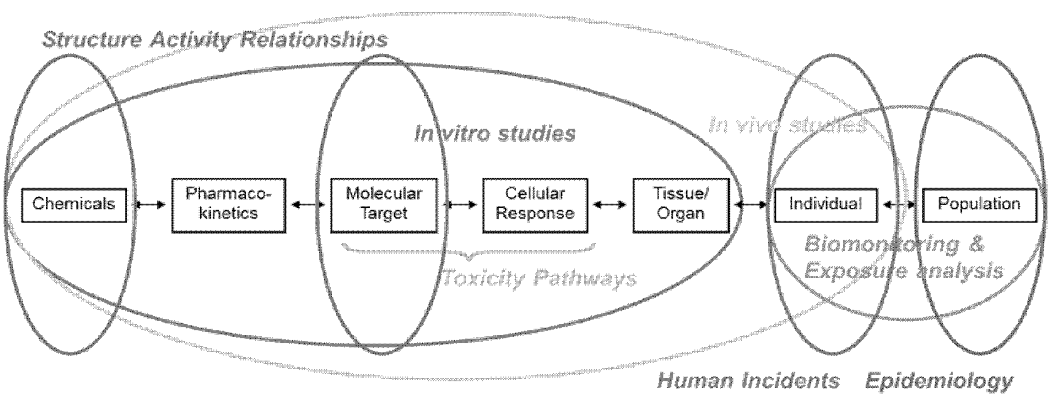


Figure 1.1. Source to outcome pathway (adapted from NRC, 2007).

[4] Chlorpyrifos Revised Human Health Risk Assessment for Registration Review; 29-DEC-2014; D424485.
U.S. EPA 2010 SAP Background White Paper – Re-evaluation of Human Health Effects of Atrazine: Review of Experimental Animal and In Vitro Studies and Drinking Water Monitoring Frequency. EPA-HQ-OPP-2010-0125.
U.S. EPA 2011 SAP Issue Paper – Re-evaluation of Human Health Effects of Atrazine: Review of Cancer Epidemiology, Non-cancer Experimental Animal and In Vitro Studies and Drinking Water Monitoring Frequency. EPA-HQ-OPP-2011-0399.

1.4 Summary of the Exposure Profile in the United States

All pesticide products provide critical information about how to safely and legally handle and use pesticide products. Pesticide labels are legally enforceable and all carry the statement "it is a violation of Federal law to use this product in a manner inconsistent with its labeling." In other words, the label is law. As a result, a key function of the pesticide product label is to manage the potential risk from pesticides.

Labeled uses of glyphosate include over 100 terrestrial food crops as well as other non-agricultural sites, such as greenhouses, aquatic areas, and residential areas. It is also registered for use on glyphosate-resistant (transgenic) crop varieties such as corn, soybean, canola, cotton, sugar beets, and wheat. Registered tolerances in the United States include residues of the parent compound glyphosate and *N*-acetyl-glyphosate, a metabolite found in/on glyphosate-tolerant crops[5].

Dietary (food and water) exposures are anticipated from applications to crops. Since there are registered uses of glyphosate that may be used in residential settings, residential handlers may be exposed to glyphosate during applications. Exposures may also occur from entering non-occupational areas that have been previously treated with glyphosate. Occupational/commercial workers may be exposed to glyphosate while handling the pesticide prior to application (mixing and/or loading), during application, or when entering treated sites. The agency considers all of the anticipated exposure pathways as part of their evaluation for human health.

Oral exposure is considered the primary route of concern for glyphosate. Oral absorption has been shown to be relatively low for glyphosate (~30% of administered doses) with negligible accumulation in tissues and rapid excretion (primarily unchanged parent) via the urine. Due to its low vapor pressure, inhalation exposure to glyphosate is expected to be minimal. Dermal penetration has also been shown to be relatively low for human skin (<1%) indicating dermal exposure will only contribute slightly to a systemic biological dose. Furthermore, in route-specific inhalation and dermal toxicity studies, no adverse effects were observed. This all suggests that there is low potential for a sustainable biological dose following glyphosate exposure.

In residential/non-occupational settings, children 1-2 years old are considered the most highly exposed subpopulation with oral exposures from dietary (food and water) ingestion and incidental oral ingestion (e.g., hand-to-mouth activities) in treated areas. There is also potential for dermal exposures in previously treated areas. Using HED's standard exposure assessment methodologies which are based on peer-reviewed and validated exposure data and models[6], a high-end estimate of combined exposure for children 1-2 years old is 0.47 mg/kg/day (see Appendix E).

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[5] All currently registered tolerances for residues of glyphosate can be found in the Code of Federal Regulations (40 CFR §180.364).

[6] Available: http://www2.epa.gov/pesticide-science-and-assessing-pesticide-risks/standard-operating-procedures-residential-pesticide

At the time of initial registration (1974), total use of glyphosate in the United States was approximately 1.4 million pounds (Benbrook, 2016). In 1995, total use of glyphosate increased to approximately 40 million pounds with agriculture accounting for 70% of use. With the introduction of transgenic crop varieties in the United States circa 1996, (such as soybean, cotton, and corn) use of glyphosate increased dramatically (Green and Owen, 2011), and in 2000 the total use of glyphosate in the United States was approximately 98.5 million pounds. By 2014, total annual use of glyphosate was approximately 280-290 million pounds (based on Benbrook, 2016 and industry proprietary data accessible to EPA) with agriculture accounting for 90% of use. Although glyphosate use has continuously increased up to 2012, the stabilization of glyphosate usage in recent years is due to the increase in a number of glyphosate-resistant weed species, starting with rigid ryegrass identified in California in 1998 and currently totaling 16 different weed species in the United States as of March 2016. Figure 1.2 below provides a visual representation of the increased agricultural use of glyphosate in the United States using proprietary market research data from 1987-2014.

The increased use of glyphosate may be partly attributed to an increase in the number of farmers using glyphosate; however, it is more likely that individuals already using glyphosate increased their use and subsequent exposure. With the introduction of transgenic crop varieties, glyphosate use shifted from pre-emergent to a combination of pre- and post-emergent applications. Additionally, application rates increased in some instances and more applications were allowed per year (2-3 times/year). Maps from the United States Geological Survey (USGS) displaying glyphosate use in the United States indicate that although use has drastically increased since 1994, areas treated with glyphosate for agricultural purposes appear to be approximately the same over time (Figures 1.3-1.4). The introduction of transgenic crops in some cases led to a shift in crops grown on individual farms, such that more acreage within the farm would be dedicated to growing the glyphosate-tolerant crops replacing other crops. In addition, during the 2000s there was also an increase in growing corn for ethanol production, which could also have resulted in increased acreage dedicated glyphosate-tolerant corn.

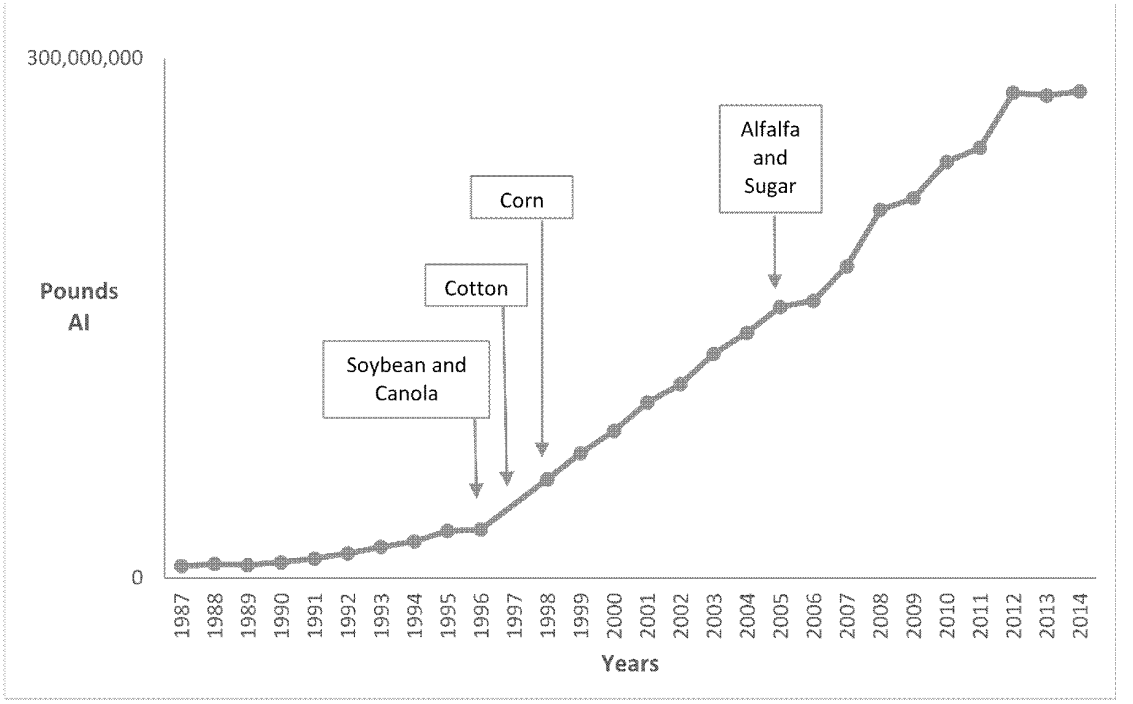


Figure 1.2. Glyphosate agricultural usage (pounds applied annually) from 1987- 2014. Boxes indicate years when glyphosate-resistant crops were introduced. Source: Proprietary Market Research Data (1987 – 2014).

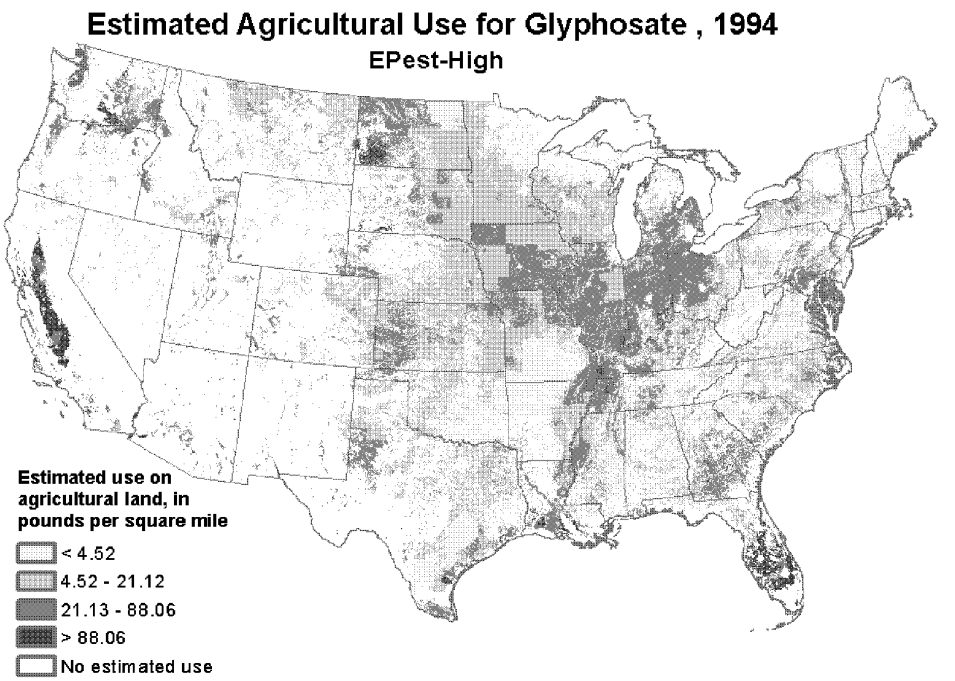


Figure 1.3. Map of estimated agricultural use for glyphosate in 1994 from USGS (http://water.usgs.gov/nawqa/pnsp/usage/maps/show_map.php?year=1994&map=GLYPHOSATE&hilo=H)

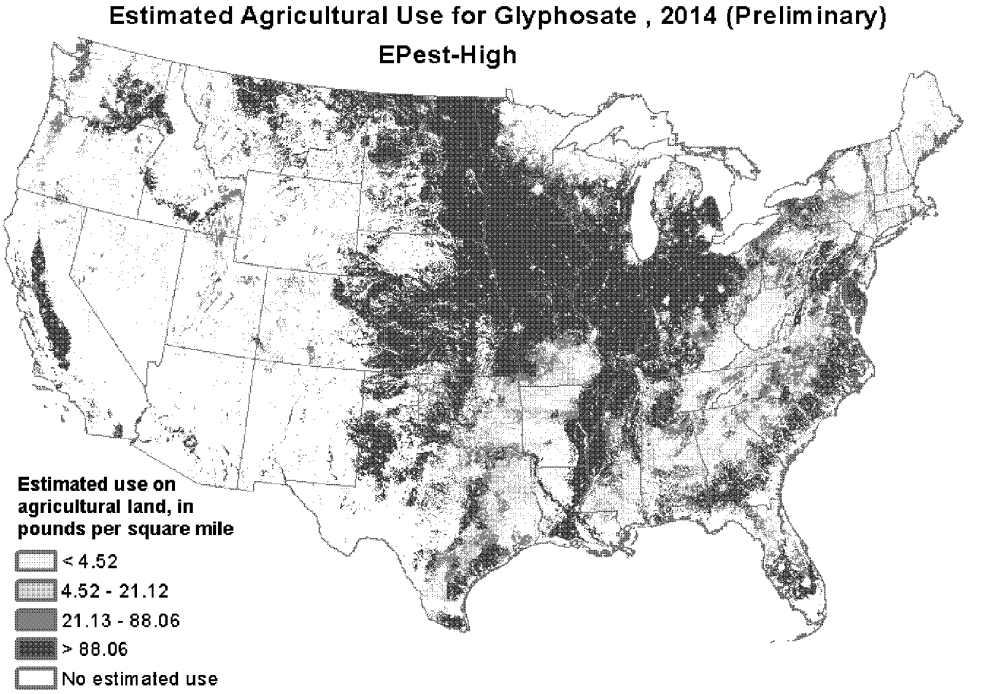


Figure 1.4. Map of estimated agricultural use for glyphosate in 2014 from USGS (http://water.usgs.gov/nawqa/pnsp/usage/maps/show_map.php?year=2014&map=GLYPHOSATE&hilo=H)

The potential exposure to occupational handlers is dependent on the formulation, specific task (mixer, loader, and/or applicator), rate of application, and acreage treated. Using HED's standard occupational exposure assessment methodologies which are based on peer-reviewed and validated exposure data and models[7], mixer/loaders result in the highest potential exposure estimates. Assuming no personal protective equipment (PPE), exposure estimates for mixer/loaders range from 0.03-7 mg/kg/day using the maximum application rate for high acreage agricultural crops (6 lb ai/acre)[8]. For applicators, exposure would be lower with estimates ranging from 0.02-0.03 mg/kg/day using the same application rate and acreage.

The maximum potential exposures from currently registered uses of glyphosate in residential and occupational settings in the United States are used in the current evaluation to aid in the determination of whether findings in laboratory studies are relevant for human health risk assessment. In Sections 4.0 and 5.0, descriptions are provided for animal carcinogenicity and genotoxicity studies, respectively. Results from these studies, particularly those administering high doses, are put into context with the human exposure potential in the United States.

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[7] Available: https://www.epa.gov/pesticide-science-and-assessing-pesticide-risks/occupational-pesticide-handler-exposure-data

[8] Based on use information provided by the Joint Glyphosate Task Force for the following end-use products: EPA Registration Nos.: 100-1182, 228-713, 524-343, 524-475, 524-537, 524-549, 524-579, 4787-23, and 62719-556.

1.5 Organization of this Document

In this analysis of the human carcinogenic potential of the active ingredient glyphosate, the agency has performed a comprehensive analysis of available data from submitted guideline studies and the open literature. This includes epidemiological, animal carcinogenicity, and genotoxicity studies. Consistent with the 2010 draft framework, the agency has evaluated these multiple lines of evidence and conducted a weight-of-evidence analysis. Although there are studies available on glyphosate-based pesticide formulations, the agency is soliciting advice from the FIFRA SAP on this evaluation of human carcinogenic potential for the active ingredient glyphosate only at this time. The remainder of this document is organized by the following:

- *Section 2.0 Systematic Review & Data Collection Methods* provides a description of methods used to compile all relevant studies used in the current evaluation.
- *Section 3.0 Data Evaluation of Epidemiology* describes the available epidemiological studies, evaluates relevant studies for study quality, and discusses reported effect estimates.
- *Section 4.0 Data Evaluation of Animal Carcinogenicity Studies* provides a description and evaluation of the available animal carcinogenicity studies for glyphosate.
- *Section 5.0 Data Evaluation of Genetic Toxicity* summarizes and discusses the various genotoxicity assays that have been tested with glyphosate.
- *Section 6.0 Data Integration & Weight of Evidence Analysis Across Multiple Lines of Evidence* integrates available data discussed in Sections 3.0-5.0 to consider concepts, such as strength, consistency, dose response, temporal concordance and biological plausibility in a weight-of-evidence analysis. This section also provides discussion of the data in the context of cancer descriptors provided in the 2005 Guidelines for Carcinogen Risk Assessment.
- *Section 7.0 Collaborative Research Plan for Glyphosate and Glyphosate Formulations* provides a discussion of planned research that is intended to evaluate the role of glyphosate in product formulations and the differences in formulation toxicity.

2.0 Systematic Review & Data Collection

In recent years, the National Academy of Sciences National Research Council (NRC) has encouraged the agency to move towards systematic review processes to enhance the transparency of scientific literature reviews that support chemical-specific risk assessments to inform regulatory decision making (NRC, 2011). The NRC defines systematic review as "a scientific investigation that focuses on a specific question and uses explicit, pre-specified scientific methods to identify, select, assess, and summarize the findings of similar but separate studies" (NRC, 2014). Consistent with NRC's recommendations, EPA's Office of Chemical Safety and Pollution Prevention (OCSPP) is currently developing systematic review policies and procedures. In short, OCSPP employs "fit for purpose" systematic reviews that rely on standard methods for *collecting, evaluating, and integrating* the scientific data supporting the agency's decisions. The concept of fit for purpose implies that a particular activity or method is suitable for its intended use. Inherent in this definition is the concept that one size does not fit all situations and thus flexibility is allowed. However, it is notable that with flexibility comes the

importance of transparency of documented processes; including the importance of transparency and clarity in approaches to data collection, evaluation, and integration. These are described throughout the document with data collection in Sections 2.1.1-2.1.2, evaluation in Sections 3-5, and integration in Section 6.

As a result, more recent evaluations are starting to reflect this progression in the agency's process. Similar to the draft framework for incorporating human epidemiologic and incident data, systematic review begins with a problem formulation to determine the scope and purpose of the search. Studies are considered based on their relevance to answer specific questions and those studies deemed relevant are then further considered for their usefulness in risk assessment.

The agency strives to use high-quality studies when evaluating the hazard potential of pesticidal chemicals and considers a broad set of data during this process. This includes registrant generated studies required under FIFRA, as well as peer-reviewed scientific journals and other sources, such as other governments and academia. A wide range of potential adverse effects are assessed using acute, subchronic, chronic, and route-specific studies; predominately from studies with laboratory animals, in addition to epidemiologic and human incident data. All studies are thoroughly reviewed to ensure appropriate conduct and methodologies are utilized, and that sufficient data and details are provided. In this way, hazards are identified and potential risks characterized to ensure that decisions are informed by the best science available.

2.1 Data Collection: Methods & Sources

Data were collected by searching the open literature (Section 2.1.1) and other publicly available sources (e.g., recent internal reviews, evaluations by other organizations) (Section 2.1.2). Internal databases were also searched for submitted studies conducted according to Organization for Economic Cooperation and Development (OECD) test guidelines, OCSPP harmonized test guidelines, and other pesticide test guidelines (OPP guidelines) (Section 2.1.2).

It should be noted that glyphosate is primarily manufactured as various salts with cations, such as isopropylamine, ammonium, or sodium. These salts are derivatives of the active substance glyphosate and increase the solubility of technical-grade glyphosate acid in water. All of these forms were considered for the current evaluation.

2.1.1 Open Literature Search

As part of the evaluation of the human carcinogenic potential of glyphosate, the literature review described here uses concepts consistent with fit for purpose systematic review, such as detailed tracking of search terms and which literature have been included or excluded. The primary goal of the literature search was to identify relevant and appropriate open literature studies that had the potential to inform the agency on the human carcinogenic potential of glyphosate. Therefore, non-mammalian studies were not considered, and several terms were used in the search string in an attempt to exclude non-mammalian studies.

To obtain literature studies, OPP worked with EPA librarians to conduct searches in PubMed, Web of Science, and Science Direct. A search was conducted on May 6, 2016 in PubMed and Web of Science using the following search string to yield 141 and 225 results, respectively:

((glyphosate OR "1071-83-6" OR roundup OR "N-(Phosphonomethyl)glycine") AND (aneuploid* OR chromosom* OR clastogenic* OR "DNA damag*" OR "DNA adduct*" OR genome* OR genotoxic* OR micronucle* OR cancer* OR carcinogen* OR oncogenic* OR mutagen* OR cytotoxic* OR tumor* OR tumour* OR malignanc* OR neoplasm* OR *oma)) NOT (fish* OR frog* OR tadpole* OR insect* OR eco* OR amphibian* OR reptil* OR invertebrate* OR fly OR flies OR aquatic OR bird* OR aqueous OR water OR yeast* OR worm* OR earthworm* OR bacteria* OR lichen OR resist* OR "herbicide resist")

Due to differences with using Science Direct, the search string was slightly changed. This search was also conducted on May 6, 2016 and yielded 459 results:

((glyphosate OR "1071-83-6" OR roundup OR "N-(Phosphonomethyl)glycine") AND (aneuploid* OR chromosom* OR clastogenic* OR (DNA pre/2 (damag* OR adduct*)) OR genome* OR genotoxic* OR micronucle* OR cancer* OR carcinogen* OR oncogenic* OR mutagen* OR cytotoxic* OR tumor* OR tumour* OR malignanc* OR neoplasm* OR *oma)) AND NOT (eco* OR fish* OR frog* OR tadpole* OR invertebrate* OR bird* OR insect* OR fly OR flies OR amphibian* OR reptil* OR yeast* OR aquatic OR aqueous OR water OR worm* OR earthworm* OR bacteria* OR lichen OR resist* OR "herbicide resist")

After cross-referencing the results obtained from the three open literature searches for duplicates, a total of 735 individual articles were obtained (Appendix A) and one additional study (Alvarez-Moya et al., 2014) not identified in the search was added to this list for a total of 736 individual articles. All of the studies were evaluated to determine if the study would be considered relevant to the issue of concern (i.e., human carcinogenic potential of glyphosate). Many of the articles were not considered to be within the scope of the search or not considered relevant in general (658 articles). Additionally, 27 articles were not appropriate due to the type of article (i.e., correspondence, abstract only, not available in English, retraction). Of the 51relevant articles, 42 were used in the current evaluation (31 genotoxicity, 9 epidemiological, and 2 animal carcinogenicity). Three articles also reported on the potential of glyphosate and its metabolites to be developed into therapeutic drugs for cancer treatment. The remaining 6 articles evaluated effects on glyphosate or glyphosate formulations on cellular processes, mostly focusing on epidermal cells, and were not considered informative for the current evaluation.

2.1.2 Studies Submitted to the Agency

For all pesticides, there are toxicology data requirements that must be submitted to the agency for registration. These studies, defined under the 40 CFR Part 158 Toxicology Data Requirements, provide information on a wide range of adverse health outcomes, routes of exposure, exposure durations, species, and lifestages. They typically follow OECD, OCSPP, or OPP accepted protocols and guidelines, which ease comparisons across studies and chemicals. The toxicological databases for glyphosate[9] were reviewed and all relevant animal, genotoxicity, and metabolism studies were collected for consideration.

[9] Glyphosate pesticide chemical (PC) codes: 103601, 103603, 103604, 103605, 103607, 103608, 103613, 128501, and 417300.

Several resources were used to ensure all relevant studies were included in the current evaluation. The list of studies obtained from the toxicological database and the open literature search were cross-referenced with recent internal reviews (CARC, 2015; S. Recore *et al.*, 2014). This list was also cross-referenced with review articles from the open literature [Chang and Delzell (2016), Greim et al. (2015), Kier and Kirkland (2013), Kier (2015), Mink *et al.* (2012), Schinasi and Leon (2014), and Williams *et al.* (2000)][10]. EPA requested studies from registrants that were not previously available to the EPA. As a result, numerous studies were subsequently submitted to the agency. Study reports for one animal carcinogenicity study and 17 genotoxicity studies, were not available to the agency and have been noted in the relevant sections below. For these studies, data and study summaries provided in Greim et al. (2015) and Kier and Kirkland (2013) were relied upon for the current evaluation.

2.2 Evaluation of Relevant Studies

Studies submitted to the agency are evaluating based on OECD, OCSPP, or OPP test guideline requirements to determine whether studies are acceptable for use in risk assessment. In the current evaluation, animal carcinogenicity, genotoxicity, and metabolism studies located in the internal databases with access to full study reports were evaluated in this manner. Those classified as unacceptable were noted and subsequently excluded from the current evaluation.

In order to evaluate open literature studies, criteria described in the OPP guidance for considering and using open literature toxicity studies to support human health risk assessment was utilized (U.S. EPA, 2012). This guidance assists OPP scientists in their judgement of the scientific quality of open literature publications. More specifically, the document discusses how to screen open literature studies for journal articles/publications that are relevant to risk assessment, how to review potentially useful journal articles/publications and categorize them as to their usefulness in risk assessment, and how the studies may be used in the risk assessment. As with submitted studies, those deemed unacceptable were noted and subsequently excluded from the current evaluation.

3.0 Data Evaluation of Epidemiology

3.1 Introduction

Epidemiological studies are valuable for risk assessment since they may provide direct evidence on whether human exposure to a chemical may cause cancer. Studies of high quality and adequate statistical power are preferable and remove the need to account for extrapolation from animals to humans or extrapolation from high to low doses. Epidemiological studies can also be integrated with experimental evidence when determining or clarifying the carcinogenic potential of a chemical for risk assessment. The key considerations in evaluating epidemiologic studies are study design, exposure assessment, outcome assessment, confounding control, statistical analyses, and risk of other bias.

[10] All review articles, except Schinasi and Leon (2014), were funded and/or linked to Monsanto Co. or other registrants.

OPP routinely evaluates the available epidemiological literature. As part of Registration Review of glyphosate, an evaluation was initially conducted in 2014 (S. Recore *et al.*, 2014) and subsequently another evaluation was performed in 2015 (CARC, 2015). The 2015 evaluation began with the epidemiological studies previously identified in the 2014 evaluation and included three additional studies that were not included in the 2014 evaluation. These studies were identified in review articles, included in the evaluation by IARC (2015), or were published since the 2014 OPP evaluation. Both the 2014 and 2015 OPP evaluations considered the design and overall quality of the epidemiological studies; however, formal study quality evaluations and rankings were not conducted. In the current review, all of the studies in the 2015 report, as well as additional epidemiological articles identified from a comprehensive search and cross-referencing with available resources as described under Section 2.0, were considered in the current evaluation, which totaled 58 epidemiological studies. The following sections provide a description of how epidemiological studies were evaluated for study quality and subsequent overall rankings, a summary of relevant studies, and a discussion of the overall results.

3.2 Considerations for Study Quality Evaluation and Scope of Assessment

This section summarizes how specific study characteristics were factored into the determination of a study's overall quality category. It should be noted that these study quality considerations are specific to the issue of concern (i.e., carcinogenic potential of glyphosate). These considerations are considered 'fit-for-purpose' under this context and could differ in another regulatory or scientific context. Although the basic concepts apply broadly, the study quality considerations are tailored specifically to studies investigating the association between glyphosate exposure and cancer outcomes. As with all research studies, the design elements of an epidemiological study have potential impacts on study quality and relevance to the research question under investigation. Each study was, therefore, judged to be of high, moderate, or low quality in each of the following six domains affecting study quality: study design, exposure assessment, outcome assessment, confounder control, statistical analysis, and susceptibility to bias (See Section 3.2.1 for general considerations under each domain). A similar approach was recently used by OPP for the evaluation of epidemiological studies for organophosphate pesticides (A. Lowit *et al.,* 2015).

Primary literature and associated meta-analyses evaluating the association between glyphosate exposure and a cancer outcome were the focus of this analysis. Reviews were only used to identify individual studies that should be considered for study evaluation. Commentaries, correspondence, and letters to the editor without original data were excluded. Of the relevant studies identified, studies with the most complete analyses utilizing the greatest number of cases and controls (e.g., pooled case-control studies) were evaluated for ranking (see Appendix B for visual representation of these studies). If studies did not collect exposure information on glyphosate from individual subjects, did not assess an outcome (e.g., biomonitoring studies), and/or did not provide a quantitative measure of an association between glyphosate and a cancer outcome, then these studies were assigned a low quality ranking and were not further evaluated in detail (see Figure 3.1). A similar process was used by JMPR for their identification of epidemiological studies for evaluating the carcinogenic potential of glyphosate and two other pesticides (JMPR, 2016).

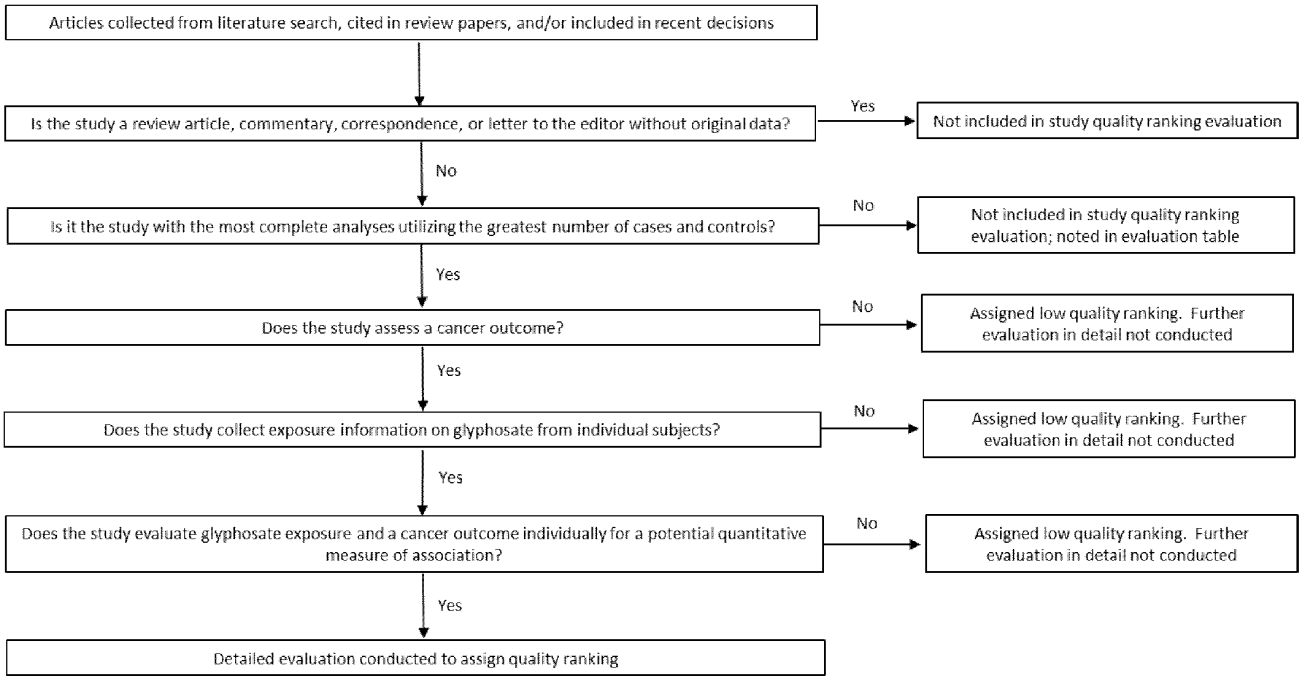


Figure 3.1. Study evaluation process for epidemiological studies.

3.2.1 Study Designs

In judging an individual study's contribution to the strength of evidence in the epidemiologic literature base, the following general hierarchy of observational study designs was considered (from most to least preferred): prospective cohort study (including nested case-control studies), case-control study, and cross-sectional study. It is important to note, however, that this hierarchy of study designs reflects the *potential* for the collection of high quality information (related to exposure, outcome, confounders, and effect modifiers) and *potential* for efficient and valid estimation of the true association. Thus, in deliberating on quality, care has been taken to consider the circumstances and particulars of each individual study to consider whether the study was well conducted independent of the type of study design.

The study designs used in the epidemiological literature reviewed were analytical and descriptive studies. Cohort and case-control study designs are analytical studies used to evaluate relative incidence of health and disease outcomes by exposure status. Cross-sectional and ecological studies are generally considered descriptive or hypothesis-generating study designs; however, they can also be used to test hypotheses regarding prevalence of health outcomes and, under certain conditions, incidence as well.

Table 3.1. Epidemiological Study Quality Considerations[a].

Parameter	High Score	Moderate Score	Low Score
Study Design	Cohort	Case-control	Cross-sectional/Ecological

Table 3.1. Epidemiological Study Quality Considerations[a].			
Parameter	**High Score**	**Moderate Score**	**Low Score**
Exposure Assessment	Questionnaire and/or interview answered by subjects for chemical-specific exposure	Questionnaire and/or interview for chemical-specific exposure answered by subjects or proxy individuals	Low-quality questionnaire and/or interview; information collected for groups of chemicals rather than chemical-specific; no chemical-specific exposure information collected; ever/never use of pesticides in general evaluated
Outcome Assessment	State or National registries, physicians, and/or special surveillance programs with cases verified by histopathological evaluation for tumors; appropriate consideration of prevalent vs. incident cases; analysis by valid method specific for biomarkers	State or National registries, physicians, and/or special surveillance programs without histopathological verification for tumors; analysis by assays that are less specific for biomarkers of interest	No outcome evaluated; unclear/no consideration for whether prevalent or incident cases are appropriate; biomarker methods not validated
Confounder Control	Good control for important confounders related to cancer, standard confounders, and known confounders for glyphosate and cancer outcomes (e.g., exposure to multiple pesticides) through study design or analytic control with well measured co-exposures (i.e., cumulative exposure)	Moderately good control for confounders related to cancer; standard variables accounted for and; attempt to control for known confounders via a less efficient measure of co-exposure (e.g., ever/never use)	No adjustments for confounders
Statistical Analyses	Appropriate to study question and design, supported by relatively adequate sample size, maximal use of data, reported well	Acceptable methods, lower/questionable study power	Minimal attention to statistical analyses, sample size evidently low, comparison not performed or described clearly
Risk of (Other) Bias	Major sources of other potential biases not likely present, present but analyzed, unlikely to influence magnitude and direction of effect estimate, no/low potential of selection bias	Other sources of bias present, acknowledged but not addressed in study, may influence magnitude but not direction of estimate, evidence of potential selection bias with low impact on effect estimate	Major study biases present, unacknowledged or unaddressed in study, cannot exclude other explanation for study findings, evidence of selection bias with high potential to impact effect estimate

[a] Overall study quality ranking based on comprehensive assessment across the parameters.

3.2.1.1 Analytical Studies

(1) Cohort Study

In a typical cohort study, such as the Agricultural Health Study (AHS), individuals are classified according to exposure status (i.e., presence, absence, or magnitude of exposure) and then followed over time to quantify and compare the development (i.e., incidence) of the health outcome of interest by exposure group. Conceptually, the non-exposed comparison group in a cohort study provides an estimate of the incidence of the outcome among the exposed, had they, counter-to-fact, not been exposed. Apart from chance variations, a valid cohort study comparing exposed individuals to non-exposed individuals provides an estimate of the relative risk (or rate) of the disease associated with exposure. Ideally, the exposed and non-exposed groups are exchangeable, in the sense that switching the exposed to non-exposed, and non-exposed to exposed would yield the same measure of association (e.g., relative risk). If this were the case then, apart from chance, a cohort study would yield a measure of association equivalent to that produced in a corresponding (intervention) study where exposure status was randomly assigned.

The chief advantage of the cohort study design is that it affords the investigator the opportunity to avoid and/or adjust for potential biases (i.e., selection bias, information bias, and confounding); however, these biases may also be avoided in other well-designed study designs, such as a case-control study. Cohort studies also allow for discernment of the chronological relationship between exposure and outcome, and can be particularly efficient for studying uncommon exposures. The primary disadvantage of the cohort study design is logistical inefficiency with respect to the necessary time, expense, and other resources needed to conduct them. Cohort studies are particularly inefficient for evaluating associations with rare outcomes and diseases with long induction or latency periods. Case-control studies that are nested within a cohort study (nested case-control studies) share the attributes of the cohort study and may be more efficient. However, when follow-up throughout the study period is incomplete, the potential for selection bias is increased, especially if follow-up rates are related to exposure status.

Two sub-categories of cohort studies – prospective and retrospective – are often applied to distinguish between studies in which the health outcome has occurred (retrospective study), or has not occurred (prospective study) at the time the investigators initiate the study. This distinction is important primarily as it pertains to the potential differences in the quality (e.g., completeness, accuracy, and precision) of information that can be ascertained by the investigators, and also as it relates to potential sources of bias. Although not always true, the prospective study design is considered the preferable of the two, as investigators can potentially have more choices in determining how exposure, outcome, and covariate information is collected. In a retrospective study conducted to evaluate the same hypothesis, by contrast, the investigators would have to rely on exposure information based on self-reporting or historical records. Such reporting is subject to (human) errors in recall, however when such errors are uncorrelated with disease state, there can be a bias towards the null due to random exposure measurement error (information bias) and only when such errors are correlated with the disease state can there be bias away from the null.

(2) Case-Control Study

In a typical case-control study, individuals are classified according to their outcome status (i.e., cases who have developed the outcome of interest, and controls who represent the population

from which the cases arise). The relative odds of exposure are then compared between cases and controls. The primary advantage of case-control studies is that they are logistically efficient relative to cohort studies, often being conducted at a fraction of the cost and in a fraction of the time as a corresponding cohort study. Case-control studies can be used to examine associations between multiple exposures and a given health outcome. They are particularly efficient for evaluating rare outcomes, but are inefficient for studying uncommon exposures. An important point to evaluate in each case-control study is the potential for selection bias, which arises if the exposure distribution among the control subjects is not representative of the exposure distribution among the population that gave rise to the cases. When participation rates between cases and controls are low or distinctly imbalanced, the potential for selection bias is increased, especially if participation rates are related to exposure status. Case-control studies that rely on self-reported exposure measures are also potentially susceptible to information bias which could result in bias towards the null or away from the null.

3.2.1.2 Descriptive Studies

Cross-sectional studies are used to evaluate associations between exposure and outcome prevalence in a population at a single point in (or period of) time. The primary advantage of a cross-sectional study is logistical efficiency. They are relatively quick and inexpensive to conduct, as a long period of follow-up is not required, and exposure and outcome assessments occur simultaneously. Cross-sectional studies have three primary *potential* disadvantages: 1) potential difficulty in discerning the temporal relationships (i.e., whether the exposure precedes the outcome); 2) estimating outcome prevalence rather than incidence of the outcome; and 3) the possible overrepresentation of cases of the outcome with long duration relative to the average in the population, and often with a better prognosis.

Ecological studies are used to evaluate associations between exposures and outcomes using population-level rather than individual-level data. The primary advantages of ecological studies are related to logistical efficiency, as they often rely on pre-existing data sources and require no individual-level exposure, outcome, or covariate assessments. The primary weakness of the ecologic study is the potential for confounding and resultant inappropriate extrapolation of associations observed on the aggregate-level to associations on an individual level. The discrepancy that associations observed at the population level are not observed at the individual level is referred to as the ecological fallacy. Semi-ecological studies are less susceptible to the ecological fallacy due to incorporation of individual-level data on outcomes and/or confounders. The quality of these studies depends on the ability of the group exposure data to represent individual exposure and the research question of interest.

3.2.2 Exposure Measures

As described in Section 3.2 and Figure 3.1, studies assigned a low quality ranking based on an initial evaluation were not further evaluated in detail. In all of the studies included in the analysis that were reviewed and ranked for study quality, exposure information was collected from subjects and/or proxy individuals via questionnaires and/or interviews. These exposure assessments typically include questions to determine the amount of direct pesticide use or to collect information on behaviors and conditions associated with pesticide use (e.g., occupation, tasks). This type of reporting likely misclassifies actual pesticide exposure. If conducted as part

of a prospective exposure assessment, these errors are likely to be non-differential with respect to the outcome(s) of interest. In a retrospective assessment, the subject or proxy has knowledge of the outcome; therefore, these errors may be differential or non-differential. Studies that exclusively used subjects rather than including proxy individuals were considered more reliable and given a higher weight given that the subjects would have a more accurate recollection of their own exposure.

3.2.3 Outcome Measures

All of the studies evaluated in detail, except one, utilized state or national cancer registries, physicians, and/or special surveillance programs to determine outcome status (i.e., subjects with or without a cancer of interest). In several studies, the cases were also verified by histopathological evaluation. Overall, outcome measures were relatively consistent across studies and these assessments are likely to have minimal errors. The remaining study evaluated in detail (Koureas et al., 2014) assessed oxidative DNA damage rather than a type of cancer. For this evaluation, the oxidation by-product 8-hydroxydeoxyguanosine (8-OHdG) was measured by enzyme immunoassay. This type of assay generally exhibits low specificity. More sensitive quantitative methods are available to analyze genomic DNA for 8-OHdG by high-performance liquid chromatography (HPLC) with electrochemical detection, gas chromatography-mass spectrometry (GC-MS), and HPLC tandem mass spectrometry. Consideration of incident or prevalent cases should also be carried out. By using only incident cases, there is greater confidence that exposures occurred prior to the development of the outcomes. Inclusion of prevalent cases can lead to an over-representation of cases with a long course of disease.

3.2.4 Confounding

The degree to which confounders were controlled varied across studies. Some studies adjusted for particular medical variables, while others did not. Some standard variables, such as age, geographical location, and sex, were either adjusted for analytically or by matching in case-control studies. Several studies collected information on potential confounders; however, not all of these variables were evaluated or results of the evaluation were not reported. The direction and magnitude for confounders are, in general, difficult to determine because they are dependent upon the relationship of each confounding factor with glyphosate and the cancer under investigation. Several studies considered the potential for confounding from co-exposure to other pesticides; however, only a few reported effect estimates between glyphosate exposure and cancer risk adjusted for the use of other pesticides. Given most people in the epidemiological studies who use pesticides occupationally will be exposed to multiple pesticides and, in some instances, those other pesticides were observed to be risk factors for the same cancer, this is a particularly important concern to address in either the study design or in the statistical analyses. Across numerous studies, co-exposures to other pesticides was found to be positively correlated with exposure to glyphosate and exposure to those other pesticides appear to increase the risk of some cancers. As a result, the direction of confounding would be to inflate any true effect of glyphosate in the absence of statistical control. This underlines the importance of controlling for co-exposures to other pesticides.

For NHL, other potential confounders, such as exposure to diesel exhaust fumes, solvents, ultraviolet radiation, livestock, and viruses, have been identified. Some of these are more

plausible than others. For example, occupational exposure to diesel exhaust fumes (e.g., McDuffie et al., 2002; Karunanayake et al. 2008; Baris et al. 2001; Maizlish et al. 1998) and solvents (Wang et al., 2009; Kato et al., 2005; Olsson and Brandt, 1988) are considered likely to increase the risk of NHL. Agricultural workers are exposed to diesel fumes when using agricultural vehicles when applying pesticides, such as glyphosate, and when using heavy equipment during mixing, loading, and/or applying pesticides. Agricultural workers are also exposed to solvents. Solvents are often used in pesticide products to aid the delivery of the active ingredient and enhance efficacy. Solvents are also used for cleaning and maintenance/repair of agricultural equipment used for mixing, loading, and/or applying pesticides. With an association between exposure and outcome of interest, it is reasonable to consider diesel exhaust fumes and solvents as probable confounders; however, neither of these factors were accounted for in any of the studies evaluated in detail. There is also evidence that ultraviolet (UV) radiation may increase the risk of NHL (Karipidis et al., 2007; Zhang et al., 2007). As a result, there is a support that UV radiation is also a potential confounder given the extended amount of time agricultural workers spend outside performing activities, including those associated with pesticide use. This was also not accounted for in any of the studies evaluated in detail.

3.2.5 Statistical Analyses

Statistical analyses that were appropriate to the study question and study design, supported by adequate sample size, maximized the use of available data, and were well characterized in the report were weighted most highly. Acceptable statistical methods, questionable study power, and analytical choices that resulted in the loss of information were given moderate weight. Reports with only minimal attention paid to the conduct and reporting of the statistical analyses were given the lowest weight.

3.2.6 Risk of Bias

The internal validity of the studies reviewed was judged by noting the design strategies and analytic methods used in each study to constrain or eliminate selection bias, information bias, and confounding. Selection bias can occur when the sampling of the population by the investigator yields a study population that is not representative of the exposure and outcome distributions in the population sampled. Put simply, selection bias occurs if selection of the study sample yields a different estimate of the measure of association than that which would have been obtained had the entire target population been evaluated. Although there are numerous sources of selection bias, there are several mechanisms that may have induced selection bias in the studies reviewed: low participation rates of eligible individuals due to non-responsiveness or refusal (self-selection bias); loss to follow-up (i.e., failure to retain all study participants initially enrolled in the study); and, in a case-control study, control selection bias arising because the exposure distribution in the control sample does not represent the exposure distribution of the study base (i.e., the population that gave rise to the cases or more formally, the person-time experience of that population).

Information bias (also referred to as observation bias) arises when study participants are incorrectly categorized with respect to their exposure or outcome status, or when errors arise in the measurement of exposure or outcome, in the case of continuously distributed measures.

Epidemiologists often distinguish between two mechanisms or types of misclassification – those that are non-differential (or random) and those that are differential (non-random). Non-differential misclassification of exposure (or non-differential exposure measurement error) occurs when the probability or magnitude of error in the classification or measurement of exposure is independent of the outcome status of the study participants. Non-differential exposure measurement error typically results in a bias towards the null which may obscure any true effect of the exposure of interest. Similarly, non-differential misclassification of outcome (or outcome measurement error) occurs when the probability or magnitude of error in the assignment of outcome status or level is independent of exposure status. Non-differential outcome measurement error typically does not cause bias but does decrease the precision of effect estimates and therein inflates the width of confidence intervals. In contrast, differential exposure misclassification (or measurement error) occurs when the error in the exposure assignment is not independent of the outcome status. The mechanisms that cause non-differential misclassification in the currently reviewed literature include random errors in exposure recall from subjects or proxy respondents. The mechanisms that could induce differential misclassification include recall bias and interviewer/observer bias. Note that mismeasurement of confounders can result in residual confounding of the association of interest, even when adjustment for that confounder has been conducted in the analysis.

Studies in which major sources of potential biases were not likely to be present, studies in which potential sources of bias were present, but effectively addressed and analyzed to maximize the study validity, and studies in which sources of bias were unlikely to influence the magnitude and direction of the effect estimate were given more weight than studies where sources of bias may be present, but not addressed in the study.

3.3 Review of Quality Results

Each study was judged to be of high, moderate, or low quality in each of the six domains affecting study quality, as discussed above and in Table 3.1. The results of the quality assessment are presented separately for each group below. The quality rankings presented are specific to the current evaluation of the carcinogenic potential of glyphosate. As noted above and in Table 3.2, several studies were not included in the ranking evaluation because they did not represent the most complete analysis. Rather, the subjects were included in a larger analysis (e.g., pooled case-control study) to produce a greater number of cases and controls (see Appendix B for visual representation of these studies). For example, Cantor *et al.* (1992) was not individually evaluated for ranking because the data from this study were pooled with data from other studies in De Roos *et al.* (2003), which was included.

3.3.1 "High" Quality Group

Three studies were given a high quality ranking: De Roos *et al.* (2005), Eriksson *et al.* (2008), and Koutros *et al.* (2013).

De Roos *et al.* (2005) was the only cohort study available for ranking. This prospective cohort study evaluated associations between various pesticide exposures, including glyphosate, and cancer incidence for numerous solid and non-solid tumors in the AHS. The aim of the AHS is to evaluate the role of agricultural exposures in the development of cancer and other diseases in the

farming community. AHS recruited 52,934 licensed private pesticide applicators along with 32,345 of their spouses between 1993 and 1997. In the first two phases of the study, the cohort also included 4,916 commercial pesticide applicators from Iowa. As a prospective analysis of the AHS cohort, information was obtained from exposed subjects at enrollment and no proxies were necessary. Exposure was evaluated as ever/never use, cumulative lifetime exposure, and intensity-weighted cumulative exposure. Due to the study design, the potential for many biases were reduced. Additionally, the study adjusted and/or considered numerous factors, including use of other pesticides. Study participants provided detailed pesticide exposure information prior to enrollment in the study and this information has been incorporated into the study evaluation by determining tertile cut points and calculating effect estimates by comparing to the lowest tertile. Additional evaluations with quartiles and quintiles were performed for cancers with elevated effect estimates in the study and for NHL.

Eriksson *et al.* (2008) was a population-based case-control study that recruited a consecutive series of incident cases of NHL in several regions of Sweden from physicians treating lymphoma within specified health service areas. Cases were verified pathologically and matched to randomly selected controls from the national population registry by age, sex and health service area. Exposure information was collected from exposed individuals (i.e., no use of proxy respondents) using a comprehensive questionnaire including a total work history with in depth questions about exposures to pesticides, solvents, and other chemicals. Interviewers were blinded to case/control status. The study only reported minimal demographic information on subjects (age and sex) and a table with subject characteristics (e.g., smoking status, alcohol intake, physical activity, education) that could potentially be used to adjust effect estimates was not provided. Glyphosate exposure was reported in 29 cases and 18 controls during the study period. Multivariate analyses were adjusted for co-exposure to different agents, including MCPA, "2,4,5-Y and/or 2,4-D", mercurial seed dressing, arsenic, creosote, and tar. An analysis for a potential exposure-response relationship was also conducted; however, it was not clear whether this analysis controlled for co-exposure to other pesticides based on the statistical methods description. The number of cases and controls were also not reported for this analysis.

Koutros *et al.* (2013) was a nested case-control study within the AHS that evaluated the association between pesticide use and prostate cancer. Exposure information was collected from exposed subjects (no proxies necessary) through the enrollment questionnaires, as well as in a follow-up questionnaire administered 5 years after enrollment. This study evaluated the association between glyphosate and prostate cancer diagnoses from enrollment (1993-1997) through 2007 resulting in a longer follow-up time than many of the other case-control studies that utilized AHS subjects. The study used lifetime cumulative exposure and intensity-weighted cumulative exposure metrics. Analyses were also conducted using unlagged exposure and 15-year lagged exposure, which excluded the most recent 15 years of exposure for both exposure metrics. Although the effect estimate reported for glyphosate in this study was not adjusted for co-exposure to other pesticides, additional analyses were not considered necessary since there was no association observed.

3.3.2 "Moderate" Quality Group

Twenty-one case-control studies were assigned a moderate quality rating (Table 3.2). In general, these studies share many study design characteristics. Exposure information was collected from subjects and/or proxy individuals, the outcome measurement(s) utilized state/national registries and surveillance programs, appropriate statistical analyses were performed, some covariates but maybe not all relevant covariates were evaluated and/or considered, and risks of bias were minimized to some extent. Sample sizes varied across studies. Case-control studies investigating solid tumors included study populations in the United States and Canada. For non-solid tumors, study populations were located in the United States, Canada, Sweden, France, Germany, Italy, Ireland, Spain, and the Czech Republic. Although several nested case-control studies shared most of the characteristics of the AHS cohort study, these studies were primarily given a moderate quality ranking since co-exposure to other pesticides was not accounted for in the analyses.

3.3.3 "Low" Quality Group

Seven case-control and 27 cross-sectional/ecological studies were assigned a low quality ranking. All of these studies, except one case-control study (Cocco *et al.*, 2013) and one descriptive study (Koureas et al., 2014), were not subjected to a detailed evaluation because they did not report a quantitative measure of an association between glyphosate exposure and a cancer outcome, did not collect information on glyphosate exposure from all subjects, and/or did not evaluate risk to a cancer outcome (Appendix D). In many instances, effect estimates were reported only for total pesticide exposure. Additionally, exposure was assumed and glyphosate-specific exposure information was not collected. In other studies, the aim of the study was to assess exposure methods for epidemiological studies and/or to evaluate the impact of exposure misclassification; therefore, there was no evaluation of a cancer outcome.

It should be noted that some of the studies assigned a low quality ranking in the current evaluation were included in the recent evaluation by IARC. There were a number of descriptive studies that evaluated the genotoxicity in human populations; however, these studies did not meet the criteria for inclusion in the ranking as described in Section 3.2 and Figure 3.1. In most instances, these studies reported effect estimates for total pesticide exposure and/or assumed glyphosate exposure without collecting glyphosate-specific exposure information. For case-control studies, Cocco et al. (2013), Dennis et al. (2010) and Ruder et al. (2004) were included in the 2015 IARC evaluation, but were not considered informative in the current evaluation.

Detailed evaluations were not performed in the current evaluation for Dennis et al. (2010) and Ruder et al. (2004) because a quantitative measure of an association between glyphosate and a cancer outcome was not reported. Cocco et al. (2013) received a detailed evaluation and was assigned a low quality ranking. This case-control study, which evaluated lymphoma risk across six European countries, was not considered informative due to a combination of numerous limitations in the study. The power of the study was low with only four cases and two controls exposed to glyphosate. Control ascertainment was not consistent across countries, with a mix of hospital- and population-based controls used. The overall participation rate for population-based controls was found to be much lower than the overall participation rates of the cases or hospital-based controls. Lastly, the study was limited to ever/never use of glyphosate and did not control for confounders, in particular exposure to other pesticides. Although this study was included in

the IARC evaluation, IARC also stated that the study had very limited power to assess the effects of glyphosate on risk of NHL.

The other study subjected to a detailed evaluation and assigned a low quality ranking was Koureas *et al.* (2014). This cross-sectional study evaluated the association between glyphosate exposure and oxidative DNA damage in 80 Greek pesticide sprayers. Although the study reported a non-statistically significant effect estimate for glyphosate, it is limited in its ability to contribute to the overall evaluation of the carcinogenic potential of glyphosate. The effect estimate was not adjusted for any standard covariates or potential confounders, including co-exposure to other pesticides. The power of the study was questionable. There were 80 subjects, but the number exposed to glyphosate was not reported. The outcome is measured using an immunoassay that is less specific for measuring the biomarker of interest than other available analytical methods. Lastly, the study evaluates primary DNA damage, but does not measure the consequence of genetic damage. An increase in oxidative DNA damage may lead to cell death or initiate DNA repair rather than lead to a mutation.

Due to the limitations in the studies assigned a low quality ranking, they do not provide reliable information to evaluate associations between glyphosate exposure and cancer outcomes. Therefore, the remaining sections of this document do not further discuss these studies except to note when a study is included in meta-analyses.

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
Alavanja *et al.* (2003)	This study was not included in the study quality ranking because the data were used in the updated analysis by Koutros *et al.* (2013).						
Andreotti *et al.* (2009)	Nested Case-control	Questionnaire answered by subjects at study enrollment followed by take-home questionnaire; examined exposure for glyphosate as ever/never, and intensity-weighted cumulative exposure days; spouses either self-administered questionnaire (81%) or telephone interview (19%)	State cancer registries without histopathological verification; exclusion of subjects with prevalent cancer at enrollment; follow-up ~ 9 years	Adjusted for age, smoking, and diabetes for both exposure metrics as well as applicator type forever/never exposure metric No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression to obtain OR and 95% CI	Exposure misclassification particularly for spouses, low response rate to take-home questionnaire (40%) but unclear if affected cases and controls differently, insufficient power for pesticide exposure interactions	Moderate
Band *et al.* (2011)	Population-based case-control Males only	Self-administered questionnaire answered by subjects or proxies for deceased subjects requesting work history and demographic information; use of a job exposure matrix to estimate exposure to pesticides	Cancer registry with histopathological verification; excluded farmers that worked all outside of British Columbia; included prostate cancer cases prior to the PSA era	Adjustment for alcohol consumption, cigarette years, education level, pipe years, and respondent type. Marital status and ethnicity not significant No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Conditional logistic regression to obtain ORs and 95% CIs	Recall bias, use of proxy for deceased, exposure misclassification, participation rates cited from another study, use of cancer patients as controls (excluding lung and unknown cancer)	Moderate
Brown *et al.* (1990)	Pooled population-based case-control Males only	In-person interviews using standardized questionnaire with subjects or proxies for deceased/incapacitated; supplementary questionnaire administered by telephone for Iowa subjects to obtain more	State cancer registry (Iowa) and special surveillance network including hospitals and pathology laboratories (Minnesota); cases ascertained retrospectively and prospectively (2 years after start of study);	Adjusted for vital status, age, state, ever used tobacco daily, close relative with lymphopoietic cancer, nonfarming job related to risk of leukemia in the study, exposure to substances related to risk in this study	Unconditional logistic models to obtain OR and 95% CI; questionable power (15 cases)	Recall bias; exposure misclassification, use of proxy respondents	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
		detailed information from those indicating pesticide use	~26% of cases deceased or too ill when identified and ~15% deceased or too ill at time of interview; histopathological verification by pathologists	(benzene, napthalene, hair dyes) No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)			
Brown *et al.* (1993)	Population-based case-control Males only	In person interviews with standardized questionnaire to obtain detailed information on farm activities and use of pesticides from subjects or proxies	State cancer registry (Iowa) ascertained retrospectively and prospectively (2 years after start of study); ~26% of cases deceased or too ill when identified and ~15% deceased or too ill at time of interview; histopathological verification by pathologists	Adjusted for vital status and age; smoking and education evaluated and not found to be significant No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Logistic models to obtain OR and 95% CI; questionable power (11 cases)	Recall bias; exposure misclassification, use of proxy respondents	Moderate
Cantor *et al.* (1992)	This study was not included in the study quality ranking because the data were used in the pooled analysis conducted by De Roos *et al.* (2003).						
Carreon *et al.* (2005)	This study was not included in the study quality ranking because the data were used in the pooled analysis conducted by Yiin *et al.* (2012).						
Cocco *et al.* (2013)	European multi-center case-control Hospital-based and population-based (mixed for 2 countries, only hospital-based for the rest)	Trained interviewers conducted in person interviews using structured questionnaire answered by subjects; those identified as agricultural worker on questionnaire given subsequent questions about pesticide use, crops, etc.	Surveillance centers, 20% of slides from each center reviewed by pathologist	Adjustment for age, sex, education, and center. No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression to obtain ORs and 95% CIs; Low power (4 cases, 2 controls)	Recall bias, selection bias (low response rate for population-based controls and differed from cases), exposure misclassification, mix of hospital- and population-based controls,	Low
De Roos *et al.* (2003)	Population-based case-control Males only Pooled analysis of	Interviews with subjects or proxy for deceased subjects. Different interview techniques across states. One study collected information on	State cancer registries (one state chose a random sample, other states chose all cases), surveillance programs, and hospitals without	Adjustment for age, study site, and other pesticides. First degree relative with haematopoietic	Logistic regression and hierarchical regression to obtain ORs and 95% CIs	Recall bias, exposure misclassification, , use of proxy for deceased, , varying quality of questionnaire/interview techniques across studies	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
	Cantor *et al.*, 1992; Hoar *et al.*, 1986; Zahm *et al.*, 1990	pesticide use and then followed-up with questions on selected specific pesticides, another study had a direct question about a selected list of specific pesticides, and the last study used an open ended question without prompting for specific pesticides	histopathological verification	cancer, education, and smoking not found to be important confounders. No adjustment for other potential confounders (e.g., solvents, diesel fumes, UV radiation)			
De Roos *et al.* (2005)	Prospective cohort (licensed pesticide applicators)	Questionnaire answered by subjects at enrollment and with subsequent take-home questionnaire; examined exposure as ever/never, cumulative lifetime days, and intensity-weighted cumulative exposure days	State cancer registries without histopathological verification; follow-up ~7 years	Adjustment for state of residence, age, education, smoking history, alcohol consumption, family history of cancer, use of other common pesticides No adjustment for other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Poisson regression to obtain RRs and 95% CIs	Major sources of potential biases unlikely, potential exposure misclassification due to any changes in exposure since enrollment, follow-up period may be limited	High
Engel *et al.* (2005)	Nested case-control Females only	Take-home questionnaire from spouses of enrolled applicators used to obtain farm exposures, general health information, and reproductive health history; Information obtained from applicators used as measure of possible indirect exposure to spouses	State cancer registries identifying malignant breast cancer; ~5 years average follow-up time	Adjusted for age, race and state. Evaluated BMI, age at menarche, parity, age at first birth, menopausal status, age at menopause, family history of breast cancer, physical activity, smoking, alcohol consumption, fruit and vegetable consumption and education but none	Poisson regression to obtain RRs and 95% CIs	Exposure misclassification, exposure to other pesticides (however no association observed), lack of information on length of marriage could result in overestimating exposure based on husband	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
				found to be significant No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)			
Eriksson *et al.* (2008)	Population-based case-control	Questionnaire answered by subjects; follow-up by phone if incomplete answers; excluded exposures that occurred during the same calendar year and year before diagnosis (cases) or enrollment (controls); minimal demographic information reported	Physicians treating lymphoma within specified health service areas and verified by pathologists	Adjustment for age, sex, year of diagnosis/enrollment, as well as exposure to other pesticides in multivariate analyses. Not stated what adjustments were made for other pesticides in latency analyses. No adjustment other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression and multivariate analyses to obtain ORs and 95% CIs; not clear how multivariate was performed; questionable power (29 cases, 18 controls); also included analysis of ≤10 vs. >10 years exposure	Recall bias, exposure misclassification, lack of subject demographics/ characteristics (e.g., smoking, alcohol consumption, race, etc)	High
Flower *et al.* (2004)	Nested case-control	Questionnaire answered by applicators at enrollment; spouses enrolled through a questionnaire brought home by applicator; females (applicators and spouses) were asked to complete a questionnaire on female and family health that collected information on children born during or after 1975	State cancer registry to identify childhood cancer cases (diagnosed from birth through 19 yrs of age) for children of parents enrolled; hybrid prospective/retrospective ascertainment; excluded female applicators	Child's age at parent's enrollment was included in model; parental age at child's birth, child's sex, child's birth weight, history of parental smoking, paternal history of cancer, and maternal history of miscarriage were evaluated but not found to be significant and not included in model No adjustment for co-	Logistic regression to obtain OR and 95% CI; calculated standardized incidence ratios to compare observed number of childhood cancer cases identified to the expected number; low/questionable power (6 parental cases, 13 maternal cases)	Exposure misclassification, lack of timing data to determine if exposure occurred prior to conception or during pregnancy, exposure to other pesticides (however no association observed and lack of power for adjustment)	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
				exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)			
Hardell and Eriksson (1999)	This study was not included in the study quality ranking because the data were used in the pooled analysis conducted by Hardell *et al.* (2002).						
Hardell *et al.* (2002)	Population-based case-control Males only Pooled analysis of Hardell and Eriksson 1999 and Nordstrom *et al.*, 1998	Questionnaire answered by subjects or proxy for deceased subjects to obtain complete working history and exposure to different chemicals; follow-up with interview for clarification	Registries with histopathological verification	Adjustment for age, vital status, and county (by matching). Exposure to other pesticides in multivariate analysis. No adjustment for other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Conditional logistic regression to obtain OR and 95% CI (univariate and multivariate analyses). Questionable power (8 cases/8 controls)	Recall bias, exposure misclassification, use of proxy for deceased	Moderate
Hohenadel *et al.* (2011)	This study was not included in the study quality ranking because a more complete analysis was conducted by McDuffie *et al.* (2001).						
Kachuri *et al.* (2013)	Population-based case-control Males only	Questionnaire answered by subjects or proxies; pesticide use collected via detailed telephone interview on all participants with 10+ hours of pesticide use during lifetime and 15% random sample of those who did not; exposure based on lifetime exposure to glyphosate	Cancer registries or hospitals in 6 Canadian provinces with histopathological verification for 36.55% of samples	Adjustment for age, province, selected medical conditions, family history of cancer, use of proxy respondent, smoking status No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression to obtain OR and 95% CI; trends examined using multiple logistic regression	Recall bias, exposure misclassification, control selection based on three different sources depending on province of residence, low participation rates among controls, use of proxy respondents	Moderate
Karunanayake *et al.* (2012)	Population-based case-control Males only	Questionnaire answered by subjects; pesticide use collected via detailed telephone interview on all participants with 10+ hours of pesticide use during lifetime and 15%	Cancer registries or hospital in 6 Canadian provinces with histopathological verification for 49% of samples; difficulty recruiting control	Adjusted for age, province of residence, and significant medical history variables No adjustment for co-	Conditional logistic regression to obtain OR and 95% CI	Recall bias, exposure misclassification, control selection based on three different sources depending on province of residence, low participation rates among	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
		random sample of those who did not; exposure based on lifetime exposure to glyphosate	participants for older age groups	exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)		controls, unable to evaluate Epstein-barr virus exposure	
Koureas *et al.* (2014)	Cross-sectional	Questionnaire answered by pesticide sprayers	Genomic DNA extracted from peripheral blood samples and oxidation by-product 8-hydroxydeoxyguanosine (8-OHdG) was determined by enzyme immunoassay; more specific methods (HPLC, GC-MS) are available for measurement	No adjustments. In univariate, occupational exposure, sex and alcohol consumption were statistically significant while DAP concentrations and smoking were not.	For univariate, chi-square test used to obtain RR and 95% CI; 8-OHdG levels transformed into binary variables (categorized as high and low using the 75th percentile cut-off); unknown number of exposed and unexposed cases (questionable power possible given total number of subjects is only 80)	Recall bias, did not control for risk factors identified as statistically significant for univariate analysis, does not measure the consequence of genetic damage	Low
Koutros *et al.* (2013)	Nested case-control Males only	Questionnaire answered by subjects at study enrollment; examined exposure as cumulative lifetime days and intensity-weighted cumulative exposure days	State cancer registries with histopathological verification; total and aggressive prostate cancers evaluated	Adjustment for age, state, race, smoking, fruit servings, family history of prostate cancer, and leisure time physical activity in the winter. No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Poisson regression to obtain RRs and 95% CIs; also included unlagged vs. lagged analysis	Exposure misclassification	High
Landgren *et al.* (2009)	Nested case-control[a] Males only	Questionnaire answered by subjects at enrollment in AHS cohort and subsequent take-home questionnaire to collect	Venous blood collected from antecubital vein and analyzed for MGUS; same method as used for controls group in	Adjusted for age and education level Association with other pesticides examined	Logistic regression models to obtain OR and 95% CI comparing to population-based	Exposure misclassification, control group not from geographical area (used control group with	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
		information on 50 pesticides; occupational expoures, medical histories, and lifestyle factors updated with 5-year follow-up interview; subjects with prior history of lymphoproliferative malignancy excluded	Minnesota	and not found to be significant so no adjustment performed No adjustment for other potential confounders (e.g., solvents, diesel fumes, UV radiation)	screening study in Olmsted County, Minnesota; questionable power (27 cases; 11 controls)	similar demographics from Minnesota)	
Lee *et al.* (2004a)	This study was not included in the study quality ranking because the data were used in the pooled analysis conducted by De Roos *et al.* (2003).						
Lee *et al.* (2004b)	Population-based case-control White males and females only	Subjects or proxies were interviewed by telephone; those living/working on a farm asked for detailed history of pesticide use and farming information	State cancer registry or review of discharge diagnosis and pathology records at 14 hospitals; only newly diagnosed cases with confirmed adenocarcinoma of stomach or esophagus retained; controls randomly selected from a prior study conducted in geographical area	Adjusted for age and sex; evaluated BMI, smoking, alcohol consumption, educational level, family history of stomach or esophageal cancer, respondent type, dietary intake of particular vitamins and minerals, protein, and carbohydrates (included in model if changed value of OR by more than 10%) No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression to obtain OR and 95% CI; questionable power (12 cases for stomach; 12 cases for esophagus)	Recall bias, exposure misclassification, use of proxy respondents, control selection	Moderate
Lee *et al.* (2005)	Population-based case-control	Questionnaire and/or interview with subject or proxy individuals to collect information on use of specific pesticides; telephone follow-up for unclear responses	Referral by hospitals or through state cancer registries with histopathological verification; controls selected from a previous study	Adjusted for age and respondent type; evaluated history of head injury, marital status, education level, alcohol consumption, medical history of diabetes mellitus,	Unconditional logistic regression to obtain OR and 95% CI	Recall bias, exposure misclassification, large number of proxy respondents, control selection (historical control group from another cancer evaluation, differences in	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
				dietary intake of α- and β-carotene, and dietary fiber (included in model if changed value of OR by more than 10%) No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)		exposure time period evaluated, needed to add younger controls, exposure information collected for different time periods for cases vs. controls)	
Lee *et al*. (2007)	Nested case-control	Questionnaire answered by subjects at enrollment in AHS cohort and subsequent take-home questionnaire to collect information on 50 pesticides	State cancer registries without histopathological verification; follow-up ~ 7 years	Adjustment for age, smoking, state, total days of pesticide application No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional multivariate logistic regression to obtain OR and 95% CI	Exposure misclassification, limited data on dietary factors, NSAID drug use and family cancer history	Moderate
McDuffie *et al*., 2001	Population based case-control Males only	Questionnaire answered by subjects; pesticide use collected via detailed telephone interview on all participants with 10+ hours of pesticide use during lifetime and 15% random sample of those who did not; exposure based on lifetime exposure to glyphosate	Cancer registries or hospital in 6 Canadian provinces with histopathological verification for 84% of samples; ascertainment of cases stopped in each province once target numbers were reached	Adjustment for age, province, and significant medical variables (including history of cancer in study participants and family history). No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Conditional logistic regression to obtain OR and 95% CI	Recall bias, exposure misclassification, control selection based on three different sources depending on province of residence, relatively low participation rates	Moderate
Nordstrom *et al*., 1998	This study was not included in the study quality ranking because the data were used in the pooled analysis conducted by Hardell *et al.* (2002).						
Orsi *et al*., 2009	Hospital-based case-control	Data collection in 2 stages: 1) self-	Hospital catchment area with histopathological/	Adjustment for age, center, and	Unconditional logistic regression	Recall bias, exposure misclassification,	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
	Males only (occupationally exposed)	administered questionnaire on socioeconomic characteristics, family medical history, and lifelong residential and occupational histories and more specific information for each job held for at least 6 months, and 2) face-to-face interview with trained staff (blinded) using standardized questionnaire	cytological verification Controls were hospital based with no prior history of lymphoid neoplasms, excluding patients with cancer or a disease directly related to occupation, smoking or alcohol abuse (but history of any of these did not prevent selection as a control)	socioeconomic category. Education and housing not found to impact results. Flu immunization, previous history of mononucleosis, skin type, smoking, and drinking did not change results. Evaluated particular crops and animal husbandry as well. No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	to obtain OR and 95% CI. Questionable power (12 cases/24 controls)	hospital-based controls	
Pahwa *et al.* (2011)	Population-based case-control Males only	Questionnaire answered by subjects; pesticide use collected via detailed telephone interview on all participants with 10+ hours of pesticide use during lifetime and 15% random sample of those who did not; exposure based on lifetime exposure to glyphosate	Cancer registries or hospitals in 6 Canadian provinces with histopathological verification for 30% of samples	Adjustment for age group, province of residence, and statistically significant medical history variables No adjustment for co-exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Conditional logistic regression to obtain OR and 95% CI; trends examined using multiple logistic regression	Recall bias, exposure misclassification, control selection based on three different sources depending on province of residence, low participation rates among controls	Moderate
Pahwa *et al.* (2012)	Population-based case-control Males only	Questionnaire answered by subjects; pesticide use collected via detailed telephone interview on all participants with 10+ hours of pesticide use during lifetime and 15% random sample of those	Cancer registries or hospitals in 6 Canadian provinces with histopathological verification for 36.5% of samples	Adjustment for age group, province of residence, and statistically significant medical history variables No adjustment for co-	Conditional logistic regression to obtain OR and 95% CI; trends examined using multiple logistic regression	Recall bias, exposure misclassification, control selection based on three different sources depending on province of residence, low participation rates among controls	Moderate

Table 3.2. Summary of Study Design Elements Impacting Study Quality Assignment and Overall Ranking.							
Journal Article	**Study Design**	**Exposure Assessment**	**Outcome Assessment**	**Confounder Control**	**Statistical Analyses**	**Risk of (Other) Bias**	**Overall Ranking**
		who did not; exposure based on lifetime exposure to glyphosate		exposure to other pesticides or other potential confounders (e.g., solvents, diesel fumes, UV radiation)			
Yiin *et al.* (2012)	Population-based case-control Pooled analysis of men with women analyzed in Carreon *et al.* (2005)	Questionnaire and/or interview for chemical-specific exposure answered by subjects or proxy individuals	Cases referred by physicians or through state cancer registries with histopathological verification; controls matched within state, but not county of residence	Adjustment for age, education, sex, and , sex, and farm pesticide exposure (yes/no) No adjustment for other potential confounders (e.g., solvents, diesel fumes, UV radiation)	Unconditional logistic regression to obtain ORs and 95% CIs	Acknowledge other sources of bias. Recall bias, exposure misclassification, control selection (low number of deceased controls obtained)	Moderate

[a] Mixed methods used in the Landgren et al (2009) study, with cross-sectional study design used to calculate prevalence rates comparing the AHS to a reference population MN. Pesticide risk estimates (including glyphosate) calculated using nested case-control approach, comparing AHS exposed/unexposed (ever/never) study participants.

3.4 Assessment of Epidemiological Studies for Relevance to Analysis

Using the criteria summarized in Section 3.2, a total of 58 individual literature studies were identified in the literature review and were judged as high, moderate, or low quality. Overall, 3 studies, 21 studies, and 34 studies were assigned high, moderate, or low rankings, respectively. All of the high and moderate quality studies were considered relevant to the current evaluation.

The majority of the studies were case-control studies evaluating a wide-range of cancers in the United States and Canada. There were several case-control studies from Canada that utilized the same study population (Kachuri *et al.*, 2013; Karunanayake *et al.*, 2012; McDuffie *et al.*, 2001; Pahwa *et al.,* 2011; Pahwa *et al.*, 2012). In a similar fashion, numerous studies in the United States were nested case-control studies, where the AHS cohort served as the source population for selecting cases and controls (Andreotti *et al.*, 2009; Engel *et al.*, 2005; Flower *et al.*, 2004; Koutros *et al.*, 2013; Landgren *et al.*, 2009; Lee *et al.*, 2007). In these studies, a subset of the AHS cohort were selected based on their outcome status for a particular cancer and exposure information was used from the AHS enrollment questionnaire and/or during follow-up interviews. Nested case-control studies allow for testing of hypotheses not anticipated when the cohort was initially assembled. In the AHS prospective cohort study (De Roos *et al.*, 2005), exposure and demographic information were also obtained from the questionnaires at enrollment; however, subjects were enrolled prior to developing cancer outcomes of interest. Subjects were then followed from enrollment to a subsequent time point to determine if subjects developed cancer outcomes of interest. As such, all available subjects in the cohort are included in the evaluation of whether there was an association between a risk factor (e.g., glyphosate exposure) and outcome.

The moderate studies included a varying degree of control for confounding and biases across studies. As moderate studies, they encompass a combination of strengths and limitations. In particular, important factors that impacted the quality assessment for these studies included whether there was control for known confounders, identification of control selection issues, study power issues, and length of follow-up. As noted previously, most people in these epidemiological studies used pesticides occupationally and were exposed to multiple pesticides over their working lifetime. Therefore, exposure to other pesticides is a particularly important factor to control for and studies that made this adjustment were given more weight than those that did not. Similarly, control selection issues were noted in a few studies and were given less weighting than those without control selection issues. The issues ranged from concerns using hospital-based controls, using different population sources to ascertain controls within the same study, and appropriateness of using controls ascertained for another research question. Numerous studies had limited power due to small sample size, which results in large confidence intervals and reduces the reliability of the results to demonstrate a true association. Studies demonstrating low or questionable power were therefore given less weighting. Lastly, the length of follow-up time varied across studies.

3.5 Summary of Relevant Epidemiological Studies

A summary of the relevant studies evaluating the association between glyphosate exposure and cancer are discussed below. Results of the studies reporting data on glyphosate exposure and

solid tumors (non-lymphohematopoietic) at various anatomical sites are presented in Table 3.3. Results of the studies reporting data on glyphosate exposure and non-solid tumors (lymphohematopoietic) are presented in Table 3.4. For study details, see Table 3.2 above and Appendix C.

3.5.1 Solid Tumor Cancer Studies

(1) Cancer at Multiple Sites from the AHS Cohort

De Roos *et al.*, (2005) evaluated associations between glyphosate exposure and cancer incidence of all cancers combined in the AHS cohort study and did not find an association [ever/never use relative risk ratio (RR) =1.0 with 95% confidence interval (CI) of 0.90–1.2) when adjusting for age, demographic and lifestyle factors, and exposure to other pesticides]. In addition, De Roos *et al.*, 2005 evaluated cancer at specific anatomical sites. Along with several nested case-control studies, no statistical evidence of an association with glyphosate was observed at any specific anatomical site (Table 3.3). Specifically, AHS researchers reported no evidence of an association between glyphosate use and cancers of the oral cavity (De Roos *et al.*, 2005), colon (De Roos *et al.*, 2005; Lee *et al.*, 2007), rectum (De Roos *et al.*, 2005; Lee *et al.*, 2007), lung (De Roos *et al.*, 2005), kidney (De Roos *et al.*, 2005), bladder (De Roos *et al.*, 2005), pancreas (De Roos *et al.*, 2005; Andreotti *et al.*, 2009), breast (Engel *et al.*, 2005), prostate (De Roos et al., 2005; Koutros *et al.*, 2013) or melanoma (De Roos *et al.*, 2005). The adjusted RR or odds ratio (OR) and 95% CI for these studies are provided in Table 3.3.

(2) Prostate Cancer

In a Canadian population-based study (Band *et al.*, 2011), researchers reported non-statistically significant elevated odds of prostate cancer in relation to glyphosate use (OR=1.36; 95% CI=0.83–2.25). There was no adjustment made for exposure to other pesticides. This study included prostate cancer cases from 1983-1990, prior to the prostate-specific antigen (PSA) era. Consequently, the study included more advanced tumors before diagnosis. The AHS related studies (De Roos et al., 2005; Koutros *et al.*, 2013), reflect PSA-era cases (i.e., cases which are typically identified at an earlier stage in the progression of the disease) and also did not identify an association with prostate cancer.

(3) Brain (Glioma) Cancer

Lee *et al.* (2005) investigated the association between brain cancer with farming and agricultural pesticide use. Matching for age, sex, vital status, and region, study authors reported a non-significant elevated odds of glioma (OR=1.5; 95% CI=0.7–3.1) in relation to glyphosate use by male farmers; however, the results were significantly different between those who self-reported pesticide use (OR=0.4; 95% CI=0.1–1.6), and for those for whom a proxy respondent was used (OR=3.1; 95% CI=1.2–8.2), indicating recall bias was a potential factor in this study. Furthermore, there was no adjustment for co-exposure to other pesticides and issues noted with control selection.

A population-based case-control study evaluated the risk of brain cancer, specifically, glioma risk, among men and women participating in the Upper Midwest Health Study (Yiin *et al.*,

2012). Using a quantitative measure of pesticide exposure (in contrast to an ever-use metric), Yiin *et al.* (2012) observed no statistical evidence of an association with glyphosate with effect estimates roughly equal to the null value following adjustment for age, education, sex, and use of other pesticides (home and garden use: OR=0.98; 95% CI=0.67–1.43; non-farm jobs: OR=0.83; 95% CI=0.39–1.73).

(4) Stomach and Esophageal Cancer

In a population-based case-control study in eastern Nebraska, Lee *et al.* (2004b) investigated pesticide use and stomach and esophageal adenocarcinomas. There was no association observed between glyphosate exposure and either stomach cancer (OR=0.8; 95% CI=0.4–1.5) or esophageal cancer (OR=0.7; 95% CI=0.3–1.4) after adjustment for age and sex. No adjustment was made for exposure to other pesticides.

(5) Soft Tissue Sarcoma

A Canadian case-control study (Pahwa *et al.*, 2011) examined exposure to pesticides and soft tissue sarcoma and found no relation with the use of glyphosate after adjustment for age, province of residence, and medical history variables (OR=0.90; 95% CI= 0.58–1.40); however, control selection issues were noted, including low response rate and selection from three different sources depending on the province of residence.

(6) Total Childhood Cancer

Flower *et al.* (2004), a nested case-control study in the AHS cohort, examined the relation between parental pesticide use and all pediatric cancers reported to state registries among children of AHS participants and did not observe a significant association with maternal use exposure to glyphosate (OR=0.61; 95% CI= 0.32–1.16) or paternal (prenatal) exposure to glyphosate (OR=0.84; 95% CI= 0.35–2.54). The models adjusted for the child's age at the time of parents' enrollment. There was no adjustment for exposure to other pesticides.

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
All Cancers Combined					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.0 (0.9-1.2)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.0 (0.9-1.1) 1.0 (0.9-1.1)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 0.9 (0.8-1.0) 0.9 (0.8-1.1)	Age, demographic and lifestyle factors, and other pesticides[b]
Lung					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	0.9 (0.6-1.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 0.9 (0.5-1.5) 0.7 (0.4-1.2)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 1.1 (0.7-1.9) 0.6 (0.3-1.0)	Age, demographic and lifestyle factors, and other pesticides[b]
Oral Cavity					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.0 (0.5-1.8)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 0.8 (0.4-1.7) 0.8 (0.4-1.7)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5	 1.0 1.1 (0.5-2.5)	Age, demographic and lifestyle factors, and other pesticides[b]

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
			79.6-337.1 337.2-18,241	1.0 (0.5-2.3)	
Kidney					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.6 (0.7-3.8)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 0.6 (0.3-1.4) 0.7 (0.3-1.6)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 0.3 (0.1-0.7) 0.5 (0.2-1.0)	Age, demographic and lifestyle factors, and other pesticides[b]
Bladder					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.5 (0.7-3.2)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.0 (0.5-1.9) 1.2 (0.6-2.2)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 0.5 (0.2-1.3) 0.8 (0.3-1.8)	Age, demographic and lifestyle factors, and other pesticides[b]
Melanoma					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.6 (0.8-3.0)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.2 (0.7-2.3) 0.9 (0.5-1.8)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days		Age, demographic and lifestyle factors, and other pesticides[b]

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
			(by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	1.0 0.6 (0.3-1.1) 0.7 (0.3-1.2)	
Colon					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.4 (0.8-2.2)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.4 (0.9-2.4) 0.9 (0.4-1.7)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 0.8 (0.5-1.5) 1.4 (0.8-2.5)	Age, demographic and lifestyle factors, and other pesticides[b]
Lee *et al.* (2007)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	1.0 (0.7-1.5)	Age, smoking, state, total days of pesticide application
Rectum					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.3 (0.7-2.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.3 (0.7-2.5) 1.1 (0.6-2.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 1.0 (0.5-2.0) 0.9 (0.5-1.9)	Age, demographic and lifestyle factors, and other pesticides[b]
Lee *et al.* (2007)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	1.6 (0.9-2.9)	Age, smoking, state, total days of pesticide application
Colorectal					
Lee *et al.* (2007)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	1.2 (0.9-1.6)	Age, smoking, state, total days of pesticide application
Pancreas					

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	0.7 (0.3-2.0)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.6 (0.6-4.1) 1.3 (0.5-3.6)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 2.5 (1.0-6.3) 0.5 (0.1-1.9)	Age, demographic and lifestyle factors, and other pesticides[b]
Andreotti *et al.* (2009)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	1.1 (0.6-1.7)	Age group, cigarette smoking, diabetes, and applicator type
			Intensity-Weighted Exposure Days (by control median): ≤184 ≥185	 1.4 (0.9-3.8) 0.5 (0.2-1.3)	Age group, cigarette smoking, and diabetes
Prostate					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.1 (0.9-1.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 0.9 (0.7-1.1) 1.1 (0.9-1.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 1.0 (0.8-1.2) 1.1 (0.9-1.3)	Age, demographic and lifestyle factors, and other pesticides[b]
Koutros *et al.* (2013)[c]	Nested Case-Control	USA: Iowa and North Carolina	Intensity-Weighted Cumulative Exposure Days (by quartile): Q1 Q2 Q3 Q4	Total prostate cancer: 0.91 (0.79-1.06) 0.96 (0.83-1.12) 1.01 (0.87-1.17) 0.99 (0.86-1.15)	Age, state, race, smoking, fruit servings, family history of prostate cancer, and leisure time physical activity in the winter

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
			Intensity-Weighted Cumulative Exposure Days (by quartile): Q1 Q2 Q3 Q4	Aggressive prostate cancer: 0.93 (0.74-1.16) 0.91 (0.73-1.13) 1.01 (0.82-1.25) 0.94 (0.75-1.18)	Age, state, race, smoking, fruit servings, family history of prostate cancer, and leisure time physical activity in the winter
Band *et al.* (2011)	Case-Control	Canada: British Columbia	Ever/never	1.36 (0.83-2.25)	Alcohol consumption, cigarette years, education level, pipe years, and respondent type
Esophagus					
Lee *et al.* (2004b)	Case-Control	USA: Nebraska	Ever/never	0.7 (0.3-1.4)	Age and sex
Stomach					
Lee *et al.* (2004b)	Case-Control	USA: Nebraska	Ever/never	0.8 (0.4-1.5)	Age and sex
Breast					
Engel *et al.* (2005)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	Wives who apply pesticides: 0.9 (0.7-1.1) Wives who never used pesticides: 1.3 (0.8-1.9)	Age, race, and state of residence
Soft Tissue Sarcoma					
Pahwa *et al.* (2011)	Case-Control	Canada	Ever/never	0.90 (0.58-1.40)	Age group, province of residence, and statistically significant medical history variables
Brain (glioma)					
Lee *et al.* (2005)	Case-Control	USA: Nebraska	Ever/never	Overall: 1.5 (0.7-3.1) Self-reported: 0.4 (0.1-1.6) Proxy respondents: 3.1 (1.2-8.2)	Age for overall analysis; age and respondent type for other analyses
Yiin *et al.* (2012)	Case-Control	USA: Iowa, Michigan, Minnesota, and Wisconsin	Ever/never	House/garden use: 0.98 (0.67-1.43) Non-farm jobs: 0.83 (0.39-1.73)	Age, education, sex, and use of other pesticides
Total Childhood					

Table 3.3. Summary of Findings: Solid Tumor Cancer Studies					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effect Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
Flower *et al.* (2004)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	Maternal use: 0.61 (0.32-1.16) Paternal use: 0.84 (0.35-2.34)	Child's age at enrollment

[a] Some studies report multiple quantitative risk measurements. This table reports the most highly adjusted quantitative measurements.
[b] De Roos *et al.* (2005) excluded subjects missing covariate data for demographic and lifestyle factors and exposure to other pesticides; therefore, the number of subjects included in each analysis varies.
[c] Effect estimates for glyphosate reported in the supplemental web material for Koutros *et al.* (2013).

3.5.2 Non-Solid Tumor Cancer Studies

(1) Leukemia

De Roos *et al.* (2005) reported no association between leukemia and glyphosate-exposed (ever/never used) pesticide applicators in the AHS cohort. For applicators with the full data set (54,315), the RR was 1.1 (95% CI=0.6–2.4) with only adjustment for age. In the fully adjusted model, the RR was similar (RR=1.0; 95% CI=0.5–1.9). The number of participants included in the adjusted analysis was lower (n=40,716) due to the exclusion of subjects with missing covariate data. Effect estimates using cumulative lifetime exposure and intensity-weighted cumulative exposure were also found to be non-statistically significant and did not demonstrate a trend with increasing exposure.

In a population-based case-control study in Iowa and Minnesota, Brown *et al.* (1990) did not observe an association with the ever-use of glyphosate (OR=0.9; 95% CI=0.5–1.6). A limitation in the study was the low number of cases exposed to glyphosate (n=15). Adjustments were made for several covariates, including vital status, age, tobacco use, family history of lymphopoietic cancer, high risk occupations, and high risk exposures; however, no adjustment was made for exposure to other pesticides.

Chang and Delzell (2016) conducted a meta-analysis exploring glyphosate exposure and leukemia using 3 studies (De Roos *et al.*, 2005; Brown *et al.*, 1990; and Kaufman *et al.,* 2009). I^2 values were reported, which represented the percentage of the total variance explained by study heterogeneity and measure inconsistency in results. Larger I^2 values indicate greater inconsistency. A meta-risk ratio of 1.0 (95% CI=0.6-1.5) was obtained with an I^2 value of 0.0%, indicating consistency across the data sets. It should be noted that this analysis included data from Kaufman *et al.* (2009), which is not considered in the current evaluation because it was assigned a low quality ranking because a quantitative measure of an association between glyphosate and a cancer outcome was not reported for that study.

(2) Multiple Myeloma

In a follow-up analysis of the study population from Iowa and Minnesota used in Brown *et al.* (1990), Brown *et al.* (1993) investigated whether pesticide use was related to multiple myeloma. Among men in Iowa, the authors observed a non-statistically significant elevated association with glyphosate use (OR=1.7; 95% CI=0.8–3.6; 11 exposed cases); however, no adjustment was made for exposure to other pesticides. The authors cautioned that while the study may lend support to the role of pesticides in general, the study limitations preclude use of the evidence as a definitive finding for any one compound.

De Roos *et al.* (2005) reported a suggestive association between multiple myeloma and glyphosate-exposed pesticide applicators based on 32 multiple myeloma cases observed in the AHS cohort. For applicators with the full data set, the RR was 1.1 (95% CI=0.5–2.4) with only adjustment for age. In the fully adjusted model excluding subjects with missing covariate data, there was a non-statistically significant elevated risk following adjustment for age, demographic and lifestyle factors, and exposure to other pesticides (RR=2.6; 95% CI=0.7–9.4). The authors

postulated that the increased myeloma risk could be due to bias resulting from a selection of subjects in adjusted analyses that differed from subjects included in unadjusted analyses or may be due to a confounder or effect modifier that is prevalent among the subgroup and has not been accounted for in the analyses. When exposure data were also stratified by tertiles with the lowest tertile of exposure as the referent category, trend analyses were not statistically significant. Non-statistically significant elevated RRs of 1.9 (95% CI: 0.6-6.3) and 2.1 (95% CI: 0.6-7.0) were estimated for the highest tertile of both cumulative and intensity-weighted exposure days, respectively. The study authors did note that small sample size precluded precise estimation (n=19 for adjusted analyses). When using never exposed as the referent category, the trend analysis was again non-statistically significant, but the RRs ranged from 2.3 (95% CI: 0.6-8.9) to 4.4 (95% CI: 1.0-20.2) from the lowest tertile to the highest tertile, respectively. When stratified by quartiles, a statistically significant trend is achieved and the RR increased to 6.6 (95% CI: 1.4-30.6); however, the authors noted that the cases were sparsely distributed for these analyses.

Sorahan (2015)[11] re-analyzed the AHS data reported by De Roos *et al.* (2005) to examine the reason for the disparate findings in relation to the use of a full data set versus the restricted data set. Using Poisson regression, risk ratios were calculated without excluding subjects with missing covariate data. When adjusted for age and sex, the RR for ever-use of glyphosate was 1.12 (95% CI of 0.5–2.49). Additional adjustment for lifestyle factors and use of other pesticides did not have a large impact (RR=1.24; 95% CI=0.52–2.94). The authors concluded that the disparate findings in De Roos *et al.* (2005) could be attributed to the use of a restricted dataset that was unrepresentative.

Landgren *et al.* (2009), within the AHS study population, also investigated the association between pesticide use and prevalence of monoclonal gammopathy of undetermined significance (MGUS). MGUS is considered a pre-clinical marker of multiple myeloma progression. The authors did not observe an association with glyphosate use and MGUS using subjects from the AHS cohort (OR=0.50; 95% CI=0.20–1.0). No adjustment was made for exposure to other pesticides.

In a population-based case-control study (Pahwa *et al.*, 2012) among men in six Canadian provinces, a non-statistically significant elevated odds of multiple myeloma was reported in relation to glyphosate use (OR=1.22; 95% CI = 0.77–1.93), based upon 32 glyphosate exposed multiple myeloma cases and 133 controls. There was no adjustment for exposure to other pesticides. Kachuri *et al.* (2013), using the same Canadian study population, further explored multiple myeloma in relation to days per year that glyphosate was used. Adjustment for exposure to other pesticides was also not performed in this study. For ever-use, there was a slight non-statistically significant increased odds ratio (OR=1.19; 95% CI=0.76–1.87). For light users (>0 and ≤2 days/year), there was no association (OR=0.72; 95% CI = 0.39–1.32; 15 exposed cases); whereas, for heavy users (>2 days/ year), there was a non-statistically significant increased odds ratio (OR=2.04; 95% CI=0.98–4.23; 12 exposed cases). Similar results were obtained when proxy respondents were excluded from the analysis. The low number of cases and controls exposed to glyphosate, particularly when exposed subjects were divided into light and heavy users, was a limitation of the study. It would be expected that effect estimates would be reduced if adjustment for co-exposure to other pesticides had been performed.

[11] Funded by Monsanto

In a hospital-based case-control study conducted by Orsi *et al.* (2009) in France, 56 multiple myeloma cases and 313 age- and sex-matched controls were identified. A non-statistically significant elevated risk was observed (OR=2.4; 95% CI=0.8–7.3; 5 exposed cases and 18 exposed controls). The wide CI range can primarily be attributed to the low number of exposed cases indicating the analysis is underpowered. Additionally, the study did not adjust for exposure to multiple pesticides.

Chang and Delzell (2016) conducted a meta-analysis exploring glyphosate exposure and multiple myeloma using data from the 6 studies described above (Brown *et al.*, 1993; De Roos *et al.*, 2005; Sorahan, 2015; Pahwa *et al.*, 2012; Kachuri *et al.*, 2013; Orsi *et al.*, 2009). Meta-risk ratios were obtained using data from each of the 4 independent study populations, such that if a study population was already represented in the analysis by one study, then the same population analyzed by another study would not be included (e.g., Sorahan, 2015 and De Roos *et al.*, 2005 could not be used simultaneously in a meta-analysis). The combined meta-risk ratio based on data from prioritized studies (Brown *et al.*, 1993; Kachuri *et al.*, 2013; Orsi *et al.*, 2009; and Sorahan, 2015) was 1.4 (95% CI=1.0-1.9) using random-effects and fixed-effects models and the I^2 value = 0.0% indicating consistency across data sets. There was relatively no impact on the meta-risk ratio and associated 95% CI when secondary analyses were conducted using alternative estimates for a study population (e.g., substituting the data from Sorahan, 2015 for De Roos *et al.*, 2005).

(3) Hodgkin Lymphoma

In a Canadian case-control study, Karunanayake *et al.*, (2012) evaluated Hodgkin lymphoma (HL) and observed no association with glyphosate exposure following adjustment for age, province of residence, and medical history variables (OR=0.99; 95% CI=0.62-1.56; 38 cases). No adjustment was made for exposure to other pesticides.

In a hospital-based case-control study conducted by Orsi *et al.* (2009) in France, authors identified 87 HL cases and 265 age-and sex-matched controls. There was a non-statistically significant elevated odds ratio observed (OR=1.7; 95% CI=0.6–5.0; 6 exposed cases and 15 exposed controls). The wide CI range can primarily be attributed to the low number of exposed cases indicating the analysis is underpowered. Also, as noted earlier, this study did not adjust for exposure to multiple pesticides.

Chang and Delzell (2016) conducted a meta-analysis exploring glyphosate exposure and HL using data from both of these studies. A meta-risk ratio of 1.1 (95% CI=0.7-1.6) was obtained with a I^2 value of 0.0%, indicating consistency across the data sets.

(4) Non-Hodgkin Lymphoma

NHL has about 60 subtypes classified by the WHO, which may have etiological differences (Morton *et al.*, 2014). There are analyses available for particular subtypes of NHL; however, these are particularly limited by the small sample sizes. As a result, this evaluation only presents results for total NHL.

There were six studies available that investigated the association between glyphosate exposure and NHL, which was the most for any type of cancer. As discussed in Section 3.4, these studies encompass a combination of strengths and limitations. These studies are therefore discussed in more detail in this section as compared to discussions of other cancer types in order to highlight the strengths and identify the limitations for each study.

De Roos *et al.* (2005) was the only prospective cohort study available; therefore, subjects were enrolled prior to developing cancer outcomes. Disease status was determined through state cancer registries. Exposure information was obtained from a large number of licensed pesticide applicators and no proxies were used. Exposure was evaluated as ever/never use, cumulative lifetime exposure, and intensity-weighted cumulative exposure. Due to the study design, the potential for many biases were reduced. Additionally, the study adjusted and/or considered numerous factors, including use of other pesticides. Median follow-up time was approximately 7 years and a longer follow-up would increase the ability of the study to detect subjects developing cancer outcomes; however, as discussed in Section 3.3.1, study participants provided exposure information prior to enrollment and this information was incorporated into the cumulative lifetime and intensity-weighted cumulative exposure metrics. As a result, the amount of time exposed was longer than just the follow-up time since enrollment. For applicators with the full data set, the RR for ever/never use was 1.2 (95% CI=0.7–1.9; 92 cases) with only adjustment for age. In the fully adjusted model excluding subjects with missing covariate data, the RR was similar following adjustment for age, demographic and lifestyle factors, and exposure to other pesticides (RR=1.1; 95% CI=0.7-1.9). Effect estimates obtained using cumulative lifetime exposure and intensity-weighted cumulative exposure were below 1 (RR = 0.6-0.9 when comparing to the lowest tertile).

De Roos *et al.* (2003) used pooled data from three case-controls studies evaluating NHL in white males from Nebraska, Kansas, and in Iowa and Minnesota (Cantor *et al.*, 1992; Hoar *et al.*, 1986; Zahm *et al.,* 1990; Appendix B). Exposure information was obtained from exposed individuals or their next of kin (i.e., proxy respondents) if the subjects were dead or incapacitated; however, techniques varied across the three studies. There is potential for selection bias due to exclusion of observations with missing covariate data, but only if the lack of the covariate data was associated with glyphosate exposure. The effect estimates for the association between glyphosate exposure and NHL was significant (OR=2.1; 95% CI=1.1–4.0) in the logistic regression analyses controlling for co-exposure to other pesticides. However, utilizing alternative hierarchical regression techniques to adjust for co-exposure to other pesticide exposures, the odds ratio was still elevated, but the increase was not statistically significant (OR=1.6; 95% CI=0.90–2.8).

Eriksson *et al.* (2008) is a Swedish case-control study that used detailed exposure information from exposed individuals (i.e., no use of proxy respondents), but only minimal demographic information was provided on subjects (age and sex) and a table with subject characteristics (e.g., smoking status, alcohol intake, physical activity, education) was not provided. Cases were identified through physicians and verified histopathologically. Glyphosate exposure, which was reported in 29 cases and 18 controls between 1999 and 2003, produced a statistically significant increased OR in the univariate analysis (OR=2.02; 95% CI=1.10–3.71); however, in the

multivariate analysis adjustments were conducted for co-exposure to different agents including MCPA, "2,4,5-Y and/or 2,4-D", mercurial seed dressing, arsenic, creosote, and tar and the OR reduced to 1.51 (95% CI=0.77–2.94) and was not statistically significant. Additional analyses were conducted to investigate the impact of various exposure times. When exposure was for more than 10 cumulative days (the median number of days among exposed controls), the OR was 2.36 (95% CI=1.04–5.37; 17 exposed cases) and for exposure less than 10 cumulative days, the OR was 1.69 (95% CI=0.7–4.07; 12 exposed cases). By dividing the exposed cases and controls using this exposure metric, wider CIs were observed indicating reduced power from the smaller sample sizes. Additionally, these analyses did not account for co-exposure to other pesticides. Similarly, wider CIs were also observed when exposed cases and controls were divided by a longer exposure metric. ORs of 1.11 (95% CI=0.24-5.08) and 2.26 (95% CI=1.16-4.40) were obtained for 1-10 years and >10 years, respectively. It was not clear whether this analysis controlled for co-exposure to other pesticides based on the statistical methods description and the subjects for each exposure group were not reported. This finding, while limited to a single study, suggests that cohort studies without sufficient follow-up time or other case-control studies which did not stratify by time since first exposure may be less sensitive in detecting risk.

Hardell *et al.* (2002) used pooled data from two case-control studies in Sweden (Hardell and Eriksson, 1999; Nordstrom *et al.*, 1998; Appendix B) that examined hairy cell leukemia, a subtype of NHL, and NHL (not including hairy cell leukemia). Exposure information was collected from individuals or proxy respondents based on a working history with specific questions on exposures to different chemicals. Cases were identified from regional cancer registries and verified histopathologically. In the univariate analysis, risk of NHL associated with glyphosate exposure was found to be significantly increased (OR=3.04; 95% CI=1.08–8.52), but when study site, vital status, and co-exposure to other pesticides were considered in the multivariate analysis, the OR noticeably attenuated and was found to be non-statistically significant (OR=1.85; 95% CI=0.55–6.20). The wide range of the CI suggests that the analysis is underpowered (only 8 glyphosate-exposed cases and 8 glyphosate-controls).

McDuffie *et al.* (2001) is a multicenter population-based study among men of six Canadian provinces. This case-control study utilized a well-conducted exposure assessment and cases were ascertained from cancer registries or hospitals in six provinces with histopathological verification for 84% of the samples. There are concerns with control selection. There was low control participation (48%) and different sources were used for selecting controls depending on the province of residence. Effect estimates were obtained using a considerable number of exposed cases and controls (51 cases and 133 controls); however, the study did not assess co-exposure to other pesticides. There was a non-statistically significant increased risk of NHL from glyphosate exposure when adjusting for age and province (OR=1.26; 95% CI=0.87–1.80) and when adjusting for age, province and medical variables (OR=1.20; 95% CI=0.83–1.74). Medical variables found to be statistically significant included history of measles, mumps, previous cancer, skin-prick allergy tests, allergy desensitization shots, and a positive family history of cancer in a first-degree relative. It would be expected that effect estimates would attenuate if control for co-exposure to other pesticides had been performed. Additional analyses were conducted to investigate differences in exposure time. When exposure was for more than 2 days/year, the OR was 2.12 (95% CI=1.20-3.73; 23 exposed cases and 36 exposed controls) compared to unexposed subjects and for exposure more than 0 and $\leq$ 2 days/year, the OR was

1.00 (95% CI=0.63–1.57; 28 exposed cases and 97 exposed controls) compared to unexposed subjects.

Orsi *et al.* (2009) is a French hospital-based case-control study that obtained exposure information from subjects (no proxies used) using a detailed questionnaire with lifelong residential and occupational histories followed by a discussion with a trained interviewer who was blinded to case status. No issues regarding exposure or outcome assessment were identified; however, there is potential for selection bias given the study utilized hospital-based controls. The study evaluated several potential confounders; however, it did not assess co-exposure to other pesticides. There was no association observed between NHL and glyphosate use (OR=1.0; 95% CI=0.5-2.2; 12 exposed cases and 24 exposed controls). The low number of cases and controls exposed to glyphosate and lack of adjustment for exposure to multiple pesticides were limitations of the study.

Schinasi and Leon (2014) conducted a meta-analysis exploring occupational glyphosate exposure and NHL using data from six of the above mentioned studies (McDuffie *et al.*, 2001; Hardell *et al.*, 2002; De Roos *et al.*, 2003; De Roos *et al.*, 2005; Eriksson *et al.*, 2008; and Orsi *et al.*, 2009). Since the authors identified a variety of sources of heterogeneity between publications, they decided a priori to calculate meta-risk ratio estimates and 95% CIs using random effect models, allowing between study heterogeneity to contribute to the variance. I^2 values were reported as a measure of inconsistency in results. For glyphosate, the meta-risk ratio was 1.5 with a 95% CI of 1.1–2.0 and the I^2 value was 32.7% indicating relatively low levels of heterogeneity among these studies. This study combined multiple smaller studies that on their own were very limited in statistical power.

The 2015 IARC evaluation noted that fully adjusted effect estimates in two of the Swedish studies (Hardell *et al.*, 2002 and Eriksson *et al.*, 2008) were not used in the analysis conducted by Schinasi and Leon (2014). Consequently, the IARC Working Group conducted a reexamination of the results of these studies (IARC 2015). For an association between glyphosate exposure and NHL, the IARC estimated a meta-risk ratio of 1.3 (95% CI=1.03–1.65, I^2 =0%; p=0.589 for heterogeneity).

Chang and Delzell (2016) conducted their own meta-analysis exploring glyphosate exposure and NHL using six independent studies (De Roos *et al.,* 2003; De Roos *et al.,* 2005; Eriksson *et al.,* 2008; Hardell *et al.,* 2002; McDuffie *et al.,* 2001; and Orsi *et al.,* 2009). A meta-risk ratio of 1.3 (95% CI=1.0-1.6) was obtained with an I^2 value of 0.0%. In a secondary analysis, the De Roos *et al.* (2003) OR using hierarchical regression was replaced by the logistic regression OR. This change had no impact on the meta-risk ratio and associated confidence interval (meta-risk ratio=1.3; 95% CI=1.0-1.6). In another secondary analysis, the OR from McDuffie *et al.* (2001) was replaced by the OR from Hohenadel *et al.* (2011), which evaluated the same study population (minus four previously misclassified NHL cases). This analysis also yielded similar results (meta-risk ratio=1.3; 95% CI=1.0-1.7). A final analysis was performed with the replacements for both secondary analyses [i.e., logistic regression OR from De Roos *et al.* (2003) and OR from Hohenadel *et al.* (2011)]. The results were relatively the same as the other meta-analyses (meta-risk ratio=1.4; 95% CI=1.0-1.8). Chang and Delzell (2016) also tested for publication bias using Egger's linear regression approach to evaluating funnel plot asymmetry,

and found no significant asymmetry indicating little evidence of publication bias; however, given the small sample size (n=6), this analysis would lack power and the results are not considered meaningful.

Table 3.4. Summary of Findings: Non-Solid Tumor Cancer Studies.					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effec Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
Leukemia					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.0 (0.5-1.9)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.9 (0.8-4.5) 1.0 (0.4-2.9)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 1.9 (0.8-4.7) 0.7 (0.2-2.1)	Age, demographic and lifestyle factors, and other pesticides[b]
Brown *et al.* (1990)	Case-Control	USA: Iowa and Minnesota	Ever/never	0.9 (0.5-1.6)	Vital status, age, tobacco use, family history of lymphopoietic cancer, high occupations, and high risk exposures
Multiple Myeloma					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	2.6 (0.7-9.4)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 1.1 (0.4-3.5) 1.9 (0.6-6.3)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 1.2 (0.4-3.8) 2.1 (0.6-7.0)	Age, demographic and lifestyle factors, and other pesticides[b]
Brown *et al.* (1993)	Case-Control	USA: Iowa	Ever/never	1.7 (0.8-3.6)	Age and vital status
Kachuri *et al.* (2013)	Case-Control	Canada	Ever/never	1.19 (0.76-1.87)	Age, province of residence, smoking status, selected medical conditions, family history of cancer, and use of a proxy respondent
			Days per year of use: 0 to ≤2 days/year >2 days/year	 0.72 (0.39-1.32) 2.04 (0.98-4.23)	Age, province of residence, smoking status, selected medical conditions, family history of cancer, and use of a proxy respondent
Pahwa *et al.* (2012)	Case-Control	Canada	Ever/never	1.22 (0.77-1.93)	Age group, province of residence, and statistically significant medical history variables

Table 3.4. Summary of Findings: Non-Solid Tumor Cancer Studies.					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effec Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
Orsi *et al.* (2009)	Case-Control	France	Ever/never	2.4 (0.8-7.3)	Age, centre, and socioeconomic category
Monoclonal Gammopathy of Undetermined Significance (MGUS)					
Landgren *et al.* (2009)	Nested Case-Control	USA: Iowa and North Carolina	Ever/never	0.5 (0.2-1.0)	Age and education
Hodgkin Lymphoma (HL)					
Karunanayake *et al.* (2012)	Case-Control	Canada	Ever/never	0.99 (0.62-1.56)	Age group, province of residence, and statistically significant medical history variables
Orsi *et al.* (2009)	Case-Control	France	Ever/never	1.7 (0.6-5.0)	Age, centre, and socioeconomic category
Non-Hodgkin Lymphoma (NHL)					
De Roos *et al.* (2005)	Prospective Cohort	USA: Iowa and North Carolina	Ever/never	1.1 (0.7-1.9)	Age, demographic and lifestyle factors, and other pesticides[b]
			Cumulative Exposure Days (by tertile cut points): 1-20 21-56 57-2,678	 1.0 0.7 (0.4-1.4) 0.9 (0.5-1.6)	Age, demographic and lifestyle factors, and other pesticides[b]
			Intensity-Weighted Cumulative Exposure Days (by tertile cut points): 0.1-79.5 79.6-337.1 337.2-18,241	 1.0 0.6 (0.3-1.1) 0.8 (0.5-1.4)	Age, demographic and lifestyle factors, and other pesticides[b]
De Roos *et al.* (2003)	Case-Control	USA: Iowa, Nebraska, Minnesota, and Kansas	Ever/never	1.6 (0.9-2.8)	Age, study site, and use of other pesticides
Eriksson *et al.* (2008)	Case-Control	Sweden	Ever/never	Multivariate: 1.51 (0.77-2.94)	Age, sex, year of diagnosis or enrollment, and exposure to other pesticides
			Days per year of use: ≤ 10 days >10 days	 1.69 (0.70-4.07) 2.36 (1.04-5.37)	Age, sex, and year of diagnosis or enrollment
			Years of use: 1-10 years >10 years	 1.11 (0.24-5.08) 2.26 (1.16-4.40)	Unknown
Hardell *et al.* (2002)	Case-Control	Sweden	Ever/never	Multivariate: 1.85 (0.55-6.20)	Study, study area, vital status, and exposure to other pesticides
McDuffie *et al.* (2001)	Case-Control	Canada	Ever/never	1.20 (0.83-1.74)	Age, province of residence, and statistically significant medical variables
			Days per year of use: >0 and ≤ 2 days	 1.00 (0.63-1.57)	Age and province of residence

Table 3.4. Summary of Findings: Non-Solid Tumor Cancer Studies.					
Study	**Study Design**	**Study Location**	**Exposure Metric**	**Adjusted Effec Estimate: RR or OR (95% CI)[a]**	**Covariate Adjustments in Analyses**
			>2 days	2.12 (1.20 -3.73)	
Orsi *et al.* (2009)	Case-Control	France	Ever/never	1.0 (0.5-2.2)	Age, centre, and socioeconomic category

[a] Some studies report multiple quantitative risk measurements. This table reports the most highly adjusted quantitative measurements.

[b] De Roos *et al.* (2005) excluded subjects missing covariate data for demographic and lifestyle factors and exposure to other pesticides; therefore, the number of subjects included in each analysis varies.

3.6 Discussion

A total of 24 epidemiological studies from the open literature were identified as appropriate for detailed evaluation. Of these, 23 studies were considered informative with regard to the carcinogenic potential of glyphosate. There was no evidence of an association between glyphosate exposure and solid tumors. There was also no evidence of an association between glyphosate exposure and leukemia, or HL. This conclusion is consistent with those recently conducted by IARC, EFSA, and JMPR who also concluded there is no evidence of an association for these tumors at this time. The data should be considered limited though with only one or two studies available for almost all of the cancer types investigated. Additionally, with the increased use of glyphosate following the introduction of glyphosate-tolerant crops in 1996, there is a need for more recent studies since a large number of studies were conducted prior to 1996. As described in Section 1.1, the use pattern changed following the introduction of transgenic crops, which may impact overall effect estimates. The remainder of this discussion focuses on multiple myeloma and NHL. Study elements for the available studies and their potential to impact effect estimates are examined; however, the discussion is applicable in most cases to all of the epidemiological studies used in this evaluation.

Multiple Myeloma

Five studies were available evaluating the association between glyphosate exposure and risk of multiple myeloma (Brown et al., 1993; De Roos et al., 2005; Kachuri et al., 2013; Orsi et al., 2009; Pahwa et al., 2012). The effect estimates for ever/never use ranged from 1.19 to 2.6 although none were found to be statistically significant. Only one study (De Roos et al., 2005) controlled for co-exposures to other pesticides; therefore, potential confounding was not addressed in the other studies. There was an indication of a possible exposure-response relationship; however, this was the only study that evaluated the exposure-response relationship for multiple myeloma. Furthermore, reanalysis of the full dataset by Sorahan (2015) raised concerns about whether the restricted dataset used for these analyses was representative of the whole cohort. There was a single study of MGUS, a precursor to multiple myeloma, which showed decreased risk with exposure to glyphosate; however, the study did not control for exposure to other pesticides. Overall, the available epidemiologic evidence for an association between glyphosate and risk of multiple myeloma is inadequate to assess the carcinogenic potential at this time due to the potential for confounding in three of the four studies, the limited observation of a possible exposure-response relationship in a single study, and concerns whether restricted datasets were representative of the whole cohort.

NHL

Six studies were available evaluating the association between glyphosate exposure and risk of NHL. Effect estimates for ever/never use ranged from 1.0-1.85 in adjusted analyses with none reaching statistical significance (Figure 3.2). Two of these studies did not adjust for co-exposures to other pesticides (McDuffie et al., 2001; Orsi et al., 2009). Many of the evaluated studies had limited power due to small sample sizes, which resulted in large confidence intervals and reduced the reliability of the results to demonstrate a true association. Meta-analyses were performed by IARC (2015) and Chang and Delzell (2016) using these results for the ever/never

use metric. Both analyses reported similar meta-risk ratios ranging from 1.3-1.5, depending on the effect estimates and studies included in the analyses. All meta-analysis estimates reported were non-statistically significant except the meta-risk ratio reported by IARC (2015), which was borderline significant with the lower limit of the 95% CI at 1.03. It should also be noted that publication bias may play a role in this evaluation given there is a tendency to only publish positive results and potential concerns regarding glyphosate have only been raised in recent years.

With respect to meta-analyses, caution should be taken when interpreting results. Meta-analyses are a systematic way to combine data from several studies to estimate a summary effect. Analyses were performed with 6 studies, which many would consider small for performing meta-analyses. Rarely will meta-analyses synthesize data from studies with identical study designs and methods. In the meta-analyses performed by IARC (2015) and Chang and Delzell (2016), inclusion was primarily based on whether a study addressed the broader question regarding the association between glyphosate exposure and risk of NHL. For meaningful results, careful consideration of whether studies are similar and should be combined in the analysis. Furthermore, the bias and confounding issues inherent for each individual study are carried over into the meta-analyses. Across the NHL studies, study characteristics varied, such as overall study design (i.e., cohort and case-control), source population, proxy respondent use, covariate adjustments, and confounding control. Even if these differences are not detected statistically, the meta-analysis estimate should be considered in the context of the data that are used to generate it.

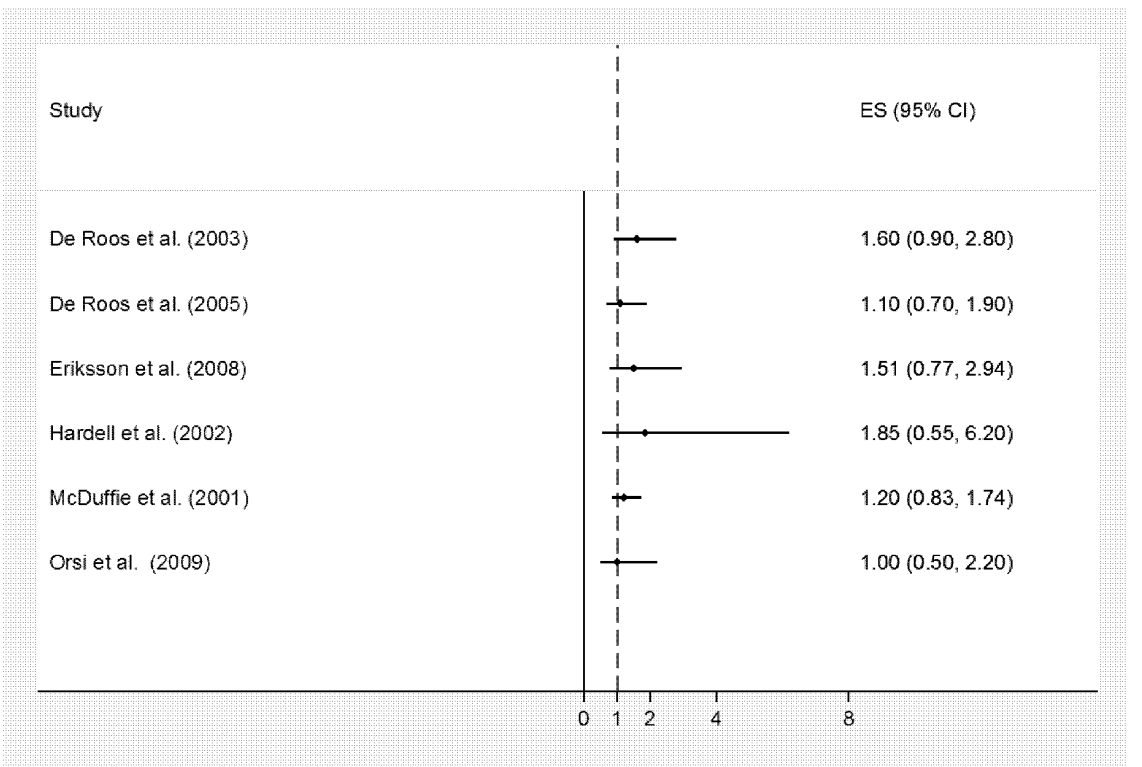


Figure 3.2. Forest plot of effect estimates (denoted as ES for effect sizes) and associated 95% confidence intervals (CI) for Non-Hodgkin lymphoma (NHL).

Using cumulative lifetime and intensity-weighted cumulative exposure metrics, all effect estimates were less than 1 (OR = 0.6-0.9 when comparing to the lowest tertile) in the AHS cohort study (De Roos *et al.*, 2005). Two case-control studies (Eriksson et al., 2008; McDuffie et al., 2001) evaluated the association of glyphosate exposure and NHL stratifying exposure by days per year of use. These studies obtained effect estimates greater than 1, which conflicted with the results in the prospective cohort study; however, these estimates from the case-control studies do not appear to be adjusted for co-exposures to other pesticides. As mentioned previously (and will be discussed further below), there was clearly strong potential for confounding from exposure to other pesticides. In each instance where a study controlled for co-exposure to other pesticides, the adjusted effect estimate decreased in magnitude, including other analyses performed in one of these case-control studies. Consequently, lack of adjustment for co-exposure to other pesticides in these analyses could partially explain the conflicting results between the cohort and case-control studies.

The possible effect of confounding factors, which are related to both the exposure of interest and the risk of disease, may make it difficult to interpret the results. Control for confounding varied considerably across studies (Table 3.2). Studies primarily adjusted for standard variables, such as age, gender, and residency location. Co-exposure to other pesticides was considered for several of the NHL studies for ever/never use (De Roos *et al.*, 2003; De Roos *et al.*, 2005; Eriksson *et al.,* 2008; Hardell *et al.*, 2002); however, analyses of exposure-response and latency effects did not appear to control for these co-exposures.

There is clearly a strong potential for confounding by co-exposures to other pesticides since many are highly correlated and have been reported to be risk factors for NHL. In the studies that did report a quantitative measure adjusted for the use of other pesticides, the risk was always found to be closer to the null than the risk calculated prior to this adjustment. For examples, Eriksson et al. (2008) reported unadjusted and adjusted effect estimates of 2.02 (95% CI: 1.10-3.71) and 1.51 (95% CI:0.77-2.94), respectively. Comparing the magnitude of those effect sizes on the natural log scale, the unadjusted effect was β=0.70 (95% CI: 0.10, 1.31) while the adjusted effect was β=0.41 (95% CI: -0.26, 1.08), suggesting a difference compatible with a degree of confounding by those herbicide co-exposures which appeared to have inflated the unadjusted effect upwards by 70% on the natural log scale (or by 46% on the OR scale). This demonstrates the profound effect this adjustment has on effect estimates and the concern for residual confounding by other pesticides that cause NHL themselves. As discussed in Section 3.2.4, other potential confounders have also been identified. With an association between glyphosate exposure and the outcome of interest, occupational exposure to diesel exhaust fumes, solvents, and UV radiation are highly likely confounders in the NHL studies; however, none of these studies accounted for these potential confounders.

Recall bias and missing data are also limitations in most of the studies. In epidemiologic studies, the quality of the exposure assessment is a major concern since the validity of the evaluations depends in large part on the ability to correctly quantify and classify an individual's exposure. Variation in the quality of exposure assessment, study design and methods, as well as available information concerning potential confounding variables could also explain discrepancies in study findings. During their lifetime, farmers are typically exposed to multiple pesticides and often

several may be used together posing a challenge for identifying specific risk factors. Moreover, there is no direct information on pesticide exposure or absorbed dose because analyses are based on self-reported pesticide use. The studies included in this epidemiology assessment relied primarily on questionnaires and interviews to describe participants' past and/or current exposure to glyphosate. Since the questionnaires are commonly used to account for exposure and capture self-reporting, the results can be subject to misclassification and recall bias.

Furthermore, the use of proxy respondents has the potential to increase recall bias and thus may increase exposure misclassification, especially for proxy respondents not directly involved in farming operations that may be more prone to inaccurate responses than directly interviewed subjects. In some of the NHL studies, the study participants were interviewed directly to assess exposure (De Roos *et al.*, 2005; Eriksson *et al.*, 2008; McDuffie *et al.*, 2001; Orsi *et al.*, 2009), making proxy respondent use a non-issue for these studies. In other studies, however, study participants or proxy respondents were interviewed to assess exposure (Hardell *et al.*, 2002, De Roos *et al.*, 2003). De Roos *et al.* (2003) did not find type of respondent to be statistically significant, but Hardell et al. (2002) did not conduct analyses to evaluate the impact of proxy use In non-NHL studies, proxy analyses were conducted in a small subset (Kachuri *et al.*, 2013; Lee *et al.,* 2004b; Lee *et al.,* 2005; Yiin *et al.*, 2012) and differences in effect estimates were often observed. In a few studies, respondent type was used as an adjustment variable when calculating effect estimates (Band *et al.*, 2011; Kachuri *et al.,* 2013; Lee *et al.*, 2005). As with all study design elements of case-control studies, one concern is whether or not the use of proxy respondents had a differential impact on the cases and controls included in the study because any differential impact may result in differential exposure misclassification. When use of proxy respondents was comparable for cases and controls in the full study population, it could be assumed that there is less concern for potential recall bias from the use of proxy respondents. In Hardell *et al.,* (2002), the percentage of cases and controls with proxy respondents was not fully reported for cases and controls though and this adds a potential source of uncertainty for the study. Moreover, when proxy respondents were used in a study, the percentages were usually reported only for the full study population and were not reported for the specific cases and controls exposed to glyphosate. This lack of information makes it difficult to assess the degree to which recall bias may have occurred due to the use of proxy respondents.

The highest risk measures were reported in studies with subjects developing NHL during a period of relatively low use of glyphosate. For example, Hardell *et al.* (2002) and De Roos *et al.* (2003) acquired cases from 1987-1990 and 1979-1986, respectively. These studies reported the largest adjusted ORs for glyphosate exposure and NHL (1.6 and 1.85); however, these studies investigated subjects prior to the introduction of genetically engineered glyphosate-tolerant crops. As discussed in Section 1.4, glyphosate use dramatically increased following the introduction of genetically engineered glyphosate-tolerant crops in 1996. Prevalence alone would not be expected to result in a corresponding increase in outcomes associated with glyphosate; however, the use pattern changed following the introduction of transgenic crops, such that in addition to new users, individuals already using glyphosate would have a corresponding increase in glyphosate exposure. As a result, if a true association exists between glyphosate exposure and NHL, then a corresponding increase in effect estimates would also be expected during this time. The currently available studies do not display this trend. In more recent years, including the AHS prospective cohort study (De Roos *et al.,* 2005), reported

adjusted risk measures were lower (1.0-1.51). Furthermore, if a true association exists, it would also be expected that the higher effect estimates would be reported in countries where individuals are more exposed to glyphosate, such as the United States and Canada, as compared to countries that exhibit less use[12]. Once again, the expected trend was not observed, such that effect estimates for studies conducted in Sweden (Eriksson *et al.*, 2008; Hardell et al., 2002), where glyphosate-tolerant crops are sparsely grown, were similar or higher than those reported in the United States (De Roos *et al.*, 2003; De Roos *et al.*, 2005) and Canada (McDuffie *et al.*, 2001). These counterintuitive results highlight the need for additional studies to determine the true association between glyphosate exposure and NHL, as well as further elucidate the exposure-response relationship.

Some have argued that the follow-up period (median = 7 years) in De Roos et al. (2005) is not sufficiently long to account for the latency of NHL (Portier et al., 2016); however, the latency period for NHL following environmental exposures is relatively unknown and estimates have ranged from 1-25 years (Fontana et al., 1998; Kato et al., 2005; Weisenburger, 1992). Eriksson et al., 2008) evaluated the impact of time since first exposure. This study found an increased effect estimate for subjects with more than 10 years of glyphosate exposure prior to diagnosis of NHL. This finding suggests a potential for a longer latency for NHL than the follow-up period in De Roos et al. (2005); however, this analysis did not appear to account for co-exposures to other pesticides and the number of subjects in the analysis were not reported. It should be noted that the follow-up time in De Roos et al. (2005) does not represent the amount of time subjects have been exposed. In this study, prior pesticide exposure was provided at time of enrollment and used to evaluate subjects that contribute person-time from enrollment until the point of diagnosis, death, movement from the catchment area, or loss to follow-up. As such, estimated exposure for each subject did not continue to accrue during follow-up. Additionally, subjects were not checked against state registries for inclusion in the cohort. Rather, cancer analyses were restricted to those who are cancer-free at the time of enrollment to remove any issues related to treatment that might impact subsequent cancer risk. At the time of enrollment, the average and median times of exposure 7.5 years and 8 years, respectively, with a standard deviation of 5.3[13]. These values were calculated using the midpoint of exposure categories provided in the questionnaire; therefore, these values represent a range of subject exposure time. Given the majority of the subjects were at least 40 years old at the time of analysis and the recognition that these workers generally start in their profession at a much earlier age and stay in that profession over their lifetime, time of exposure for many of these subjects would be greater than the average and median times. All of this information indicates that subjects within the cohort have ample amount of time for the outcome of interest to develop and be detected during the study. Furthermore, NHL has about 60 subtypes classified by the WHO, which may have etiological differences (Morton *et al.*, 2014). In this evaluation, the analysis of effect estimates was restricted to total NHL due to the small sample sizes in the few instances where NHL subtypes were analyzed. There are concerns with grouping the subtypes together despite etiological differences and the latency period for each NHL subtype may vary due to these etiological differences. Given the latency analysis was limited to Eriksson et al. (2008) and lack of NHL latency understanding in general, further analyses are needed to determine the true

[12] Components in glyphosate formulations in the United States and abroad are similar according to personal communication with Monsanto.
[13] Information provided by email from NIEHS.

latency time of NHL and NHL subtypes. The next update to the AHS cohort study with a longer follow-up would also aid in alleviating any concerns regarding the ability of De Roos et al. (2005) to detect subjects developing NHL.

There are conflicting views on how to interpret the overall results for NHL. Some believe that the data are indicative of a potential association between glyphosate exposure and risk of NHL. This is primarily based on reported effect estimates across studies and the associated meta-analyses greater than 1 despite lack of statistical significance. Additionally, the analysis conducted by Eriksson et al. (2008) observed a slightly statistically significant increase for those with more than 10 years of exposure prior to diagnosis. There were also two case-control studies that investigated the association of glyphosate exposure and NHL by stratifying exposure by days per year of use that reported effect estimates greater than 1 for groups with the highest exposure.

Conversely, others have viewed the effect estimates as relatively small in magnitude and observed associations could be explained by chance and/or bias. All of the effect estimates for ever/never use were non-statistically significant. Sample sizes were small or questionable in some of the studies. Half of the studies reported effect estimates approximately equal to 1, while the other half of the studies reported effect estimates clustered from 1.5-1.85, with the largest effect estimate having the widest confidence interval indicating the estimate was less reliable. As such, the higher effect estimates were contradicted by the results from studies at least equal quality. Meta-analyses were based on studies with varying study characteristics. Given the limitations and concerns discussed above for the studies included in this evaluation, chance and/or bias cannot be excluded as an explanation for the relatively small increase observed in the meta-risk ratios. Meanwhile, analyses performed by De Roos et al. (2005) reported effect estimates less than 1 for cumulative lifetime exposure and intensity-weighted cumulative exposure and these extensive analyses did not detect any exposure-response relationship, which conflicts with the two case-control studies that indicate potential for an exposure-response relationship comparing two groups stratified by days per year of use. Although increased effect estimates were observed in one case-control study (Eriksson et al., 2008) for subjects exposed more than 10 years prior to diagnosis and in two case-control studies (McDuffie et al., 2001; Eriksson et al., 2008) that stratified exposure by days per year of use, none of these analyses appeared to adjust for exposures to other pesticides, which has been found to be particularly important for these analyses and would attenuate these estimates towards the null. Furthermore, none of the studies in this evaluation of glyphosate exposure and risk of NHL accounted for other potential confounders, such as diesel exhaust fumes, solvents, and UV radiation. These adjustments would also be expected to reduce effect estimates towards the null.

Based on the weight-of-evidence, the agency cannot exclude chance and/or bias as an explanation for observed associations in the database. Due to study limitations and contradictory results across studies of at least equal quality, a conclusion regarding the association between glyphosate exposure and risk of NHL cannot be determined based on the available data. The agency will continue to monitor the literature for studies and any updates to the AHS will be considered when available.

4.0 Data Evaluation of Animal Carcinogenicity Studies

4.1 Introduction

Cancer bioassays in animals have historically been the primary studies available to evaluate cancer hazard in humans, since until recently epidemiological evidence was limited. The results of these bioassays, as well as results from screening assays for genotoxicity, are considered in a weight-of-evidence approach to determine the potential of a chemical to induce cancer in humans. Carcinogenicity studies in two rodent species are required for the registration of food use pesticides or when the use of a pesticide is likely to result in repeated human exposure over a considerable portion of the human lifespan (40 CFR Part 158.500). Rodent carcinogenicity studies identified from the data collection phase of the systematic review were evaluated for study quality and acceptable studies were evaluated in the context of the 2005 EPA Guidelines for Carcinogen Risk Assessment as described in Sections 4.2 and 4.3 below, respectively.

4.2 Consideration of Study Quality for Animal Carcinogenicity Studies

The agency has published test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200) and combined chronic/carcinogenicity studies (OCSPP 870.4300) in rodents which have been harmonized with OECD guidelines (Test Nos. 451 and 453). Test substances are typically administered in animal carcinogenicity studies by the oral route for food use pesticides. The studies are generally conducted in mice and rats with exposure durations of 18-24 months for mice and 24 months for rats, which represent exposures of the majority of the expected lifespan in these animals. Guideline carcinogenicity studies are designed to test three or more doses in both sexes (with at least 50 animals/sex/dose) with adequate dose spacing to characterize tumor dose-response relationships. Key considerations when evaluating carcinogenicity studies for cancer hazard assessment include identification of target organs of carcinogenicity, increased incidence of tumors or proportion of malignant neoplasms, and reduction in the time to appearance of tumors relative to the concurrent control group (OECD TG 451).

There are a number of criteria the agency uses when evaluating the technical adequacy of animal carcinogenicity studies. A primary criterion is the determination of the adequacy of dosing. The 2005 EPA Guidelines for Carcinogen Risk Assessment recommends that the highest dose level selected should elicit signs of toxicity without substantially altering the normal life span due to effects other than tumors; or without inducing inappropriate toxicokinetics (e.g., overwhelming absorption or detoxification mechanisms); however, the high dose need not exceed 1,000 mg/kg/day (i.e., limit dose) (OCSPP 870.4200; OCSPP 870.4300). Additional criteria to judge the technical adequacy and acceptability of animal carcinogenicity studies are provided in the test guidelines as well as other published sources (NTP, 1984; OSTP, 1985; Chhabra et al., 1990). As stated in the 2005 EPA Guidelines for Carcinogen Risk Assessment, studies that are judged to be wholly inadequate in protocol, conduct or results, should be discarded from analysis. Studies the agency consider acceptable are further evaluated for potential tumor effects.

Following study quality evaluation, a total of 9 chronic/carcinogenicity studies in the rat and 6 carcinogenicity studies in the mouse were considered acceptable for use in the current evaluation for the active ingredient glyphosate and were subsequently evaluated in the context of the 2005 EPA Guidelines for Carcinogen Risk Assessment as described in Section 4.3. A number of studies were judged to be inadequate in protocol, conduct or reporting and were not considered in the analysis of glyphosate. These studies and the justification for not including them in the analysis are listed below:

1. A two-year chronic oral toxicity study in Albino rats by Reyna (1974)[14]. The study was considered inadequate to assess carcinogenicity due to insufficient reporting on the histopathology findings in the control and treatment groups. Approximately 70 animals were unaccounted for across the study.

2. A two-year drinking water study in Wistar rats with a formulated product (13.6% ammonium salt) by Chruscielska et al., (2000). In addition to deficiencies including inadequate reporting of water consumption and body weight data, this study was conducted with a glyphosate formulated product and not the active ingredient glyphosate, which is the focus of this review. Glyphosate formulations contain various components other than glyphosate and it has been hypothesized these components are more toxic than glyphosate alone. The agency is collaborating with NTP to systematically investigate the mechanism(s) of toxicity for glyphosate and glyphosate formulations. This project is discussed in more detail in Section 7.0 of this document.

3. An initiation-promotion study (George et al., 2010) in male Swiss mice that tested a commercial formulation of glyphosate (41%) on the skin. Study deficiencies included small number (20) of animals, tested only males, and lack of histopathological examination.

4. A carcinogenicity study in Swiss albino mice (Kumar, 2001)[15]. This study was not included due to the presence of a viral infection within the colony, which confounded the interpretation of the study findings. Malignant lymphomas were reported in this study in all dose groups. However, lymphomas are one of the most common types of spontaneous neoplastic lesions in aging mice (Brayton et al., 2012). Murine leukemia viruses (MuLVs) are also a common cause of lymphoma in many different strains of mice (Ward, 2006). For example, Tadesse-Heath et al. (2000) reported 50% lymphoma (mostly B-cell origin) incidence in a colony of Swiss mice infected with MuLVs. Although the lymphoma incidences in Kumar (2001) were within or near normal background variation, it is not clear whether or not the viral infection may have contributed to the lymphoma incidence reported or the lower survival seen at the high dose in this study.

[14] MRID 00062507.

[15] MRID 49987403. In Greim et al. (2015), the same study is cited as Feinchemie Schwebda (2001).

5. A two year feeding study in Sprague-Dawley rats (Excel, 1997) was not included. The agency does not have access to this study to perform an independent assessment of its conduct and; however, Greim et al. (2015) stated that the study "is considered unreliable for carcinogenicity evaluation" and there were "several deviations from the OECD Test Guideline 453".

4.3 Assessment of Animal Carcinogenicity Studies

The agency considers many factors when interpreting the results of carcinogenicity studies. The 2005 EPA Guidelines for Carcinogen Risk Assessment are intended as a guidance only and does not provide a checklist for determining whether tumor findings are related to treatment. These guidelines emphasize the importance of weighing multiple lines of evidence in reaching conclusions regarding human carcinogenic potential of chemicals. Evaluation of observed tumor findings takes into consideration both biological and statistical significance. There are several factors in the 2005 EPA Guidelines for Carcinogen Risk Assessment used in the weight-of-evidence evaluation of individual studies. For this evaluation, the interpretation of the evidence related to tumor findings is described below. The agency is soliciting comment from the SAP regarding several of these factors as they relate to the interpretation of studies as part of Charge Question #3.

Dose Selection
Doses should be selected based on relevant toxicological information. Caution is taken in administering an excessively high dose that would confound the interpretation of the results to humans. As mentioned above, the 2005 EPA Guidelines for Carcinogen Risk Assessment recommends that the highest dose level selected should elicit signs of toxicity without substantially altering the normal life span due to effects other than tumors; or without inducing inappropriate toxicokinetics (e.g., overwhelming absorption or detoxification mechanisms); however, the high dose is not recommended to exceed 1,000 mg/kg/day (OCSPP 870.4200; OCSPP 870.4300). Doses should provide relevant dose-response data for evaluating human hazard for human health risk assessment. In the case of glyphosate, the low (oral) systemic toxicity and limited pharmacokinetic (PK) data for this chemical make it difficult to define a maximum tolerated dose (MTD) for the cancer bioassays. A large number of the carcinogenicity studies conducted with glyphosate approach or exceed the limit dose. The 2005 EPA Guidelines for Carcinogen Risk Assessment state that "weighing of the evidence includes addressing not only the likelihood of human carcinogenic effects of the agent but also the conditions under which such effects may be expressed". As such, the agency puts less weight on observations of tumors that occur near or above the limit dose.

Statistical analyses to evaluate dose response and tumor incidences
The main aim of statistical evaluation is to determine whether exposure to the test agent is associated with an increase in tumor development, rather than due to chance alone. Statistical analyses should be performed on each tumor type separately. The incidence of benign and malignant lesions of the same cell type, usually within a single tissue or organ, are considered

separately, but may be combined when scientifically defensible (McConnell *et al.*, 1986). Trend tests and pairwise comparison tests are the recommended tests for determining whether chance, rather than a treatment-related effect, is a plausible explanation for an apparent increase in tumor incidence. The 2005 Guidelines for Carcinogen Risk Assessment states that

"A trend test such as the Cochran-Armitage test (Snedecor and Cochran, 1967) asks whether the results in all dose groups together increase as dose increases. A pairwise comparison test such as the Fisher exact test (Fisher, 1950) asks whether an incidence in one dose group is increased over that of the control group. By convention, for both tests a statically significant comparison one for which p is less than 0.05 that the increased incidence is due to chance. Significance in either kind of test is sufficient to reject the hypothesis that chance accounts for the result."

In the current evaluation, the Cochran-Armitage Test for Trend (Snedecor and Cochran, 1967; one-sided) was used. For pairwise comparisons, the Fisher Exact Test (Fisher, 1950; one-sided) was used in the current evaluation to determine if incidences observed in treated groups were different from concurrent controls. Furthermore, the 2005 EPA Guidelines for Carcinogen Risk Assessment state that "considerations of multiple comparisons should also be taken into account". Multiple comparison methods control the familywise error rate, such that the probability of Type I error (incorrect rejection of the null hypothesis or "false positive") for the pairwise comparisons in the family does not exceed the alpha level. In the current evaluation, a Sidak correction method was used to adjust for multiple comparisons.

Forthe current evaluation, statistical significance observed in either test is judged in the context of all of the available evidence. Statistically significant responses may or may not be biologically significant and vice versa (Hsu and Stedeford, 2010; EPA, 2005). If a trend was found to be statistically significant, a closer examination of the tumor incidence was taken to determine whether the data demonstrate a monotonic dose-response where an increase in tumor incidence is expected with corresponding increase in dose. Therefore, statistically significant results with fluctuating tumor incidence across doses are not weighed as heavily as those displaying a monotonic dose-response. If a pair-wise comparison was found to be statistically significant, a closer examination of the tumor incidence and other lines of evidence was taken to determine whether the response was biologically significant. Factors considered in determining the biological relevance of a response are discussed below.

Given that statistical evaluations were performed at different times for each study, all statistical analyses were reanalyzed for the purposes of this evaluation to ensure consistent methods were applied (TXR# 0057494).

Historical Control Data

As indicated in the 2005 EPA Guidelines for Carcinogen Risk Assessment (Section 2.2.2.1.3), the standard for determining statistical significance of tumor incidence comes from a comparison of tumors in dosed animals with those in concurrent control animals. Additional insight into the statistical and/or biological significance of a response can come from the consideration of

historical control data (Tarone, 1982; Haseman, 1995; EPA, 2005). Historical control data can add to the analysis, particularly by enabling identification of uncommon tumor types or high spontaneous incidence of a tumor in a given animal strain. Generally speaking, statistically significant increases in tumors should not be discounted simply because incidence rates in the treated groups are within the range of historical controls or because incidence rates in the concurrent controls are somewhat lower than average.

Historical control data are also useful to determine if concurrent control tumor incidences are consistent with previously reported tumor rates (Haseman, 1995). Given the large number of age-related tumor outcomes in long-term rodent bioassays, and thus the large number of potential statistical tests run, caution is taken when interpreting results that have marginal statistical significance or in which incidence rates in concurrent controls are unusually low in comparison with historical controls since there may be an artificial inflation of the differences between concurrent controls and treated groups. Consequently, in the current evaluation, unusually low incidence in concurrent controls was noted when applicable and considered as part of the weight-of-evidence for the tumor findings. Identification of common or uncommon situations prompts further thought about the meaning of the response in the current study in context with other observations in animal studies and with other evidence about the carcinogenic potential of the agent.

Evidence of supporting preneoplastic lesions or related non-neoplastic lesions
Carcinogenicity rodent studies are designed to examine the production of tumors as well as preneoplastic lesions and other indications of chronic toxicity that may provide evidence of treatment-related effects and insights into the way the test agent produces tumors (EPA, 2005). As such, the presence or lack of supporting preneoplastic or other related non-neoplastic changes were noted in the current evaluation of each study and considered in the weight-of-evidence.

Additional Considerations
Other observations can strengthen or lessen the significance of tumor findings in carcinogenicity studies. Such factors include: uncommon tumor types; tumors at multiple sites; tumors in multiple species, strains, or both sexes; progression of lesions from preneoplastic to benign to malignant; reduced latency of neoplastic lesions (i.e., time to tumor); presence of metastases; unusual magnitude of tumor response; and proportion of malignant tumors (EPA, 2005). The agency considers all of the above factors when determining the significance of tumor findings in animal carcinogenicity studies.

4.4 Summary of Animal Carcinogenicity Studies

A total of 9 chronic toxicity/carcinogenicity studies in the rat and 6 carcinogenicity studies in the mouse were considered acceptable and evaluated in the weight-of-evidence analysis for glyphosate. This includes all of the studies that were part of the 2015 CARC evaluation plus an additional 5 studies identified from the systematic review. In the 2015 CARC evaluation, for some of the studies considered, the CARC relied on summary data that was provided in the supplement to the Greim et al. (2015) review article. Due to the ongoing data collection effort and the acquiring of studies not previously submitted, the agency no longer needs to rely on the

Greim et al. (2015) review article for the study data generated in relevant studies, allowing for a more complete and independent analysis. It should be noted that studies have been cited differently in this evaluation as compared to Greim et al. (2015) so these alternative citations have been noted for applicable studies.

The carcinogenicity studies conducted in the rat and mouse that were considered for the analysis are discussed in Sections 4.5 and 4.6, respectively. In these sections, short study summaries are presented which include information on the study design (including test material, strain of animal used, and doses and route of administration) as well as study findings including effects on survival, general toxicity observed, relevant non-neoplastic lesions, and the incidence and characterization of any tumor findings. The characterization of the tumor response(s) is based on the considerations previously discussed in Section 4.3 for interpreting the significance of tumor findings in animal carcinogenicity studies. The rat and mouse carcinogenicity studies are all summarized in Table 4.11 and Table 4.18, respectively.

4.5 Rat Carcinogenicity Studies with Glyphosate

4.5.1 Burnett et al., 1979 (MRID 00105164)

In a two-year chronic/carcinogenicity oral study, glyphosate (as an aqueous monosodium salt solution) was administered to groups of 90 albino rats/sex/dose at doses of 0, 3, 10, or 30 mg/kg/day (M/F) for 24 months through oral intubation (gavage).

A higher mortality rate was noted in the control group in comparison to the treated groups after 12 and 24 months of testing. No histopathological alterations were observed. There were no treatment-related increases in tumor incidences in the study; however, the highest dose tested in this study was 30 mg/kg/day, which was not considered a maximum tolerable dose to assess the carcinogenic potential of glyphosate.

4.5.2 Lankas, 1981 (MRID 00093879)[16]

In a chronic toxicity/carcinogenicity study, groups of Sprague-Dawley rats (50/sex/dose) were fed diets containing glyphosate (98.7%, pure) at dietary doses of 0, 3/3, 10/11, and 31/34 mg/kg/day (M/F).

There were no treatment-related effects on survival at any dose level. As in Burnett (1979), the highest dose tested of approximately 32 mg/kg/day was not considered a maximum tolerable dose to assess the carcinogenic potential of glyphosate. Consequently, a second study (Stout and Ruecker, 1990) was conducted at higher doses, which is summarized in the Section 4.5.3.

Table 4.1. Testicular Interstitial Cell Tumors in Male Sprague-Dawley Rats (Lankas, 1981) Cochran-Armitage Trend Test & Fisher's Exact Test Results

	0 mg/kg/day	3.05 mg/kg/day	10.3 mg/kg/day	31.49 mg/kg/day

[16] In Greim et al. (2015), the same study is cited as Monsanto (1981).

Table 4.1. Testicular Interstitial Cell Tumors in Male Sprague-Dawley Rats (Lankas, 1981) Cochran-Armitage Trend Test & Fisher's Exact Test Results				
Incidence	0/50	3/47	1/49	6/44
(%)	(0)	(6)	(2)	(12)
Raw p-value =	0.009**	0.121	0.500	0.013*
Sidak p-value =	--	0.321	0.875	0.039*

Note: Trend test results denoted at control; * denotes significance at p=0.05; ** denotes significance at p=0.001.

A statistically significant trend was reported for the testicular interstitial tumors; however, closer examination of the tumor incidence indicates that the data do not demonstrate a monotonic dose response with greater incidence observed at the low-dose as compared at the mid-dose. The incidence at the high dose was found to be statistically significant as compared to the concurrent controls. The observed incidence of interstitial cell tumors in concurrent controls (0%) appears to be unusually low for this tumor type as compared to historical controls provided in the study report for this tumor type (mean = 4.5%; range = 3.4%-6.7%) resulting in an artificial difference at the high dose. Furthermore, the observed incidence of interstitial cell tumors in the glyphosate-treated groups were within the normal biological variation for this tumor type in this strain of rat. There was an absence of pre-neoplastic or related non-neoplastic lesions (e.g., interstitial cell hyperplasia). As a result, the statistically significant results do not appear to be biologically significant and are not supported by any histopathological observations. Based on the weight-of-evidence for this study, the agency does not consider the increases in interstitial cell tumors in the testes to be treatment-related.

4.5.3 Stout and Ruecker, 1990 (MRID 41643801)[17]

In a chronic toxicity/carcinogenicity study, groups of Sprague-Dawley rats (60/sex/dose) were fed diets containing glyphosate (96.5%, pure) at dietary doses of 0, 89/113, 362/457 or 940/1183 mg/kg/day M/F) for 24 months. The highest dose tested in this study approaches or exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300). Tumor findings at these high doses are given less weight.

There was no significant increase in mortality. The most frequently seen tumors were pancreatic cell adenomas, hepatocellular adenomas, and thyroid C-cell adenomas in males. A discussion of each tumor type by organ is presented below:

1. Pancreas: Tumor incidences of pancreatic islet cell tumors in male rats and corresponding historical control values are presented in Tables 4.2 and 4.3, respectively. The incidence of pancreatic islet cell tumors lacked monotonic dose-responses and trend analyses were not statistically significant. Statistical significance was observed with raw (unadjusted) p-values for the incidence of adenomas at the low-dose (89 mg/kg/day) and high-dose (940 mg/kg/day) when comparing to concurrent controls; however, none of the incidences were statistically significant with an adjustment for multiple comparisons (p=0.052 at the low-dose and p=0.120 at the high-dose). The statistical significance of

[17] In Greim et al. (2015), the same study is cited as Monsanto (1990).

the pairwise comparisons with the concurrent control group may have been due to the unusually low incidences in the controls and not to an actual treatment-related response. The mean incidence of pancreatic islet cell adenomas in historical control data provided for laboratory (Monsanto Environmental Health Laboratory; MRID No. 41728701) was 5.3% and ranged from 1.8% to 8.3% indicating the concurrent control incidence for this tumor type was at the lower bound of the range. Carcinomas were only observed in the control group and the combined analyses did not yield any statistically significant pairwise comparisons. There were no supporting preneoplastic or other related non-neoplastic changes observed and no evidence of progression from adenomas to carcinomas. Based on a weight-of-evidence for this study, the agency does not consider these increases in pancreatic islet cell tumors to be treatment-related.

Table 4.2. Pancreatic Islet Cell Tumors in Male Sprague-Dawley Rats (Stout and Ruecker, 1990) Cochran-Armitage Trend Test & Fisher's Exact Test Results.

Tumor Type	0 mg/kg/day	89 mg/kg/day	362 mg/kg/day	940 mg/kg/day
Adenoma Incidence (%) Raw p-value = Sidak p-value =	1/43[a] (2) 0.176 --	8/45 (18) 0.018* 0.052	5/49 (10) 0.135 0.352	7/48[b] (15) 0.042* 0.120
Carcinoma Incidence (%) Raw p-value = Sidak p-value =	1/43[c] (2) -[d] --	0/45 (0) 1.000 1.000	0/49 (0) 1.000 1.000	0/48 (0) 1.000 1.000
Combined Incidence (%) Raw p-value = Sidak p-value =	2/43 (2) 0.242 --	8/45 (18) 0.052 0.149	5/49 (10) 0.275 0.619	7/48 (15) 0.108 0.289

Note: Trend test results denoted at control; * denotes significance at p=0.05.

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.

b. First adenoma in the study was observed at week 81 in the 940 mg/kg/day group.

c. First carcinoma in the study was observed at week 105 in the controls.

d. Trend p-value not reported since tumor incidence decreased with increasing dose.

Historical control data on the incidence of pancreatic islet cell adenomas in male Sprague-Dawley rats in 2-year studies (1983–1989) conducted at the testing facility (Monsanto Environmental Health Laboratory; MRID No. 41728701) are presented below in Table 4.3.

Table 4.3. Historical Control Data — Pancreatic Islet Cell Adenomas in Male Sprague- Dawley Rats (MRID No. 41728701).

Study No.	1	2	3	4	5	6	7	Mean
Study Year	07/83	02/85	10/85	6/85	9/88	1/89	3/89	-
Tumor Incidence	2/68	5/59	4/69	1/57	5/60	3/60	3/59	-
Percentage (%)	2.9%	8.5%	5.8%	1.8%	8.3%	5.0%	5.1%	5.3%

2. Liver: Tumor incidences of liver tumors in male rats are presented in Tables 4.4. There was a statistically significant dose trend for liver adenomas only. Closer examination of the incidence indicates a relatively flat response at the low- and mid-dose with only an increase observed at the high-dose (940 mg/kg/day); however, the incidence of liver adenomas at the high-dose was not statistically significant when compared to the concurrent controls. Carcinomas and combined adenomas/carcinomas lacked statistical significance in trend and pairwise comparisons (Table 4.4). Except for a single animal at the mid-dose late in the study (89 weeks), no hyperplasia, preneoplastic foci or other non-neoplastic lesions were observed. Furthermore, there was no evidence of progression from adenomas to carcinomas. Given the lack of both statistical significance and corroborative lesions to support the tumor finding, the agency does not consider these increases in liver tumors to be treatment-related.

Table 4.4. Hepatocellular Tumors in Male Sprague-Dawley Rats (Stout and Ruecker, 1990) Cochran-Armitage Trend Test & Fisher's Exact Test Results

Tumor Type	0 mg/kg/day	89 mg/kg/day	362 mg/kg/day	940 mg/kg/day
Adenoma Incidence (%) Raw p-value = Sidak p-value =	2/44[a] (5) 0.022* --	2/45 (4) 0.700 0.973	3/49 (6) 0.551 0.910	7/48[b] (15) 0.101 0.274
Carcinoma Incidence (%) Raw p-value = Sidak p-value =	3/44 (7) -[d] -	2/45 (4) 0.827 0.995	1/49 (2) 0.954 1.000	2/48[c] (4) 0.845 0.996
Combined Incidence (%) Raw p-value = Sidak p-value =	5/44 (11) 0.078 --	4/45 (9) 0.769 0.988	4/49 (8) 0.808 0.993	9/48 (19) 0.245 0.569

Note: Trend test results denoted at control; * denotes significance at p=0.05.

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.

b. First adenoma in the study was observed at week 88 in the 940 mg/kg/day group.

c. First carcinoma in the study was observed at week 85 in the 940 mg/kg/day group.

d. Trend p-value not reported since tumor incidence decreased with increasing dose.

3. Thyroid: Tumor incidences of thyroid tumors in male and female rats are presented in Tables 4.6 and 4.7, respectively. For males, no statistically significant trends were observed for adenomas, carcinomas, or combined adenomas/carcinomas. For females, a statistically significant trend was observed for adenomas and combined adenomas/carcinomas with no statistically significance in pairwise analyses. Therefore, although there may be an indication of a dose-response in females, the increases observed in the glyphosate treated groups were not considered to be different than those observed in the concurrent controls. Non-neoplastic lesions (thyroid C-cell hyperplasia) were

observed; however, there was a lack of a monotonic dose-response for these histopathological findings and no dose-related increase in severity to support tumor findings (Table 4.8). There was also no evidence of progression from adenomas to carcinomas. Based on a weight-of-evidence for this study, the agency does not consider these increases in thyroid tumors to be treatment-related.

Table 4.6. Thyroid C-Cell Tumors in Male Sprague-Dawley Rats (Stout and Ruecker, 1990) Cochran-Armitage Trend Test & Fisher's Exact Test Results

Tumor Type	0 mg/kg/day	89 mg/kg/day	362 mg/kg/day	940 mg/kg/day
Adenoma				
Incidence	2/54[a, b]	4/55	8/58	7/58
(%)	(4)	(7)	(14)	(12)
Raw p-value =	0.079	0.348	0.060	0.099
Sidak p-value =	--	0.723	0.168	0.269
Carcinoma				
Incidence	0/54	2/55[c]	0/58	1/58
(%)	(0)	(4)	(0)	(4)
Raw p-value =	0.457	0.252	1.000	0.518
Sidak p-value =	--	0.441	1.000	0.768
Combined				
Incidence	2/54	6/55	8/58	8/58
(%)	(4)	(11)	(14)	(14)
Raw p-value =	0.087	0.141	0.060	0.060
Sidak p-value =	--	0.367	0.168	0.168

Note: Trend test results denoted at control.

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.

b. First adenoma in the study was observed at week 54 in the controls.

c. First carcinoma in the study was observed at week 93 in the 89 mg/kg/day group.

Table 4.7. Thyroid C-Cell Tumors in Female Sprague Dawley Rats Cochran-Armitage Trend Test & Fisher's Exact Test Results (Stout and Ruecker, 1990).

Tumor Type	0 mg/kg/day	113 mg/kg/day	457 mg/kg/day	1183 mg/kg/day
Adenoma				
Incidence	2/57[a]	2/60	6/59[b]	6/55
(%)	(4)	(7)	(10)	(11)
Raw p-value =	0.040*	0.710	0.147	0.124
Sidak p-value =	--	0.976	0.380	0.328
Carcinoma				
Incidence	0/57	0/60	1/59[c]	0/55
(%)	(0)	(0)	(2)	(0)
Raw p-value =	0.494	1.000	0.509	1.000
Sidak p-value =	--	1.000	0.509	1.000
Adenoma/Carcinoma				
Incidence	2/57	2/60	7/59	6/55
(%)	(4)	(3)	(12)	(11)
Raw p-value =	0.042*	0.710	0.090	0.124
Sidak p-value =	--	0.976	0.246	0.328

Note: Trend test results denoted at control; * denotes significant at p=0.05.

a. Number of tumor-bearing animals/Number of animals examined, excluding those that died or were sacrificed prior to study week 55.

b. First adenoma in the study was observed at week 72 in the controls.
c. First carcinoma in the study was observed at week 93 in the 457 mg/kg/day group.

Table 4.8. Thyroid Non-Neoplastic Lesions (Stout and Ruecker, 1990)				
Males				
Dose	0 mg/kg/day	89 mg/kg/day	362 mg/kg/day	940 mg/kg/day
Total Incidences of thyroid C-cell hyperplasia and severity scores	5/60 (8%) Diffuse (moderate) – 1 Multi-focal (minimal) – 3 Focal (mild) – 1	1/60 (2%) Focal (mild) – 1	6/60 (10%) Focal (minimal) – 4 Multi-focal (minimal) – 1 Multi-Focal (mild) – 1	5/60 (8%) Focal (minimal) – 2 Focal (mild) – 1 Multi-focal (mild) – 1 Multi-focal (moderate) – 1
Females				
	0 mg/kg/day	113 mg/kg/day	457 mg/kg/day	1183 mg/kg/day
Thyroid C-cell hyperplasia and severity scores	10/60 (17%) Diffuse (moderate) – 1 Focal (mild) – 1 Focal (minimal) – 1 Focal (mild) – 1 Focal (moderate) – 1 Multi-focal (minimal) – 3 Multi-focal (moderate) – 1 Diffuse (moderate) – 1	5/60 (8%) Focal (mild) – 3 Focal (minimal) – 1 Multi-focal (minimal) – 1	9/60 (15%) Focal (minimal) – 4 Multi-focal (minimal) – 2 Multi-focal (mild) – 3	5/60 (8%) Focal (mild) – 1 Focal (minimal) – 1 Multi-focal (mild) – 2 Diffuse (moderate) – 1

*Data taken from pages 1071-2114 of the study report.

4.5.4 Atkinson et al., 1993a (MRID 496317023)[18]

In a combined chronic toxicity/carcinogenicity study, glyphosate (98.9% pure) was administered to 50 Sprague-Dawley rats/sex/dose in the diet at doses of 0, 11/12, 112/109, 320/347, and 1147/1134 mg/kg/day for 104 weeks (M/F) for 104 weeks. An additional 35 rats/sex/dose were included for 1-year interim sacrifice.

No adverse effects on survival were seen in either sex across the doses tested. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidences in the study.

4.5.5 Brammer, 2001 (MRID 49704601)[19]

In a combined chronic toxicity/carcinogenicity study, glyphosate acid (97.6% pure) was administered to groups of Wistar rats in the diet. Groups of 52 rats/sex received diets containing doses of 0, 121/145, 361/437 or 1214/1498 mg/kg/day for 24 months, in males/females, respectively. The highest dose tested in this study exceeds the highest dose recommended in the

[18] Note: In Greim et al. (2015), the same study is cited as Cheminova (1993a).
[19] Note: In Greim et al. (2015), the same study is cited as Syngenta (2001).

test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300).

A statistically significant higher survival (p=0.02) was observed in males at the highest dose tested at the end of 104 weeks relative to concurrent controls, and a statistically significant trend for improved survival was observed in treated males (p=0.03). The inter-current (early) deaths were 37/52, 36/52, 35/52, and 26/52 for the control, low-, mid-, and high-dose groups, respectively. The terminal deaths were 16/52, 17/52, 18/52, and 26/52 for the control, low-, mid- and high-dose groups, respectively. There were no treatment-related non-neoplastic lesions in any organs of either sex at any dose level tested. As shown in Table 4.9, a statistically significant trend in the incidences of liver adenomas was observed in male rats; however, a monotonic dose-response was not observed upon closer examination of the incidence data. Tumor incidences appear to fluctuate with increases observed at the low- and high-dose and no tumors observed in the control and mid-dose. Statistical significance with raw (unadjusted) p-values was observed for the tumor incidence at the high-dose (1214 mg/kg/day) when compared to concurrent controls; however, it was not statistically significant with an adjustment for multiple comparisons (p= 0.056). Tumor findings at these high doses are given less weight. The improved survival in the high-dose group may help explain a modestly higher incidence of an age-related background tumor like liver adenomas and this corresponds with the lack of associated lesions. Given that the tumor findings did not reflect a monotonic dose response and the high dose tumors were not statistically significant with an adjustment for multiple comparisons, the agency does not consider these increases in liver adenomas to be treatment-related.

Table 4.9. Liver Adenomas in Male Wistar Rats (Brammer, 2001) Cochran-Armitage Trend Test and Fisher's Exact Test Results.

	0 mg/kg/day	121 mg/kg/day	361 mg/kg/day	1214 mg/kg/day
Adenoma Incidence (%)	0/52[a] (0)	2/52 (4)	0/52 (0)	5/52 (10)
Raw p-value =	0.008**	0.248	1.000	0.028*
Sidak p-value =	--	0.434	1.000	0.056

Note: Trend test results denoted at control; * denotes significance at p=0.05; ** denotes significance at p=0.01
a. Number of tumor-bearing animals/Number of animals examined.

4.5.6 Pavkov and Wyand 1987 (MRIDs 40214007, 41209905, 41209907)

Glyphosate trimesium salt (sulfosate, 56.2% pure) was tested in a 2-year chronic feeding/carcinogenicity study in male and female Sprague-Dawley (Crl:CD[SD]BR) rats. Sixty animals/sex were tested in control group 1 (basal diet, no vehicle), 80/sex were tested in control group 2 (basal diet plus propylene glycol at 1% w/w vehicle) and in the low and mid-dose groups, and 90/sex were tested in the high dose group. The following dose levels were tested: 0, 4.2/5.4, 21.2/27 or 41.8/55.7 mg/kg/day in males and females respectively.

Treatment had no effect on survival. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidences in the study.

4.5.7 Suresh, 1996 (MRID 49987401)[20]

In a combined chronic toxicity/carcinogenicity study, glyphosate (96.0-96.8% pure) was administered to groups of Wistar rats in the diet. Groups of 50 rats/sex/group received diets containing 0, 6.3/8.6, 59.4/88.5, and 595.2/886 mg/kg/day glyphosate for 24 months in males and females respectively. The highest dose tested in females in this study approaches the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300).

No adverse effects on survival were observed in either sex across the doses tested. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidence observed in the study.

4.5.8 Enemoto, 1997 (MRID 50017103-50017105)[21]

In a combined chronic toxicity and carcinogenicity study, groups of 50 Sprague-Dawley rats/sex/group received daily dietary doses of 0, 104/115, 354/393 and 1127/1247 mg/kg bw/day glyphosate for males and females, respectively. In addition, 10 rats/sex/group were included for interim sacrifices at 26, 52, and 78 weeks. The highest dose tested in this study exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300).

There were no changes in mortality at any of the doses tested. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidence observed in the study.

4.5.9 Wood et al., 2009a (MRID 49957404)[22]

In a combined chronic toxicity/carcinogenicity study, glyphosate (95.7% pure) was administered to groups of Wistar rats in the diet. Groups of 51 rats/sex/group received diets containing 0, 95.0, 316.9, and 1229.7 mg/kg/day glyphosate for males and female, respectively. The highest dose tested in this study exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300).

No adverse effects on survival were seen in either sex across the doses tested. There were no treatment-related preneoplastic or related non-neoplastic lesions in either sex at any dose level.

In female rats, mammary gland tumors were noted. Tumor incidences for mammary gland adenomas, adenocarcinomas, and combined adenomas/adenocarcinomas in female mice are presented in Table 4.10. Statistically significant trends were observed for the adenocarcinoma and combined analyses. Tumor incidence for adenocarcinomas was not statistically significant

[20] Note: In Greim et al. (2015), the same study is cited as Feinchemie Schwebda (1996).
[21] Note: In Greim et al. (2015), the same study is cited as Arysta Life Sciences (1997b).
[22] Note: In Greim et al. (2015), the same study is cited as NuFarm (2009b).

in pairwise comparisons as compared to concurrent controls. Marginal statistical significance was observed with the raw (unadjusted) p-value for combined mammary gland tumors at the high-dose (1229.7 mg/kg/day) when comparing to concurrent controls; however, with an adjustment for multiple comparisons, the increased incidence at the high-dose was not statistically significant (p=0.132). There was also no evidence of progression from adenomas to carcinomas. Based on a weight-of-evidence for this study, the agency does not consider these increases in mammary gland tumors in female rats to be treatment-related.

Table 4.10. Mammary Gland Tumor Incidences in Female Rats (Wood et al., 2009a) Fisher's Exact Test and Cochran-Armitage Trend Test Results

Tumor Type	0 mg/kg/day	95.0 mg/kg/day	316.9 mg/kg/day	1229.7 mg/kg/day
Adenoma				
Incidence	0/51	0/51	0/51	2/51
(%)	(0)	(0)	(0)	(4)
Raw p-value =	0.062	1.000	1.000	0.248
Sidak p-value =	--	1.000	1.000	0.248
Adenocarcinoma				
Incidence	2/51	3/51	1/51	6/51
(%)	(4)	(6)	(2)	(12)
Raw p-value =	0.042*	0.500	0.879	0.135
Sidak p-value =	--	0.875	0.998	0.352
Combined				
Incidence	2/51	3/51	1/51	8/51
(%)	(4)	(6)	(2)	(16)
Raw p-value =	0.007**	0.500	0.879	0.046*
Sidak p-value =	--	0.875	0.998	0.132

Note: Trend test results denoted at control; * denotes significance at p=0.05; ** denotes significant at p=0.01.

4.5.10 Summary of Rat Data

In 5 of the 9 rat studies conducted with glyphosate, no tumors were identified for detailed evaluation. Of the remaining 4 rat studies, a statistically significant trend was observed for tumor incidences in the testes, pancreas, liver, thyroid, or mammary gland; however, the agency determined that these tumor findings are not considered to be related to treatment. Although a statistically significant trend was obtained, closer examination of the incidence data across doses did not demonstrate a monotonic dose response in several instances. Some of the tumor incidences at the highest dose tested (approaching or exceeding 1,000 mg/kg/day for almost all studies) were statistically significant from concurrent controls using raw (unadjusted) p-values; however, none of the pairwise comparisons were found to be statistically significant following adjustment for multiple comparisons, except the testicular tumors seen in a single study. Furthermore, these high-dose tumors were given less weight. There was no evidence of corroborating pre-neoplastic or related non-neoplastic lesions or evidence of tumor progression (progression from pre-neoplastic to malignancy) to support biological significance of tumor findings. In a limited number of cases, the agency considered historical control data to inform the relevance of a tumor increase when incidence rates in the concurrent controls were unusually low.

Table 4.11. Summary of Rat Carcinogenicity Studies			
Study	**Dose Range**	**Pre-Neoplastic or Related Non-Neoplastic Lesions**	**Tumors Incidences, Statistical Significance, and Related Comments**
Burnett et al. (1979) Albino rats	0, 3, 10 or 30 mg/kg/day for 24 months [M/F]	None observed	There were no treatment-related increases in tumor incidences.
Lankas (1981) Sprague-Dawley rats	98.7% Technical in diet 0, 3/3, 10/11, and 31/34 mg/kg/day [M/F]	None observed	Statistically significant trend observed for testicular interstitial cell tumors; however, did not observe monotonic dose-response with higher incidence at low-dose than mid-dose. Incidences were 0/50 in controls, 3/47 at low-dose, 1/49 at mid-dose, and 6/44 at high-dose. Increased incidence at high-dose statistically significant, but unusually low control incidence (based on historical control data in study report) inflated increase at high-dose.
Stout and Ruecker (1990) Sprague-Dawley rats	96.5% Technical in diet 0, 89/113, 362/457 and 940/1183 mg/kg/day [M/F] for 24 months	None observed	Pancreatic tumors lacked statistically significant trend. Tumor incidence for pancreatic adenomas in males were 1/43 in controls, 8/45 at the low-dose, 5/49 at the mid-dose, and 7/48 at the high-dose. Concurrent control incidence for this tumor type was at the lower bound of the historical control range. No statistically significant pairwise comparisons, including the highest dose tested which is approaching/exceeding 1,000 mg/kg/day. Statistically significant trend for liver adenomas in males with only an increase at high-dose. Incidences were 2/44 in controls, 2/45 at the low-dose, 3/49 at the mid-dose, and 7/48 at the high-dose. No statistically significant pairwise comparisons, including the highest dose tested which is approaching/exceeding 1,000 mg/kg/day. No statistically significant trend for thyroid C-cell tumors in males. For females, statistically significant trend for adenomas and combined adenomas/carcinomas. Incidences for adenomas were 2/57 in controls, 2/60 at the low-dose, 6/59 at the mid-dose, and 6/55 at the high-dose. Similar incidences were seen for combined except the mid-dose was 7/59. No statistically significant pairwise comparisons, including the highest dose tested which is approaching/exceeding 1,000 mg/kg/day.
Atkinson et al. (1993a) Sprague-Dawley rats	98.9% Technical in diet 0, 11/12, 112/109, 320/347, and 1147/1134 mg/kg/day for 104 weeks (M/F)	None observed	There were no treatment-related increases in tumor incidences, including the highest dose tested which exceeded 1,000 mg/kg/day.

Table 4.11. Summary of Rat Carcinogenicity Studies			
Study	**Dose Range**	**Pre-Neoplastic or Related Non-Neoplastic Lesions**	**Tumors Incidences, Statistical Significance, and Related Comments**
Brammer. (2001) Wistar rats	97.6% Technical in diet 0, 121/145, 361/437 and 1214/1498 mg/kg/day [M/F]	None observed	Statistically significant trend in liver adenomas in males. Incidences were 0/52 in controls, 2/52 at the low-dose, 0/52 at the mid-dose, and 5/52 at the high-dose. No statistically significant pairwise comparisons when adjusting for multiple comparisons, including the highest dose tested which exceeded 1,000 mg/kg/day.
Pavkov and Wyand (1987) Sprague-Dawley rats	56.2% Technical (Trimesium salt; Sulfosate) 0, 4.2/5.4, 21.2/27 and 41.8/55.7 mg/kg/day [M/F]	None observed	There were no treatment-related increases in tumor incidences.
Suresh (1996) Wistar rats	96.0-96.8% Technical in diet 0, 6.3/8.6, 59.4/88.5, and 595.2/886 mg/kg/day [M/F]	None observed	There were no treatment-related increases in tumor incidences, including the highest dose tested which exceeded 1,000 mg/kg/day.
Enemoto (1997) Sprague-Dawley rats	94.61-97.56% Technical in diet 0, 104/115, 354/393 and 1127/1247 mg/kg/day [M/F]	None observed	There were no treatment-related increases in tumor incidences, including the highest dose tested which exceeded 1,000 mg/kg/day.
Wood et al. (2009a) Wistar rats	95.7% Technical in diet 0, 86/105, 285/349 or 1077/1382 mg/kg/day [M/F]	None observed	Statistically significant trends were observed for the mammary gland adenocarcinoma and combined adenoma/adenocarcinoma analyses. Incidences for adenocarcinomas were 2/51 in controls, 3/51 at the low-dose, 1/51 at the mid-dose, and 6/51 at the high-dose. Similar incidences observed for combined adenoma/adenocarcinomas except incidence at high-dose was 8/51. No statistically significant pairwise comparisons when adjusting for multiple comparisons, including the highest dose tested which exceed 1,000 mg/kg/day.

4.6 Mouse Carcinogenicity Studies with Glyphosate

4.6.1 Reyna and Gordon, 1973 (MRID 00061113)

In an 18-month carcinogenicity study, groups of 50 Swiss white mice/sex/dose were fed glyphosate at dietary levels of approximately 17 mg/kg/day and 50 mg/kg/day. There was no effect on survival at any of the doses tested. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidence observed in the study. Although only ten mice/sex/dose were examined for histopathological changes, there were no statistically significant increases in tumors observed in the study; therefore, this deficiency would not impact the overall conclusion regarding tumor findings.

4.6.2 Knezevich and Hogan, 1983 (MRID 00130406)[23]

Groups of 50 male and female CD-1 mice received glyphosate (99.78%, pure) at dietary doses of 0, 161/195, 835/968, 4945/6069 mg/kg/day for males and females, respectively for 24 months. The highest dose tested in this study far exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300). Furthermore, the mid-dose tested in this study was approaching 1,000 mg/kg/day. Tumor findings at these high doses are given less weight.

No effect on survival was observed. There were no corroborating lesions to support any tumor findings in this study.

A low incidence of renal tubule adenomas, which are considered rare, were noted in males. The incidences of renal tubule adenomas following initial evaluation of the study were reported as follows: 0/49 in the controls; 0/49 at the low-dose; 1/50 at the mid-dose; and 3/50 at the high dose (TXR No. 0004370). In 1985, the registrant directed a re-evaluation of the original renal sections by a consulting pathologist. This re-evaluation identified a small renal tubule adenoma in one control male mouse, which was not diagnosed as such in the original pathology report. In 1986, at the request of the agency, additional renal sections (3 sections/kidney/mouse spaced at 150 micron intervals) were evaluated in all control and all glyphosate-treated male mice in order to determine if additional tumors were present. The additional pathological and statistical evaluations concluded that the renal tumors in male mice were not compound-related.

Subsequently, the agency requested a Pathology Work Group (PWG) evaluate the kidney sections. The PWG examined all sections of the kidney, including the additional renal sections, and were blinded to treatment group. The renal tubular-cell lesions diagnosed by the PWG are presented below in Table 4.12 with results from statistical analyses. The PWG noted that because differentiation between tubular-cell adenoma and tubular-cell carcinoma is not always clearly apparent and because both lesions are derived from the same cell type, it is appropriate to combine the incidences from these two tumor types for purposes of evaluation and statistical

[23] Note: In Greim et al. (2015), the same study is cited as Monsanto (1983).

analysis. The PWG unanimously concluded that these lesions are not compound-related based on the following considerations: 1) renal tubular cell tumors are spontaneous lesions for which there is a paucity of historical control data for this mouse stock; 2) there was no statistical significance in a pairwise comparison of treated groups with the concurrent controls and there was no evidence of a statistically significant linear trend; 3) multiple renal tumors were not found in any animal; and 4) compound-related nephrotoxic lesions, including pre-neoplastic changes, were not present in male mice in this study (TXR No. 0005590).

Table 4.12. Kidney Tubular Cell Tumors in Male CD-1 Mice (Knezevich and Hogan, 1983) Cochran-Armitage Trend Test & Fisher's Exact Test Results.

Tumor Type	0 mg/kg/day	161 mg/kg/day	835 mg/kg/day	4945 mg/kg/day
Adenoma				
Incidence	1/49	0/49	0/50	1/50
(%)	(2)	(0)	(0)	(2)
Raw p-value =	0.4422	1.000	1.000	0.758
Sidak p-value =	--	1.000	1.000	0.986
Carcinoma				
Incidence	0/49	0/49	1/50	2/50
(%)	(0)	(0)	(2)	(4)
Raw p-value =	0.063	1.000	0.505	0.253
Sidak p-value =	--	1.000	0.755	0.441
Combined				
Incidence	1/49	0/49	1/50	3/50
(%)	(2)	(0)	(2)	(6)
Raw p-value =	0.065	1.000	0.758	0.316
Sidak p-value =	--	1.000	0.986	0.680

Note: Trend test results denoted at control.

Histopathological examinations noted chronic interstitial nephritis and tubular epithelial changes (basophilia and hypertrophy) in the kidneys of male rats in the study (Table 4.13). The increased incidence of chronic interstitial nephritis in males lacked a dose-response. The incidence in controls of bilateral interstitial nephritis was higher than low-dose group and approximately the same as the mid-dose group. Unilateral chronic interstitial nephritis was only seen in 1 animal in the low- and high-dose groups. Furthermore, chronic interstitial nephritis is not considered to be a precursor lesion for tubular neoplasms. A monotonic dose-response was not observed for the epithelial basophilia and hypertrophy, such that the incidence fluctuated with dose and the lowest incidence was observed at the highest dose tested. There was no increase in supporting preneoplastic or related non-neoplastic renal tubular lesions (e.g., tubular epithelial necrosis/regeneration, hyperplasia) observed in male mice.

Table 4.13. Kidney Histopathological Alterations in Male CD-1 Mice (Knezevich and Hogan, 1983)

Males				
Dose	0 mg/kg/day	161 mg/kg/day	835 mg/kg/day	4945 mg/kg/day
Bilateral Chronic Interstitial Nephritis	5/49 (10%)	1/49 (2%)	7/50 (14%)	11/50 (22%)

Unilateral Chronic Interstitial Nephritis	0/49 (0%)	1/49 (2%)	0/49 (0%)	1/50 (2%)
Proximal Tubule Epithelial Basophilia and Hypertrophy	15/49 (31%)	10/49 (20%)	15/50 (30%)	7/50 (14%)

*Data taken from page 305 and 306, and the study pathology report; incidences were moderate diffuse

Based on the weight-of-evidence for this study, the agency concurs with the PWG conclusion, following a thorough examination of all kidney sections, that the renal tubular neoplasms are not treatment-related with a lack of statistical significance in the trend and pairwise tests. Although there was an increase in chronic interstitial nephritis at the highest dose tested, this finding is not considered relevant to the tubular neoplasms.

4.6.3 Atkinson, 1993b (MRID 49631702)[24]

In a carcinogenicity study, glyphosate (>97% pure) was administered to groups of 50 CD-1 mice/sex/dose in the diet for 104 weeks at doses of 0, 98/102, 297/298, 988/1000 mg/kg/day for males and females, respectively. No interim sacrifices were performed.
There was no effect on survival in the study. There were no preneoplastic lesions or related non-neoplastic lesions observed. As shown in Table 4.14, hemangiosarcomas were found in 4/45 (9%) of high-dose male mice (1000 mg/kg/day) compared to none in the concurrent controls or other treated groups. Hemangiosarcomas are commonly observed in mice (generally more common in males for CD-1 strain) as both spontaneous and treatment-related tumors arising from endothelial cells. As vascular tumors, they can occur at different sites, with liver and spleen tending to be the most common sites in mice. In the high-dose mice with hemangiosarcomas, one had the tumors present in the liver and spleen, one had the tumor present in the liver only, one had the tumors present in the liver, spleen, and prostate, and one had the tumor present in the spleen only. A statistically significant trend was observed (p=0.00296). Closer examination of the incidence indicates a relatively flat response at the low- and mid-dose with only an increase observed at the high-dose; however, the incidence of hemangiosarcomas at the high-dose was not statistically significant when compared to the concurrent controls. Based on a weight-of-evidence for this study, the agency does not consider these increases in hemangiosarcomas in male mice to be treatment-related.

Table 4.14. Hemangiosarcomas in Male CD-1 Mice (Atkinson, 1993b) Cochran-Armitage Trend Test and Fisher's Exact Test Results.

Dose (mg/kg/day)	0	100	300	1000
Hemangiosarcoma Incidence (%)	0/47[a] (0)	0/46 (0)	0/50 (0)	4/45 (9)
Raw p-value =	0.003**	1.000	1.000	0.053
Sidak p-value =	--	1.000	1.000	0.053

Note: Trend test results denoted at control; * denotes significance at p=0.05; ** denotes significance at p=0.01
a= Number of tumor bearing animals/Number of animals examined, excluding those that died before week 52.

[24] Note: In Greim et al. (2015), the same study is cited as Cheminova (1993b).

4.6.4 Wood et al., 2009b (MRID 49957402)[25]

In a feeding study conducted in 2009, CD-1 mice (50/sex/dose) received glyphosate (95.7%) for 80 weeks at dietary dose levels of 0, 71.4/97.9, 234.2/299.5, or 810/1081.2 mg/kg/day for males and females, respectively. The highest dose tested in this study approaches or exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300).

There was no effect on survival in the study. In male mice at the high dose, there were increases in the incidences of lung adenocarcinomas and malignant lymphomas. A discussion of each tumor type is presented below:

1. Lung: Tumor incidence for lung adenomas, adenocarcinomas, and combined adenomas/adenocarcinomas are presented in Table 4.15. A statistically significant trend was only noted for the adenocarcinomas. Closer examination of the tumor incidence indicates the dose-response was relatively flat at the low- and mid-dose with only an increase observed at the high-dose; however, the incidence of lung adenocarcinomas at the high-dose (810 mg/kg/day) was not statistically significant when compared to the concurrent controls. There were no treatment-related preneoplastic or related non-neoplastic lesions observed. There was also no evidence of progression from adenomas to carcinomas. Based on a weight-of-evidence for this study, the agency does not consider these increases in lung tumors to be treatment-related.

2. Malignant lymphoma: Tumor incidence for malignant lymphoma are also presented in Table 4.16. A statistically significant trend was observed and the incidence at the high-dose (810 mg/kg/day) was statistically significantly elevated as compared to concurrent controls with the raw (unadjusted) p-value; however, with an adjustment for multiple comparisons, the increased incidence at the high-dose was not statistically significant (p= 0.082). Historical control data were also considered to better understand the significance of the reported increased incidence of lymphoma. Historical control data from the same laboratory and same supplier are preferred; however, this data were not available for consideration with the study report. The 2005 EPA Guidelines for Carcinogen Risk Assessment does not prohibit the use of historical control data from other sources; however, it does state it should be used with caution. For this strain of mouse, the mean incidence for untreated animals is approximately 4.5% (range: 1.5%-21.7%) based on historical control data from Charles River (59 studies performed from 1987-2000; Giknis and Clifford, 2005) and Huntingdon Laboratories (20 studies from 1990-2002; Son and Gopinath, 2004). Although the data are not from the performing laboratory, it does indicate that the incidence in concurrent controls in this study was low, which can contribute to the pairwise significance observed at the highest dose tested with the raw (unadjusted) p-value. Based on a weight-of-evidence for this study, the agency does not consider the increase in malignant lymphoma to be treatment-related.

[25] Note: In Greim et al. (2015), the same study is cited as NuFarm (2009a).

Table 4.15. Lung Tumors in Male CD-1 Mice (Wood et al., 2009b) Fisher's Exact Test and Cochran-Armitage Trend Test Results.				
Dose (mg/kg/day)	0	71.4	234.2	810
Lung Adenoma Incidence	9/51	7/51	9/51	4/51
(%)	(18)	(14)	(18)	(8)
Raw p-value =	-[b]	0.793	0.602	0.964
Sidak p-value =	-	0.991	0.937	1.000
Lung Adenocarcinoma	5/51[a]	5/51	7/51	11/51
(%)	(10)	(10)	(14)	(22)
Raw p-value =	0.028*	0.630	0.380	0.086
Sidak p-value =	--	0.949	0.762	0.237
Lung Combined Incidence	14/51	12/51	16/51	15/51
(%)	(27)	(24)	(31)	(29)
Raw p-value =	0.336	0.752	0.414	0.500
Sidak p-value =	--	0.985	0.799	0.875

Note: Trend test results denoted at control; * denotes significance at p=0.05;** denotes significance at p=0.01
a= Number of tumor bearing animals/Number of animals examined.
b = Trend p-value not reported since tumor incidence decreased with increasing dose.

Table 4.16. Malignant Lymphomas in Male CD-1 Mice (Wood et al., 2009b) Fisher's Exact Test and Cochran-Armitage Trend Test Results.				
Dose (mg/kg/day)	0	71.4	234.2	810
Malignant Lymphoma Incidence	0/51	1/51	2/51	5/51
(%)	(0)	(2)	(4)	(10)
Raw p-value =	0.007**	0.500	0.248	0.028*
Sidak p-value =	--	0.875	0.574	0.082

Note: Trend test results denoted at control; * denotes significance at p=0.05;** denotes significance at p=0.01
a= Number of tumor bearing animals/Number of animals examined.

4.6.5 Sugimoto, 1997 (MRID 50017108 - 50017109)[26]

In a carcinogenicity study, glyphosate (purity 97.56 and 94.61%; two lots) was administered to groups of 50 male and 50 female Specific-Pathogen-Free (SPF) ICR (Crj: CD-1) mice/dose in the diet at dose levels of 0, 165/153.2, 838.1/786.8, or 4348/4116 mg/kg/day for males and females, respectively, for 18 months. The highest dose tested in this study far exceeds the highest dose recommended in the test guidelines on how to conduct carcinogenicity studies (OCSPP 870.4200 and OCSPP 870.4300). Furthermore, the mid-dose tested in this study was approaching 1,000 mg/kg/day. Tumor findings at these high doses are given less weight.

There were no treatment-related effects on mortality or survival. There were no changes in histopathological findings observed.

[26]Note: In Greim et al. (2015), the same study is cited as Arysta Life Sciences (1997b)

Hemangiomas in female mice were found to occur at different sites. The tumor incidences are presented in Table 4.17. A statistically significant trend was observed. Tumor incidence at the high-dose, which was approximately 4 times the recommended high-dose in test guidelines (4116 mg/kg/day), was statistically significant with the raw (unadjusted) p-value as compared to concurrent controls; however, with an adjustment for multiple comparisons, the high dose tumors were not statistically significant (p=0.055). Based on a weight-of-evidence for this study, the agency does not consider these increases in hemangiomas in female rats to be treatment-related.

Table 4.17. Hemangioma Incidences (Sugimoto, 1997)
Fisher's Exact Test and Cochran-Armitage Trend Test Results

Tumor Type	0 mg/kg/day	153.2 mg/kg/day	786.8 mg/kg/day	4116 mg/kg/day
Hemangioma Incidence (%)	0/50 (0)	0/50 (0)	2/50 (4)	5/50 (10)
Raw p-value =	0.002**	1.000	0.247	0.028*
Sidak p-value =	--	1.000	0.434	0.055

Note: Trend test results denoted at control; * denotes significance at p=0.05; ** denotes significance at p=0.01.

4.6.6 Pavkov and Turnier, 1987 (MRIDs 40214006, 41209907)

Glyphosate trimesium salt (sulfosate, 56.2% pure) was tested in a 2-year chronic feeding/carcinogenicity study in male and female CD-1 mice. Sixty animals/sex were tested in control group 1 (basal diet, no vehicle), 80/sex were tested in control group 2 (basal diet plus propylene glycol at 1% w/w vehicle) and in the low- and mid-dose groups, and 90/sex were tested in the high-dose group. The following dose levels were tested: 0, 11.7/16, 118/159, and 991/1341 mg/kg/day for males and females, respectively.

No adverse effects on survival were seen in either sex across the doses tested. There were no changes in histopathological findings observed. There were no treatment-related increases in tumor incidence observed in the study.

4.6.7 Summary of Mouse Data

No tumors were identified for detailed evaluation in 2 of the 6 mouse carcinogenicity studies. In the remaining 4 mouse studies, 3 observed a statistically significant trend in tumor incidences in the hemangiosarcomas, lung adenomas, malignant lymphomas or hemangiomas; however, the agency determined that none of the tumors observed in the mouse are treatment related. Although a statistically significant trend was obtained, closer examination of the incidence data across doses did not demonstrate a monotonic dose response in several instances. Some of the tumor incidences at the highest dose tested (approaching or exceeding 1,000 mg/kg/day for almost all studies) were statistically significant from concurrent controls using raw (unadjusted) p-values; however, none of the pairwise comparisons were found to be statistically significant following adjustment for multiple comparisons. Furthermore, these high-dose tumors were given less weight. There was no evidence of corroborating pre-neoplastic or related non-neoplastic lesions or evidence of tumor progression (progression from pre-neoplastic to malignancy) to support

biological significance of tumor findings. In a limited number of cases, the agency considered historical control data to inform the relevance of a tumor increase when incidence rates in the concurrent controls were unusually low.

Table 4.18. Summary of Mouse Carcinogenicity Studies			
Study	**Dose Range**	**Pre-Neoplastic or Related Non-Neoplastic Lesions**	**Tumors Incidences, Statistical Significance, and Related Comments**
Reyna and Gordon (1973) Swiss white mice	0, 17 or 50 mg/kg/day for 18 months	None observed	There were no treatment-related increases in tumor incidence.
Knezevich and Hogan (1983) CD-1 mice	99.78% Technical in diet 0, 161/195, 835/968, 4945/6069 mg/kg/day for [M/F] for 24 months.	Chronic interstitial nephritis lacked dose-response and not considered relevant to renal tumors. Tubular epithelial changes in kidney were approximately the same in controls, low- and mid-doses and then decreased at high-dose.	The incidences of renal tubule adenomas were: 1/49 (2%) in the controls; 0/49 at the low-dose; 1/50 at the mid-dose; and 3/50 (6%) at the high dose. No statistical significance in trend or pairwise comparisons, including the mid- and high-doses which approached or exceeded 1,000 mg/kg/day.
Atkinson et al. (1993b). CD-1 mice	97.5 - 100.2% Technical in diet 0, 98/102, 297/298, 988/1000 mg/kg/day for 104 weeks (M/F)	None observed	Statistically significant trend for hemangiosarcomas that were only observed in 4/45 (9%) high-dose male mice. Increased incidence was not statistically significant from the concurrent controls at all doses, including the highest dose tested which is approximately 1,000 mg/kg/day.
Wood et al. (2009b) CD-1 mice	95.7% Technical in diet 0, 71.4/97.9, 234.2/299.5, or 810/1081.2 mg/kg/day [M/F] for 80 weeks	None observed	Statistically significant trend for lung adenocarcinomas with incidences of 5/51 in controls, 5/51 at the low-dose, 7/51 at the mid-dose, and 11/51 at the high-dose. No statistical significance in pairwise comparisons. Statistically significant trend for malignant lymphoma with incidences of 0/51 in controls, 1/51 at the low-dose, 2/51 at the mid-dose, and 5/51 at the high-dose. Incidence in concurrent controls for this tumor type was low. No statistically significant pairwise results with multiple comparison adjustment, including the highest dose tested which was approaching 1,000 mg/kg/day.
Sugimoto (1997) CD-1 mice	94.61 – 97.56% Technical in diet 0, 165/153.2, 838.1/786.8, or 4348/4116 mg/kg/day [M/F] for 18 months	None observed	Statistically significant trend for hemangiomas female mice with incidences of 0/50 in controls, 0/50 at the low-dose, 2/50 at the mid-dose, and 5/50 at the high-dose. No statistically significant pairwise results with multiple comparison adjustment, including the mid- and high-doses which approached or exceeded 1,000 mg/kg/day.

Table 4.18. Summary of Mouse Carcinogenicity Studies			
Study	**Dose Range**	**Pre-Neoplastic or Related Non-Neoplastic Lesions**	**Tumors Incidences, Statistical Significance, and Related Comments**
Pavkov and Turnier (1987) CD-1 mice	56.2% Technical (Trimesium salt; Sulfosate) 0, 11.7/16, 118/159, and 991/1341 mg/kg/day [M/F] for 24 months.	None observed	There were no treatment-related increases in tumor incidence, including the highest dose tested which approached/exceeded 1,000 mg/kg/day.

4.7 Absorption, Distribution, Metabolism, Excretion (ADME)

The 2005 EPA Guidelines for Carcinogen Risk Assessment also permit analysis of other key data that may provide valuable insights into the likelihood of human cancer risk from exposure to a chemical, such as information regarding the absorption, distribution, metabolism, and excretion (ADME) of a test chemical. EPA's Harmonized Test Guidelines for pesticides include a series of studies for characterizing a chemical's metabolism and pharmacokinetics. As described in the test guideline (OCSPP 870.7485), testing of the disposition of a test substance is designed to obtain adequate information on its: absorption, distribution, biotransformation (metabolism), and excretion, which can all collectively aid in understanding the chemical's mechanism of toxicity. Basic pharmacokinetic/toxicokinetic parameters determined from these studies can also provide information on the potential for accumulation of the test substance in tissues and/or organs and the potential for induction of biotransformation as a result of exposure to the test substance. These data can be used to assess the adequacy and relevance of the extrapolation of animal toxicity data (particularly chronic toxicity and/or carcinogenicity data) to estimate human risk.

Oral exposure is considered the primary route of concern for glyphosate. The maximum absorption from the GI tract for glyphosate was estimated to be ~30% with one study showing up to 40% based upon radiolabel detected in the urine. In general, the amounts of glyphosate detected in tissues were negligible indicating low tissue retention following dosing. Parent glyphosate is the principal form excreted in urine and feces. The primary route of excretion following oral administration of glyphosate is the feces, as verified by the intravenous dosing and bile cannulation experiments. Within the dose ranges tested, elimination was essentially complete by 24 hours indicating that glyphosate does not bioaccumulate.

Multiple studies examined the pharmacokinetics of a single dose of radiolabeled glyphosate ranging from 5.6 – 400 mg/kg. Across these studies, time to reach peak plasma concentrations (T_{max}) appeared to increase with increasing dose; however, the reported range of T_{max} (1-5.5 hours) suggests only a slight shift in absorption kinetics occurs despite large increases in dose. In the one study that tested two doses (NTP, 1992), data graphically show that peak blood levels were only roughly 3-fold with a 10-fold increase between the two doses. Reported area under the curve (AUC) values indicated conflicting results regarding whether linear or non-linear absorption kinetics was occurring at higher doses.

In general, EPA and OECD guideline ADME studies are designed for a different purpose and do not provide the information needed to adequately determine whether linear kinetics is still occurring at high doses of glyphosate. These studies are often limited to one or two doses and do not include time course data. A well-conducted pharmacokinetic study testing multiple doses is needed to conclusively make this determination.

4.8 Discussion

Glyphosate has been extensively tested in rodents to evaluate its carcinogenic potential. A total of 15 rodent carcinogenicity studies were considered to be adequate for this analysis. Nine studies were conducted in the rat and 6 studies were conducted in the mouse. When a potential tumor signal was identified in a study, the agency considered several factors. Consistent with the EPA's 2005 Guidelines for Carcinogen Risk Assessment, the agency evaluated the tumor responses for both statistical and biological significance by considering factors such as historical control data; rarity of tumor types; tumors at multiple sites; tumors in multiple species, strains, or both sexes; progression of lesions from preneoplastic to benign to malignant; reduced latency of neoplastic lesions (i.e., time to tumor); presence of metastases; unusual magnitude of tumor response; proportion of malignant tumors; and dose-related increases. When these factors were considered together, the agency made a determination of whether or not the observed tumor was related to treatment with glyphosate. A weight of the evidence approach was used to determine the carcinogenic potential of glyphosate in rodents.

In 5 of the 9 rat studies conducted with glyphosate, no tumors were identified for detailed evaluation. Of the remaining 4 rat studies, a statistically significant trend was observed for tumor incidences in the testes, pancreas, liver, thyroid, or mammary gland; however, the agency determined that these tumor findings are not considered to be related to treatment, as described in Section 4.5, due to lack of pairwise statistical significance, lack of a monotonic dose response, absence of preneoplastic or non-neoplastic lesions, no evidence of tumor progression, and/or historical control information (in limited instances). Lastly, tumors seen in individual rat studies were not reproduced in other studies, including those conducted in the same animal species and strain at similar or higher doses.

In 2 of the 6 mouse studies, no tumors were identified for detailed evaluation. In the remaining 4 mouse studies, 3 observed a statistically significant trend in tumor incidences in the hemangiosarcomas, lung adenomas, malignant lymphomas or hemangiomas; however, the agency determined that none of the tumors observed in the mouse are treatment related, as described in Section 4.6, due to lack of pairwise statistical significance, lack of a monotonic dose response, absence of preneoplastic or non-neoplastic lesions, no evidence of tumor progression, and/or historical control information (in limited instances). Lastly, tumors seen in individual mouse studies were not reproduced in other studies, including those conducted in the same animal species and strain at similar or higher doses.

In addition to the lines of evidence considered when determining if a tumor was treatment-related within in a study, the agency also looked across all of the relevant studies to determine if the tumor findings were reproducible in other studies conducted in the same species and strain. Increased incidence of testicular, pancreatic, thyroid and mammary gland tumors were seen in only one study and were not reproduced in the other four studies for that strain at similar or higher doses. An increased incidence of hepatocellular adenomas were seen in one study with Sprague-Dawley rats and one study with Wistar rats, but this tumor type was not significantly

increased in the other six studies tested in these rat strains at similar or higher doses. In the mice, an increase in the incidence of renal tumors, hemangiosarcomas, lung adenomas, malignant lymphoma and hemangiomas were reported only in a single study and findings were not seen in the four other studies conducted in CD-1 mice at similar or higher doses.

When looking across the studies at doses where potential tumor signals were identified, doses below 500 mg/kg/day consistently showed no increased incidence of tumors with the single exception of the testicular tumors in SD rats (Lankas, 1981), where an increase in incidence was seen at approximately 31.5 mg/kg/day. However, as discussed in Section 4.5.2, the testicular tumor data do not show a monotonic dose response, the concurrent controls appear to be unusually low for this tumor, there were no pre-neoplastic or related non-neoplastic lesions, and this tumor type was not seen in other studies at doses up to 35-fold higher in the same strain of rat. As a result, the increased incidence in testicular tumors was not considered treatment-related based on the weight-of-evidence for the study. Even if the tumor findings observed above 500 mg/kg/day were considered indicative of treatment-related effects, the 2005 EPA Guidelines for Carcinogen Risk Assessment state that the "weighing of the evidence includes addressing not only the likelihood of human carcinogenic effects of the agent but also the conditions under which such effects may be expressed". As such, the high doses (~1,000 mg/kg/day or greater) where these tumor findings were observed were considered in the context of potential exposure to glyphosate in residential and occupational settings. As previously discussed in Section 1.4, oral exposure is the primary route of concern for glyphosate. In residential/non-occupational settings, children 1-2 years old are considered the most highly exposed subpopulation with an estimate of potential combined exposure of 0.47 mg/kg/day. The estimated maximum potential exposure for occupational workers is 7 mg/kg/day. The estimate of exposure children and occupational workers is at least 2,000-fold and 140-fold lower, respectively, than the doses (~1000 mg/kg/day) where increases in tumor incidences were typically observed in the rodent studies. Based on these exposure estimates, the high dose tumor findings are not considered relevant for human health risk assessment.

Based on the weight-of-evidence, the agency has determined that any tumor findings observed in the rat and mouse carcinogenicity studies for glyphosate are not considered treatment-related. Tumor findings observed at the highest doses tested were also not reproduced in studies in the same animal strain at similar or higher doses. Furthermore, even if the high-dose tumors were considered treatment-related, these findings are not considered relevant for human health risk assessment based on the use pattern and potential exposures for glyphosate.

5.0 Data Evaluation of Genetic Toxicity

5.1 Introduction

Genotoxicity is a broad term for any damage to the genetic material, whether the damage is transient or permanent. Transient damage refers to unintended modifications to the structure of DNA, which may or may not undergo successful repair. Permanent damage refers to heritable changes in the DNA sequence, known as mutations. Types of mutations include: 1) changes in single base pairs, partial, single or multiple genes, or chromosomes, 2) breaks in chromosomes that result in transmissible deletion, duplication or rearrangement of chromosome segments, and 3) mitotic recombination (OECD, 2015). In somatic cells, DNA-reactive chemicals can cause cancer if the mutations occur within regulatory genes that control cell growth, cell division and differentiation, such as proto-oncogenes, tumor suppressor genes and/or DNA damage response genes (OECD, 2015). Additionally, DNA damage may signal the cell to undergo apoptosis (cell death) rather than cell division and, therefore, the damage is not "fixed" as a mutation and is not passed along to daughter cells.

Evaluation of genotoxicity data entails a weight-of-evidence approach that includes consideration of the various types of genetic damage that can occur. Since no single genotoxicity assay evaluates the many types of genetic alterations that can be induced by a chemical, one must employ a battery of genotoxicity tests to adequately cover all the genetic endpoints important for regulatory decisions. EPA, like other regulatory agencies, considers genotoxicity information as part of the weight of evidence when assessing the potential of a chemical to induce cancer in humans. Under FIFRA, OPP requires genotoxicity tests of the technical grade active ingredient for the registration of both food and non-food use pesticides. The current genotoxicity test battery (40 CFR Part 158.500) for pesticide registration consists of:

> 1) Bacterial reverse mutation test (typically conducted in bacteria strains *Salmonella typhimurium* and *Escherichia coli*),
> 2) *in vitro* mammalian (forward) gene mutation *and in vitro* mammalian chromosomal aberration test, and
> 3) *in vivo* test for micronucleus induction (mammalian erythrocyte micronucleus test) *or in vivo* chromosomal aberration test (mammalian bone marrow chromosomal aberration test).

In cases where equivocal or inconsistent results are obtained for the same endpoint in different test systems, additional testing may be required. Test Guidelines on how to conduct the genotoxicity tests have been published by the agency and have been harmonized with the Organization for Economic Cooperation and Development (OECD, 2015; Cimino 2006). These guidelines identify specific test species, genetic endpoints, test conditions, exposure durations as well information on how to report data and interpret the results. The test guidelines provide a level of consistency and predictability for regulatory compliance and regulatory decision making.

5.2 Scope of the Assessment Considerations for Study Quality Evaluation

Previous genotoxicity assessments conducted as part of the CARC reviews for glyphosate in 1991 and 2015, considered only studies conducted with glyphosate technical and included only studies that provided adequate characterization of the test material (*i.e.* purity information provided). In the current analysis, a fit-for-purpose systematic review process was conducted to identify relevant genotoxicity data from regulatory studies and published literature from open sources (published and unpublished) for both glyphosate technical and glyphosate-based formulations. Studies conducted with glyphosate formulations that were identified and considered relevant for genotoxicity evaluation are summarized in table form in Appendix F. As described in Section 7.0 of this document, glyphosate formulations are hypothesized to be more toxic than glyphosate alone. The agency is collaborating with NTP to systematically investigate the mechanism(s) of toxicity for glyphosate and glyphosate formulations. However the focus of this section is the genotoxic potential of glyphosate technical.

As described previously in Section 2.1.3, the list of studies identified in this process were also cross-referenced with genotoxicity review articles for glyphosate from the open literature [Kier and Kirkland (2013), and Williams *et al.* (2000)], as well as recent international evaluations of glyphosate (IARC 2015, EFSA 2015, JMPR 2016). The current analysis also includes studies conducted by other registrants that were not previously available to the agency. Sixteen studies for glyphosate technical that were included in Kier and Kirkland (2013) were not available to the agency; therefore, data and study summaries provided in the review articles were relied upon in the current review and are identified in the data tables with a footnote. The Kier and Kirkland (2013) article serves as the original publication for these studies and provided relevant information on study design and conditions as well as summary data. The data set includes *in vitro* and *in vivo* studies conducted in mammalian systems, with the exception of standard bacterial test strains, which have a long history of detecting chemicals that are mutagenic in humans. Studies conducted in non-mammalian species (e.g. worms, fish, reptiles, plants), were excluded because they were considered to be not relevant for informing genotoxic risk in humans.

When evaluating the quality of the published and unpublished data for inclusion in the analysis, the agency considered the reporting quality (how well a study was reported), the study design and how well the study was conducted. Critical elements in study design and interpretation for genotoxicity tests are described in the various EPA and OECD test guidelines. Elements such as test conditions (e.g. solubility, pH, osmolarity, and cytotoxicity) and study design (e.g. number of test organisms, doses selected, use of positive and negative controls; blinded evaluation) were used to evaluate the quality of published and non-published studies. In cases where inappropriate testing conditions or study design clearly had an impact on the outcome the study, the study was excluded from the analysis. For example, early studies by Majeska (1982) were excluded from the analysis since it was clearly demonstrated that altered pH by the test chemical can result in false positive responses in several of *in vitro* genotoxicity tests (Majeska, 1985d,e,f). In other cases, particularly with the published literature studies, where test conditions and/or study design differed from what is generally considered as acceptable following in the EPA or OECD guidelines, the differences are noted, but the studies were not excluded from analysis unless the condition made the study unreliable. Summaries of relevant genotoxicity studies can be found in TXR# 0057499. Studies that were excluded from the analysis are listed in Appendix G.

The studies evaluating the genetic toxicity of the active ingredient glyphosate are presented in the following sections according to the type of genetic endpoints evaluated: mutations, chromosomal aberrations and other assays evaluating DNA damage. *In vitro* and *in vivo* assays are discussed separately according to the genetic endpoint. For the purpose of this analysis, glyphosate and its salts are considered together when evaluating the genotoxic potential of the active ingredient glyphosate.

5.3 Tests for Gene Mutations for Glyphosate Technical

5.3.1 Bacterial Mutagenicity Assays

Bacteria have traditionally been employed as a primary test organism for the detection of chemical mutagens. The bacterial reverse mutation assay is routinely performed in the test strains of *Salmonella typhimurium* and *Escherichia coli.* These test strains are mutant strains that are deficient for the synthesis of an essential amino acid. The assay detects mutations that revert the test strains back to wild type for amino acid synthesis and the revertants are identified by their ability to grow in culture medium deficient of the specific amino acid(s). This mutagenicity test identifies point mutations, which includes base substitutions and deletions and insertions of up to a few base pairs (OECD 471). The tests are typically conducted in the presence and absence of an exogenous source of metabolic activation (e.g., S9 microsomal fraction of activated liver homogenates) to identify potential mutagenic metabolites.

Glyphosate has been extensively evaluated for its potential to induce mutations in bacteria. Most of the studies considered consist of the full battery of bacterial strains (*i.e.* the recommend strains in EPA and OECD Test Guidelines) and were evaluated at appropriate test concentrations (up to cytotoxic or assay limit concentrations).

EPA identified 27 studies that tested glyphosate technical in bacterial mutagenicity assays by means of the standard plate incorporation method or the pre-incubation modification of the standard assay. Glyphosate was negative in the presence and absence of metabolic activation in all the studies. The results of the bacterial reversion mutation assays evaluating glyphosate technical are presented in Table 5.1

Table 5.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Technical.**

Test/Endpoint	Test System	Concentrations	Purity	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA98 and TA100 and WP *uvrA* ± S9	156-5000 µg/plate	95.68%	Negative ± S9	Akanuma (1995) [MRID 50017102]	
Bacterial Reverse Mutation	*S. typhimurium* TA535, TA1537, TA98 and TA100 and *E. coli* WP2P and WP2P *uvrA* ± S9	100-5000 µg/plate in DMSO	95.6% glyphosate acid	Negative ± S9	Callander (1996) [MRID 44320617]	
Bacterial Reverse Mutation	*S. typhimurium* TA 1535, TA1537, TA98 and TA100 and *E. coli* WP2P and WP2P *uvrA* ± S9	100-5000 µg/plate in water	60% potassium glyphosate salt	Negative ± S9	Callander (1999)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA97a, TA98, TA100 and TA102, ± S9	25-2000 µg in aqueous solution	Not provided	Negative ± S9	Chruscielska *et al.* (2000)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 ± S9	10-1000 µg/plate	98.4%	Negative ± S9	Flowers and Kier (1978) [MRID 00078620]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537 ± S9	31.6-3160 µg/plate	98.8%	Negative ± S9	Flügge (2009a)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537 ± S9	31.6-3160 µg/plate	96.4% technical	Negative ± S9	Flügge (2010b)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA98 and TA100	310-5000 µg/plate (+S9); 160-2500 µg/plate (−S9)	98.6%	Negative ± S9	Jensen (1991a) [MRID 49961502]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537 ± S9	1-1000 µg/plate	98.05%	Negative ± S9	Miyaji (2008)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537, TA1538 ± S9	5000 µg/plate	Not reported	Negative ± S9	Moriya et al. (1983)	
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA97, TA98 and TA100 ± S9	33-10,000 µg/plate	99%	Negative ± S9	NTP (1992)	Hamster and rat S9

Table 5.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Technical.**						
Test/Endpoint	**Test System**	**Concentrations**	**Purity**	**Results**	**Reference**	**Comments**
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535 and TA97a ± S9	1-5000 µg/plate	61.27 % Glyphosate isopropyl-amine salt	Negative ± S9	Ranzani (2000)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537 ± S9	648-5000 µg/plate	98.01%	Negative ± S9	Ribeiro do Val (2007) [MRID 50000903]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. Coli* WP2 *uvrA* ± S9	31.6-5000 µg/plate	96.0% technical	Negative ± S9	Schreib (2010)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA1538, TA98, TA100 and *E. coli* WP2 *hcr* ± S9	10-5000 µg/plate	98.4%	Negative ± S9	Shirasu *et al.* (1978) [MRID 00078619]	Published in Li & Long, 1988
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	3-5000 µg/plate (plate-incorporation), 33-5000 µg/plate (pre-incubation test)	95.1%	Negative ± S9	Sokolowski (2007a) [MRID 49957406]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	3-5000 µg/plate (plate–incorporation) 33 – 5000 µg/plate (pre-incubation test)	97.7%	Negative ± S9	Sokolowski (2007b) [MRID 49957407]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	3-5000 µg/plate (plate–incorporation) 33-5000 µg/plate (pre-incubation test)	95.0%	Negative ± S9	Sokolowski (2007c) [MRID 49957408]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	3-5000 µg/plate	96.66% technical	Negative ± S9	Sokolowski (2009a)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* pKM 101 and WP2 pKM 101 ± S9	3-5000 µg/plate	96.3% glyphosate acid	Negative ± S9	Sokolowski (2009b) [MRID 49961801]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	3-5000 µg/plate	97.16 %	Negative ± S9	Sokolowski (2010) [MRID 50000902]	

Table 5.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Technical.**

Test/Endpoint	Test System	Concentrations	Purity	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537, TA1538 ± S9	1-1000 µg/plate	96.0%	Negative ± S9	Suresh (1993a)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP *uvrA* ± S9	0-5000 µg/plate	95.3%	Negative ± S9	Thompson (1996) [MRID 49957409]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537 ± S9	31.6-5000 µg/plate	98.2%	Negative ± S9	Wallner (2010)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98 and TA100 ± S9	25 µg/plate	Not reported	Negative ± S9	Wilderman and Nazar (1982)	Rat S9 and plant cell-free homogenates were used for metabolic activation
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA1538, TA98 and TA100 ± S9	0.12-10 mg/plate –S9 0.56-15 mg/plate +S9	90% glyphosate trimesium salt	Negative ± S9	Majeska et al. (1982a) [MRID 00126612]	
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA98 and TA100 ± S9	0.005-50 µL/mL	55.6% glyphosate trimesium salt	Negative ± S9	Majeska (1985a) [MRID 00155527]	

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline, test material purity, control chemicals and summary data tables.

5.3.2 *In vitro* Tests for Gene Mutations in Mammalian Cells

In vitro gene mutation studies in mammalian cells are conducted in cell lines with reporter genes for forward mutations. The most common reporter genes are the endogenous thymidine kinase (TK) gene, endogenous hypoxanthine-guanine phosphoribosyl transferase (HPRT) gene and the xanthine-guanine phosphoribosyl transferase transgene (XPRT). Mutations that occur within these reporter genes result in mutant cells that are resistant to the cytotoxic effect of the pyrimidine analogue trifluorothymidine (for TK) or the purine analogue 6-thioguanine (for HPRT and XPRT) (OPPTS 870.5330). Suitable cell lines for this assay include L5178Y mouse lymphoma cells, Chinese hamster ovary (CHO) cells, hamster AS52 and V79 lung fibroblasts and human TK6 lymphoblastoid cells. Similar to other *in vitro* assays, chemicals are tested both in the presence and absence of S9 metabolic activation.

A total of four studies were conducted for (forward) mutations in mammalian cells (Table 5.3). Three studies were conducted with a high purity concentration of glyphosate technical (≥95.6%) and the remaining study was performed with glyphosate trimesium salt. In four of the assays, mouse lymphoma L5178Y $TK^{+/-}$ cells were the target organism and one was conducted in CHO cells with the HPRT endpoint. Glyphosate technical and the glyphosate trimesium salt were negative in the mouse lymphoma cell assays (Jensen, 1991b; Clay, 1996; Majesak, 1985b) when tested up to the current guideline limit concentration and glyphosate was negative in CHO/HPRT cells when tested up to cytotoxic concentrations (Li, 1983a).

Table 5.2. *In vitro* **Mammalian Gene Mutation Assays: Glyphosate Technical.**

Test/Endpoint	Test System	Concentrations/ Conditions	Test Material Purity	Results	Reference	Comments
Gene Mutations in Mammalian Cells	Mouse lymphoma L5178Y $TK^{+/-}$ cells ± S9	296-1000 µg/mL	95.6%	Negative	Clay (1996)[1]	Relative survival was 90% (-S9) and 57% (+S9) at top concentration
Gene Mutations in Mammalian Cells	Mouse lymphoma L5178Y $TK^{+/-}$ cells ± S9	520–4200 µg/mL (+S9); 610–5000 µg/mL (-S9)	98.6%	Negative	Jensen (1991b) [MRID 49961504]	Reported no significant reduction in cloning efficiency at any concentration.
Gene Mutations in Mammalian Cells	Chinese hamster ovary (CHO) cells, HPRT locus ± S9	500–25000 µg/mL (+S9); 500-22500 µg/mL (-S9)	98.7%	Negative	Li (1983a); [MRID 00132681]	Tested S9 from 1-10% Cytotoxic at 22.5 mg/mL (-S9, and with 1,2 and 10% S9) and at 17.5 mg/ml (10% S9)
Gene Mutations in Mammalian Cells	Mouse lymphoma L5178Y $TK^{+/-}$ cells ± S9	1-5 µl/mL	55.6% *Glyphosate trimesium salt*	Negative	Majeska (1985b) [MRID 00155530]	Negative with pH adjusted

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline, test material purity, control chemicals and summary data tables.

5.4 *In vitro* Tests for Chromosomal Abnormalities

Cytogenetic assays are tests that can detect chemicals that cause structural chromosomal damage (clastogenicity) or affect the segregation of chromosomes during cell division and alter chromosome number (aneuploidy). Generally, there are two types of *in vitro* cytogenetic assays that identify chemicals inducing chromosomal abnormalities: chromosomal aberration assays and micronucleus assays. Although chromosomal damage observed in these assays are not considered heritable mutations, chemicals that can induce these types of chromosomal damage can also induce transmissible mutations to daughter cells indicating their role in cancer (Yauk *et al.*, 2015; OECD 2015). In addition, assays such as (fluorescence *in situ* hybridization (FISH)) can provide additional mechanistic information on the formation of chromosomal abnormalities. It is important to note that factors such as cytotoxicity, solubility of the test substance, changes in pH or osmolality play a significant role in the outcome of the assay. Like other *in vitro* assays, compounds are generally tested in the presence or absence of S9 metabolic activation to determine if metabolism affects the genotoxic activity of the parent compound and to determine if potential genotoxic metabolites are formed.

5.4.1 *In vitro* Mammalian Chromosomal Aberration Test

Chromosomal aberration assays detect both structural chromosomal and numerical aberrations. Structural chromosomal aberrations are of two types: chromatid and chromosome and include breaks, deletions and rearrangements (OPPTS 870.5375, OECD 2015). Numerical chromosomal aberrations generally results from the loss of an entire chromosome mostly due to damage in the spindle fiber resulting in aneuploidy. The types of cells that are most commonly used in chromosomal aberration assays include established cell lines such as Chinese hamster lung (CHL) and CHO cells or primary cell cultures such as human or other mammalian peripheral blood lymphocytes. In this assay, cells are typically sampled at a time equivalent to the length of approximately 1.5 cell cycles from the start of treatment. Prior to harvesting, cells are treated with Colcemid® or colchicine to arrest cells at the first metaphase stage of the cell cycle following the beginning of exposure to the test article. Once harvested, the cells are stained and metaphase cells are evaluated microscopically for various types of chromosome aberrations. (OECD TG 473). Data should be presented in a way that indicates the percentage of affected cells in the population of cells scored (e.g., % cells with aberrations or # aberrant cells/100 cells). Gaps should not be included in the analysis; they are scored but gaps alone in the absence of any additional chromosomal aberrations (e.g., a fragment or a ring chromosome) are not sufficient to define a cell as aberrant.

Glyphosate technical was evaluated in eight chromosomal aberrations tests to determine its potential to induce clastogenic effects *in vitro*. The findings are presented in Table 5.3. Six of the eight studies were negative. The two positive studies were both from the same laboratory where, Lioi *et al.* reported an increase in chromosomal aberrations at glyphosate concentrations of 8.5μM and above in bovine lymphocytes (Lioi et al., 1998b) and at all concentrations of glyphosate tested (7-170 μM) in human lymphocytes (Lioi et al., 1998a) following a 72-hour exposure period. No chromosomal aberrations were observed as a result of exposure to glyphosate in one study using CHO cells (Majeska, 1985c) and in two studies with CHL cells

(Matsumoto, 1995; and Wright, 1996). Sivikova and Dianovsky (2006) reported no statistically significant increases in chromosomal aberrations in bovine lymphocytes treated with glyphosate (62% pure) at concentrations up 1120 μM following 24-hour exposure. (Sivikova and Dianovsky, 2006). In studies conducted with human lymphocytes treated with glyphosate (≥95%) for 24-96 hours at concentrations, no increase in chromosomal aberrations were seen at concentrations as high as 6000 μM (Fox, 1998; and Manas *et al.*, 2009).

5.4.2 *In vitro* Mammalian Micronucleus Test

The *in vitro* micronucleus test can detect the induction of micronuclei in the cytoplasm of cells in the interphase stage of the cell cycle. Micronuclei form from acentric chromosome fragments (i.e., chromosome fragments lacking a centromere) or when whole chromosomes are unable to migrate to the cellular poles during anaphase prior to cell division. (OECD 487). Thus, the micronucleus assay can detect both structural and numerical chromosomal changes. It should be noted, however, that additional work is required to distinguish whether induced micronuclei have arisen from a clastogenic versus an aneugenic mechanism, *e.g.*, staining micronuclei to detect the presence of kinetochore proteins. The assay is typically performed with cell lines or primary cell cultures of human or rodent origin. The assay can be conducted with the addition of cytochalasin B which inhibits cytokinesis resulting in the formation of binucleated cells. The presence of binucleated cells, indicates that cells have undergone one round of mitosis, a necessary prerequisite for micronucleus formation.

Six studies evaluated glyphosate technical for its potential to induce micronuclei *in vitro* (Table 5.4). Four of the six studies were positive and the remaining two studies were equivocal. In a study by Koller *et al.* (2012), TR146 cells (derived from a human neck metastasis of buccal epithelial origin) were treated for 20 minutes with up to 20 mg/L (~0.12 mM) glyphosate (95%), the authors reported a statistically significant increase in binucleated cells with micronuclei at 15 (~0.09 mM) and 20 (~0.12 mM) mg/L, and also indicated significant apoptosis and necrosis at 20 mg/L. The short exposure period in this study was unusually short (20 minutes) and was conducted in a tumor cell line that had not been well characterized in regards to its degree of chromosomal instability and DNA damage and repair capacity. In another study, Roustan *et al.* (2014) reported positive findings +S9 only in CHO cells treated with glyphosate (unknown purity) at 10- 100 μg/mL with little evidence of a dose response over that concentration range.

Two other studies evaluated glyphosate technical in human lymphocytes (Mladinic *et al.*, 2009a, 2009b). These studies used an exposure protocol that is different from the OECD recommendations for the *in vitro* micronucleus assay. OECD recommends that whole blood or isolated lymphocytes are cultured in the presence of a mitogen (e.g. phytohemagglutinin; PHA) prior to exposure of a test chemical in order to detect micronuclei formed via an aneugenic mechanism. However, in these two studies, blood cells were exposed to glyphosate for 4 hours, washed, and then treated with PHA to stimulate cell division. Both studies reported a statistically significant increase in micronucleated cells at 580 μg/mL (~3.4 mM), but not at lower concentrations, following 4-hour exposures in the presence of S9. The frequency of micronucleated cells (+S9) ranged from 11.3 to 28.7 in one study (Mladinic *et al.*, 2009a) and 33.3 to 65.2 in the other study (Mladinic *et al.*, 2009b) over the 1000-fold concentration range. No statistically significant increases in micronucleated cells were seen in either study in the absence of S9 activation. When cells were evaluated with vital stains, cells treated with 580

μg/mL showed a significant ($p<0.05$) increase in the percentage of cells undergoing apoptosis and necrosis compared to the negative controls.

Piesova et al. (2004, 2005) conducted two *in vitro* micronucleus studies using glyphosate technical (62%) up to 560 uM in bovine lymphocytes. In the 2004 study, bovine lymphocytes from two donors were treated for 24 or 48 hours without S9 metabolic activation, and for 2 hours (with and without S9 activation) or 48 hours (-S9) in the 2005 study. Both studies yielded similar results following 48-hour exposure to glyphosate. In both cases, the authors reported a weak induction of micronuclei in one donor at 280 μM and at 560 μM in the second donor. The induction was approximately 2-fold ($p < 0.05$), but with no clear dose response. No effects on micronuclei induction were seen at the 2- or 24-hour time points; however, with these early time points it is unlikely that one cell division has occurred during or after treatment. .

Table 5.3. *In vitro* **Tests for Chromosome Aberrations in Mammalian Cells- Glyphosate Technical**

Test/Endpoint	Test System	Concentrations/ Conditions	Test Material Purity	Results	Reference	Comments
In vitro Chromosomal Aberration	Chinese hamster ovary (CHO) cells	4-10 µl/mL, ± S9	55.6% *Glyphosate trimesium salt*	Negative	Majeska (1985c) [MRID 00155530]	pH adjusted (7.4-7.6)
In vitro Chromosomal Aberration	Chinese Hamster lung (CHL) cells	±S9: 0, 250, 500, 1000 and 2000 µg/mL; 24 and 48 h treatment - S9; 6 h treatment ±S9 harvest 24 h	95.68%	Negative	Matsumoto (1995) [MRID 50017106]	Decline in pH noted at 500 and 1000 µg/mL.
In vitro Chromosomal Aberration	Chinese hamster lung (CHL) cells	-S9: 24 & 48-hr exposure: 0-1250 µg/mL; +S9: 0-1250 µg/mL	95.3%	Negative	Wright (1996) [MRID 49957410]	Excessive decrease in pH >1250 µg/mL
In vitro Chromosomal Aberration	Bovine lymphocytes	-S9 only: 0, 7, 85 and 170 µM; 72 h exposure	≥98%	Positive (all concs.)	Lioi *et al.* (1998b)	
In vitro Chromosomal Aberration	Bovine lymphocytes	±S9: 0, 28, 56, 140, 280, 560 and 1120 µM; 24 h exposure	62.0%	Negative	Sivikova and Dianovsky (2006)	Decreased MI and PI at ≥ 560 µM
In vitro Chromosomal Aberration	Human lymphocytes	±S9: 100-1250 µg/mL cultures analyzed; 68 & 92 h	95.6%	Negative	Fox (1998) [MRID 49961803]	Excessive decrease in pH >1250 µg/mL
In vitro Chromosomal Aberration	Human lymphocytes	-S9 only: 0, 5.0, 8.5, 17.0 and 51.1 µM; 72 h exposure	≥98%	Positive ≥ 8.5 µM	Lioi *et al.* (1998a)	No significant ↓ in MI observed.
In vitro Chromosomal Aberration	Human lymphocytes	-S9: 0, 200, 1200 and 6000 µM; 48 h exposure	96.0%	Negative	Manas *et al.* (2009)	No toxicity observed up to 6000 µM

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline, test material purity, control chemicals and summary data tables.

CA= chromosomal aberrations, MI= mitotic index, PI= proliferation index.

Table 5.4. *In vitro* **Tests for Micronuclei Induction in Mammalian Cells- Glyphosate Technical**

Test/Endpoint	Test System	Concentrations/ Conditions	Test Material Purity	Results	Reference	Comments
In vitro Cytokinesis Block Micronucleus Assay (with FISH analysis)	TR146 cells (human-derived buccal carcinoma cell line)	10, 15 and 20 mg/L; 20 minute exposure.	95%	Positive Statistically significant ($p<0.05$) increase in MN at 15 and 20 mg/L.	Koller *et al.* (2012)	Apoptosis and necrosis reported at 20 mg/L Also reported ↑ in NB and NPB
In vitro Cytokinesis Block Micronucleus Test	CHO-K1 cells	5 - 100 µg/mL, ±S9	Not stated	Negative –S9 Positive +S9 at 10-100 µg/mL	Roustan et al., (2014)	No clear dose response
In vitro Cytokinesis Block Micronucleus Test	Bovine lymphocytes (2 donors)	0, 28, 56, 140, 280 and 560 µM 24 & 48 h exposure	62%	24 h: Negative 48 h: Equivocal ↑ MN at 280 µM only (donor A) ↑ MN at 560 µM only (donor B)	Piesova, 2004	No dose-response No significant decrease in CBPI observed.
In vitro Cytokinesis Block Micronucleus Test	Bovine lymphocytes (2 donors)	0, 28, 56, 140, 280 and 560 µM; 2 h (±S9) and 48 h (-S9) exposure	62%	2 h: Negative 48 h: Equivocal ↑ MN at 280 µM only (donor A) and at 560 µM only (donor B)	Piesova, 2005	No dose-response; No significant decrease in CBPI observed. Metabolic activation had no effect on MN formation after 2 h exposure.

Table 5.4. *In vitro* **Tests for Micronuclei Induction in Mammalian Cells- Glyphosate Technical**

Test/Endpoint	Test System	Concentrations/ Conditions	Test Material Purity	Results	Reference	Comments
In vitro Cytokinesis Block Micronucleus Assay (with FISH analysis)	Human lymphocytes (treated with cytochalasin B)	4h treatment ±S9; 0.5, 2.91, 3.50, 92.8 and 580 µg/mL; harvested 72 h	98.0%	Negative –S9 Positive +S9, ↑ MN at 580 µg/mL, but not at 0.5-92.8 µg/mL Also observed ↑ in NB at 580 µg/mL (±S9); ↑ NPB at 580 µg/mL (+S9)	Mladinic *et al.* (2009a)	Cells were exposed to glyphosate and washed prior to treatment with PHA. Authors did not report being blind to treatment.
In vitro Cytokinesis Block Micronucleus Assay (with FISH analysis)	Human lymphocytes (treated with cytochalasin B)	4h treatment ±S9; 0.5, 2.91, 3.50, 92.8 and 580 µg/mL	98%	Negative –S9 Positive +S9 ↑ MN at 580 µg/mL, but not at 0.5 -92.8 µg/mL ↑ apoptosis and necrosis at 580 µg/mL (-S9); ↑ apoptosis at ≥ 2.91 µg/mL and necrosis at 580 µg/mL (+S9) ↑ in NB at 580 µg/mL (±S9) and NPB at 580 µg/mL (+S9)	Mladinic *et al.* (2009b)	Cells were exposed to glyphosate and washed prior to treatment with PHA. Authors did not report being blind to treatment. .

CBPI= cytokinesis block proliferation index, FISH= fluorescent in situ hybridization; MN= micronuclei; NB= nuclear buds; NPB= nucleoplasmic bridges.

5.5 *In Vivo* Genetic Toxicology Tests

5.5.1 *In Vivo* Assays for Chromosomal Abnormalities

5.5.1.1 Mammalian Bone Marrow Chromosomal Aberration Assays

The *in vivo* mammalian bone marrow chromosomal assay detects the ability of a chemical to cause structural chromosomal damage in cells in the bone marrow. The assay is typically conducted in rodents (mouse or rat) and detects both chromosome-type and chromatid-type aberrations. Chromatid-type aberrations are expressed when a single chromatid break occurs and/or a reunion between chromatids, and chromosome-type aberrations result from damage expressed in both sister chromatids (OPPTS 870.5385). In this test, animals are exposed (typically via oral route or intraperitoneal injection) and sacrificed at sequential intervals. Prior to sacrifice, animals are treated with a spindle inhibitor such as colchicine or Colcemid® to arrest cells at metaphase. Chromosome preparations from the bone marrow are stained and scored for chromosomal aberrations. (OPPTS 870.5385). Generally, the optimal time to detect chromosomal aberrations in the bone marrow is 24 hours after treatment.

Three *in vivo* mammalian bone marrow chromosomal assays were conducted with glyphosate technical for regulatory purposes and all were negative (Table 5.8). In the first study, Sprague Dawley rats were administered glyphosate (98%) at 0 or 1000 mg/kg and the bone marrow was sampled at 6, 12 or 24 hours after dosing. No significant increase in bone marrow chromosomal aberrations were observed (Li, 1983b). In the second study, Swiss albino mice were treated twice by oral gavage (24 hours apart) with 0 or 5000 mg/kg glyphosate technical (96.8%) resulting in no significant increase in bone marrow chromosomal aberrations (Suresh, 1994). In a third study conducted with glyphosate trimesium salt, no increase in chromosomal aberrations were seen in the bone marrow of rats treated by oral gavage with up to 188 mg/kg (Majeska, 1982c).

5.5.1.2 Rodent Dominant Lethal Test

Dominant lethal mutations cause embryonic or fetal death. The induction of a dominant lethal mutation after exposure to a chemical indicates that the test chemical has affected the germinal tissue (sperm at some point in development, from stem cell to spermatocyte). Dominant lethal effects are considered to result from chromosomal damage (structural or numerical), but may also reflect gene mutations or systemic toxicity (OPPTS 870.5450, OECD 2016). In this test, male rodents are treated with the test material and mated with (untreated) virgin females. The females animals are sacrificed at an appropriate time and the uteri are examined to determine the number of implants, and live and dead embryos. Two dominant lethal studies were identified. One study was conducted in the rat (Suresh, 1992) where male rats were dosed by oral gavage with glyphosate up to 5000 mg/kg. The other study (Rodney, 1980) was conducted in male mice treated with up to 2000 mg/kg glyphosate (98.7%) by oral gavage. No significant increase in dominant lethal mutations were observed in either study (Table 5.5).

5.5.1.3 *In Vivo* Mammalian Erythrocyte Micronucleus Assays

The mammalian micronucleus test is the most commonly conducted *in vivo* test to detect clastogenic or aneugenic chemicals. The test identifies chemicals that induce micronuclei in proerythrocytes (progenitor cells) by assessing micronucleus frequency in immature erythrocytes (polychromatic erythrocytes, PCEs) sampled from the bone marrow or from the peripheral blood (reticulocytes). This test is typically conducted in mice or rats. When bone marrow erythroblasts develop into erythrocytes, the main nucleus is extruded following the final cell division (erythrocytes are the only mammalian cell that does not contain a nucleus). Any micronuclei formed after the final cell division may remain in the cytoplasm following extrusion of the main nucleus. The visualization of micronuclei is facilitated by the lack of a nucleus in these cells (OPPTS 870.5395, OECD 474). Micronuclei can originate from acentric chromosomes, lagging chromosome fragments, or whole chromosomes; thus, micronuclei are biomarkers of both altered chromosome structure or chromosome number. The assay is based on an increase in the frequency of micronucleated erythrocytes in treated animals, in either peripheral blood samples or bone marrow samples (OPPTS 870.5395). Additional mechanistic information on the formation of chromosomal abnormalities can be obtained from the incorporation of centromeric and telomeric fluorescent probes (FISH) assay. . According to EPA test guidelines, a single dose of the test substance may be used in this test if the dose is the maximum tolerated dose (MTD), a dose that produces some indication of bone marrow cytotoxicity (e.g., a reduction in the proportion of immature erythrocytes (PCEs) to total erythrocytes by >50%) or a maximum limit dose of 5000 mg/kg. The routes of administration for this test are typically oral or intraperitoneal injection and generally involve a single administration.

Glyphosate technical has been extensively evaluated for micronuclei induction in *in vivo* studies. Fourteen studies were conducted for regulatory purposes, four were identified from the open literature, and one study was conducted by the U.S. National Toxicology Program (NTP). This included nine studies with administration of glyphosate by the intraperitoneal (i.p.) route and 10 studies by the oral route. The findings are presented in Table 5.10. Of the nine i.p. studies, seven (Costa, 2008; Chruscielska *et al.*, 2000; Durward, 2006; Gava, 2000; Marques, 1999; Rank *et al.*, 1993 and Zaccaria, 1996) were negative. These studies tested doses as high as 2016 mg/kg (single and double administration) with sampling times at 24 and 48 hours post-dose. Two positive findings were reported when glyphosate technical was administered by i.p. Bolognesi *et al.* (1997) reported a significant increase in micronuclei in the bone marrow of male Swiss CD mice 24 hours after i.p. treatment with 300 mg/kg glyphosate technical (99.9%). The dose in this study was administered as ½ dose (150 mg/kg) injections 24 hours apart to 3 male mice. Manas *et al.* (2009) evaluated glyphosate technical (96%) in BALB/c male and female mice (5/sex/dose) administered 50, 100 or 200 mg/kg by two i.p. injections, 24 hours apart. The results showed a significant increase in micronucleated erythrocytes at 200 mg/kg, but not at 50 or 100 mg/kg. It should be noted that doses that resulted in the positive responses in these two studies were above the reported i.p. LD50 value (130 mg/kg) for glyphosate in mice (NTP 1992).

Glyphosate technical was also evaluated in nine micronucleus assays with administration by the oral route in mice and one in the rat. Eight of the nine oral studies in the mouse were negative for micronuclei induction. The single positive response was seen in female mice treated with two 5000 mg/kg (limit dose) doses, 24 hours apart with bone marrow sampling at 24 hours post-dose (Suresh, 1993b). No increase was observed at lower doses (50 and 500 mg/kg) in females or at any dose in males. The eight negative oral studies in mice included single dose administrations of 5000 mg/kg and bone marrow analysis at 24, 48, and/or 72 hours (Jensen, 1991c; Fox and Mackay, 1996) and one or two administrations of glyphosate technical with top doses between 30 and 2000 mg/kg (Honarvar, 2005; Honarvar, 2008; Jones, 1999; and Zoriki-Hosmi, 2007). It should be noted that evaluations at 48 and 72 hours post dose may be too late to detect chemically-induced micronucleated PCEs in the bone marrow as these cells may have already migrated into the peripheral blood. No significant increase in micronucleated erythrocytes were seen in male or female mice following 13-weeks of dietary (feed) administration of glyphosate technical at doses up to 3393 mg/kg/day (NTP, 1992). In the single study that evaluated micronuclei induction in rats, glyphosate technical did not induce significant induce micronuclei in CD1 rats treated by oral gavage at doses up to 2000 mg/kg (Flügge, 2009b). When glyphosate trimesium salt was evaluated, no increase in micronuclei induction was seen in mice treated orally up to 1100 and 800 mg/kg in males and females, respectively (Majeska, 1987).

Table 5.5. *In Vivo* **Tests for Chromosomal Aberrations in Mammals- Glyphosate Technical.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Chromosomal Aberration Test	Sprague Dawley rats (males and females)	Intraperitoneal injection; sampled at 6, 12 and 24 h after treatment	0, 1000 mg/kg (6/sex/dose/sampling time)	98%	Negative	Li (1983b) [MRID 00132683]	No toxicity observed. A separate study using ^{14}C-glyphosate showed that glyphosate reaches BM 0.5 h after dosing with ½ life elimination at 7.6 h. Peak BM value was 400 ppm, corresponding to 2000 ppm plasma value.
Bone Marrow Chromosomal Aberration Test	Sprague Dawley rats (males and females) Vehicle: distilled water	Oral gavage, sampling after 6, 12, 24, 48 h and 5 d	0, 21, 63 and 188 mg/kg	58.5% *Glyphosate trimesium salt*	Negative	Majeska (1982c) [MRID 00132176]	
Bone Marrow Chromosomal Aberration Test	Swiss Albino mice (males and females) Vehicle: peanut oil	Oral gavage (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 5000 mg/kg (5/sex/dose)	96.8%	Negative	Suresh (1994) [MRID 49987408]	Significant ($p<0.05$) decrease in bw of females at high dose.
Rodent Dominant Lethal Test	CD-1 mice Each dosed male mated with 2 females/week for 8 weeks	Oral gavage	0, 200, 800, and 2000 mg/kg	98.7%	Negative	Rodwell (1980) [MRID 00046364]	
Rodent Dominant Lethal Test	Wistar rat Each dosed male mated with 1 female/week for 10 weeks	Oral gavage	0, 200, 100 and 5000 mg/kg	96.8%	Negative	Suresh (1992) [MRID 49987404]	

Table 5.6. In Vivo Tests for Micronuclei Induction in Mammals- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	Swiss CD1 mice (males only)	Intraperitoneal injection; 2 injections of half the dosage of 300 mg/kg 24 h apart; sampling at 6 and 24 h	0, 300 mg/kg (3/dose)	99.9%	Positive Stat significant increase in MN at 24 h	Bolognesi *et al.* (1997)	Material and methods indicate 3 animals/dose; however, Table 1 of article indicates 4 animals were evaluated.
Bone Marrow Micronucleus Test	Balb C mice (males and females) Vehicle: Saline	Intraperitoneal Injection (two injections, 24 h apart); sampling after 24 h (last treatment)	0, 50, 100, and 200 mg/kg (5/sex/dose)	96%	Positive ↑MN at 200 mg/kg, but not at 50 or 100 mg/kg	Manas *et al.* (2009)	No significant signs of toxicity observed.
Bone Marrow Micronucleus Test	C3H mice (males only) Vehicle: water	Intraperitoneal Injection (single treatment); sampling after 24, 48 and 72 h	0, 300 mg/kg	Not reported	Negative	Chruscielska *et al.* (2000)	
Bone Marrow Micronucleus Test	Swiss Albino mice (males and females) Vehicle: corn oil	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 15.62, 31.25, and 62.5 mg/kg (5/sex/dose)	980 g/kg Glyphosate technical	Negative#	Costa (2008)[1]	OECD guideline 474 #Was not tested up to limit dose and did not demonstrate that compound was tested up to toxic dose. No mention of BM toxicity or clinical signs.

Table 5.6. In Vivo Tests for Micronuclei Induction in Mammals- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	Crl:CD-1TM(ICR) BR mice (males only[1]) Vehicle: PBS	Intraperitoneal Injection (single treatment); sampling after 24 and 48 h (high dose only)	0, 150, 300 and 600 mg/kg (7/dose)	95.7%	Negative	Durward (2006) [MRID 49957411]	Clinical signs reported at ≥ 150 mg/kg. Significant ↓ in %PCEs reported at 24 h in 600 mg/kg group. ↑in MN PCEs observed at 600 mg/kg (1.9± 0.7 vs. 1.0 ± 1.2 control; $p<0.05$), at 24 h, but not 48 h, within historical control range.
Bone Marrow Micronucleus Test	Swiss Albino mice (males and females) Vehicle: water	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 1008, 2016, and 3024 mg/kg 5/sex/dose	612.7 g/kg (glyphosate technical Nufarm)	Negative	Gava (2000)[1]	LD50 was 4032 mg/kg Mortality observed in 1 animal at high dose (only 4 m/f scored for MPCEs). No effect on PCE/NCE.
Bone Marrow Micronucleus Test	Swiss Albino mice (males and females) Vehicle: water	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 187.5, 375 and 562.5 mg/kg 5/sex/dose	954.9 g/kg (glyphosate technical Nufarm)	Negative	Marques (1999) [MRID 49957412]	LD50 was 750 mg/kg No significant signs of toxicity observed in main study
Bone Marrow Micronucleus Test	NMRI-Bom mice	Intraperitoneal Injection (single treatment); sampling after 24 h (all doses) and 48 h (150 and 200 mg/kg)	0, 150, and 200 mg/kg (5/sex/dose)	glyphosate isopropyla mine (purity not specified)	Negative	Rank *et al.* (1993)	

Table 5.6. In Vivo Tests for Micronuclei Induction in Mammals- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	Swiss albino mice (males and females)	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 68, 137, and 206 mg/kg (	360 g/L	Negative	Zaccaria (1996) [MRID 49961501]	Doses selected were reported as corresponding to 25, 50 and 75% LD_{50}
Bone Marrow Micronucleus Test	CD-1 mice (males and females) Vehicle: saline	Oral gavage (single treatment); sampling after 24 and 48 h	0, 5000 mg/kg 5/sex/dose	95.6%	Negative	Fox and Mackay (1996) [MRID 44320619]	No significant signs of toxicity observed
Bone Marrow Micronucleus Test	NMRI mice (males and females) Vehicle: PEG 400	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 mg/kg 5 sex/dose	97.73%	Negative	Honarvar (2005)[1]	OECD guideline 474 No significant signs of toxicity observed
Bone Marrow Micronucleus Test	NMRI mice (males only) Vehicle: 0.5% carboxymethylcellulose	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 mg/kg (5/dose)	99.1%	Negative	Honarvar (2008) [MRID 49961802]	No significant signs of toxicity observed
Bone Marrow Micronucleus Test	NMRI mice (males and females) Vehicle: 0.5% carboxymethylcellulose	Oral gavage (single treatment); sampling after 24, 48 and 72h	0, 5000 mg/kg; 5/sex/dose	98.6%	Negative	Jensen (1991c) [MRID 49961503]	No significant signs of toxicity observed
Bone Marrow Micronucleus Test	CD-1 mice (males only[1]) Vehicle: water	Oral gavage single treatment); sampling after 24 and 48 h	0, 2000 mg/kg 5/dose	59.3% potassium glyphosate salt	Negative	Jones (1999)[1]	OECD guideline 474 No significant signs of toxicity observed
Bone Marrow Micronucleus Test	Swiss albino mice; (males and females)	Oral gavage (2 treatments, 24 h apart); sampling	0, 50, 500, 5000 mg/kg 5/sex/dose	96.8% glyphosate acid	Positive in females at 5000	Suresh (1993b) [MRID 49987407]	No significant signs of toxicity observed

Table 5.6. In Vivo Tests for Micronuclei Induction in Mammals- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
	Vehicle: peanut oil	after 24 h (last treatment)			mg/kg only. Negative in males at all doses		
Bone Marrow Micronucleus Test	Swiss mice (males only) Vehicle: corn oil	Oral gavage (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 8, 15 and 30 mg/kg (6/dose)	980.1 g/kg	Negative	Zoriki Hosomi (2007) [MRID 50000901]	OECD guideline 474 No significant signs of toxicity observed
Bone Marrow Micronucleus Test	CD-1 mice (males and females) Vehicle: distilled water	Oral gavage , Sampling 24, 48 and 72 h after treatment	Males: 0, 700, 900 and 1100 mg/kg Females: 0, 400, 600 and 800 mg/kg	55.3% *Glyphosate trimesium salt*	Negative	Majeska (1987) [MRID 40214004]	
Bone Marrow Micronucleus Test	B6CF3 Mice (males and females)	Oral (dietary). MN assay conducted following 13 week feed study.	0, 205/213, 410/421, 811/844, 1678/1690 and 3393/3393 mg/kg (m/f) (10/sex/dose)	99%	Negative	NTP (1992)	
Bone Marrow Micronucleus Test	CD Rats (males and females) Vehicle: 0.8% hydroxypropylmethyl cellulose	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 mg/kg (5/sex/dose)	98.8%	Negative	Flügge (2009b)[1]	OECD guideline 474 No significant signs of toxicity observed

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline followed, test material purity, control chemicals and summary data tables.

[2]Only males tested; report indicated that there were no difference between sexes seen in range finding study.

CA= chromosomal aberrations, MPCE= micronucleated polychromatic erythrocytes, NCE= normochromatic erythrocytes, PCE=polychromatic erythrocytes.

5.6 Additional Genotoxicity Assays Evaluating Primary DNA Damage

There are a number of genotoxicity assays that evaluate primary DNA damage, but do not measure the consequence of the genetic damage (*i.e.,* mutation or chromosomal damage). As discussed in the Guidance Document on Revisions to OECD Genetic Toxicology Test Guidelines (OECD 2015), the endpoints measured in primary DNA damage tests such as DNA adducts, comet assay, or unscheduled DNA synthesis may lead to cell death or may initiate DNA repair, rather than a mutation. These types of assays can, however, provide mechanistic information when interpreting positive findings in other genotoxicity tests or when determining whether a chemical is acting through a mutagenic mode of action. Additionally, indirect mechanisms of DNA damage such as oxidative DNA damage can be detected by these test systems. Oxidative damage results from oxidative stress, which occurs when there is a disturbance in the balance between the production of reactive oxygen species (ROS) and antioxidant defense systems. Normal cellular metabolism is a source of endogenous reactive oxygen species that accounts for background levels of oxidative damage in normal cells. Some types of oxidative damage are repairable while others lead to serious consequences in the cell. (Cooke et al, 2003). The various assays evaluating primary DNA damage in glyphosate technical are presented in Table 5.7 Details of the findings are discussed below.

Glyphosate technical is not electrophilic and is not considered to be DNA-reactive. In a study to evaluate the potential for glyphosate to directly interact with DNA, Peluso et al. (1998) reported that glyphosate technical did not form DNA adducts in mice when tested up to 270 mg/kg via i.p. Bolognesi et al. (1997) reported an increase in the oxidative damage biomarker 8-hydroxydeoxyguanosine (8-OHdG) in the liver 24 h after i.p. injection of 300 mg/kg in mice. No increase in 8-OHdG was seen in the kidney with glyphosate technical. The dose in this study was high (300 mg/kg) for an i.p. injection and within the i.p. LD_{50} range (134- 545 mg/kg) that has been reported elsewhere (WHO, 1994).

The comet assay, also known as single cell gel electrophoresis (SCGE), is a sensitive and rapid method to detect DNA strand breaks in individual cells. In this assay, individual cells are embedded in agarose. The cells are then lysed (which digests the cellular and nuclear membranes) and the DNA is allowed to unwind under alkaline or neutral conditions. During electrophoresis, chromatin (which is in a supercoiled state) that has undergone steric relaxation due to DNA damage migrates away from the nucleoid (nucleus) toward the anode, yielding images that resemble a comet. The intensity of the comet tail relative to the comet head reflects the amount of DNA breakage (Tice et al., 2000; Collins et al., 2008). The comet assay can detect single and double strand breaks resulting from direct interactions with DNA, alkali labile sites, or transient DNA breaks resulting during DNA excision repair. These types of strand breaks may be, (a) repaired with no persistent effect, (b) be lethal to the cell or (c) be fixed as a mutation (OECD TG 489). DNA strand breaks in the comet assay can be measured by endpoints such as percent tail DNA (also referred to as % tail intensity), tail length, and tail moment. However, % tail DNA is the recommended metric for evaluating and interpreting results using this assay (OECD TG 489).

The five studies that evaluated glyphosate technical using the comet assay are summarized in Table 5.12. Two of the studies were conducted using tumor cell lines. Koller et al. (2012) reported positive comet effects (increased tail intensity) in a human buccal carcinoma cell line (TR146) following a 20-minute treatment with ≥ 20 mg/L (~0.118 mM) glyphosate. Although no evidence of cytotoxicity was reported in this study, the authors did report an increase in apoptosis and necrosis at the same concentrations (≥ 20 mg/L) when the same cell line was tested for *in vitro* micronuclei induction (discussed previously). In a study using Hep-2 cells (presumably a HeLa cell derivative), Manas et al. (2009) reported a statistically significant increase in mean tail length, and tail intensity at all concentrations (3.0-7.5 mM) tested. In a comet study conducted on human lymphocytes, Alvarez-Moya et al. (2014) reported significant increases in tail length only (but not % tail DNA) following treatment with glyphosate concentrations of 0.7-700 µM. Mladinic et al. (2009a) evaluated DNA damage in non-dividing human lymphocytes (±S9) following treatment from 0.5 to 580 µg/mL using the standard alkaline comet method and a modified comet method that detects DNA damage due to oxidative damage (human 8-hydroxyguanidine DNA-glycosylase, hOGG1 comet method). In this study, the authors reported statistically significant increases in tail intensity at 3.5 µg/mL and higher in the absence of S9, with significance only at 580 µg/mL (~3.4 mM) in the presence of S9 using the alkaline method. This concentration also resulted in increased apoptosis and necrosis as well as an increase in plasma total antioxidant capacity (TAC) and changes in plasma lipid peroxidation (thiobarbituric reactive substances, TBARs); however, only a dose-related increase in tail length (not % tail DNA) was observed at 580 µg/mL (+S9) using the hOGG1 method. When the Manas et al. (2013) evaluated blood and liver cells following a 14 day drinking water study in mice treated with 40 and 400 mg/kg/day glyphosate, significant increases in tail intensity, tail length and tail moment were reported were observed at both doses in both tissues (except for DNA tail intensity in liver at 40 mg/kg); however, there were no substantial effects on oxidative stress measurements suggesting that DNA damage reported may not be due to oxidative damage.

The Unscheduled DNA Synthesis (UDS) test with mammalian liver cells *in vitro* identifies substances that induce DNA repair after excision and removal of a segment of damaged DNA. The test is typically conducted in liver cells, which have relatively few cells in the S-phase of the cell cycle. The assay measures the incorporation of radiolabeled nucleotide [^{3}H]-thymidine into DNA during the repair process in non-S phase cells. (OPPTS 870.5555). Substances that produce either a statistically significant dose-related increase or statistically significant and reproducible increase in ^{3}H-TdR incorporation in at least one test point are considered to be positive in this test. A UDS study that evaluated glyphosate technical in rat primary hepatocytes was negative (Williams, 1978). Glyphosate technical was also negative in a DNA repair test conducted in bacteria (Rec-A test) (Shirasu, 1978).

In an alkaline elution assay, which detects single strand DNA breaks, Bolognesi et al. (1997) reported an increase in single strand breaks (i.e. increased DNA elution rate) in the liver and kidney 4 hours after a single i.p. injection of 300 mg/kg. The elution rate returned to control

levels at 24 hours. Glyphosate technical was also negative in a DNA repair test conducted in *Bacillus subtilis* H17 (rec^+) and M45 (rec^-) bacterial Rec-A test (Shirasu, 1978).

Finally, the sister chromatid exchange (SCE) test is an assay that can measure the consequence of primary DNA damage. The mechanism(s) of action for chemical induction of SCE is unclear. The SCE assay detects the exchange of DNA between two sister chromatid arms within a single chromosome. The assay can be performed *in vitro* or *in vivo*. Following exposure, cells/animals are treated with bromodeoxyuridine (BrdU) to allow for the differentiation of the two sister chromatids (harlequin staining) and prior to harvest are treated with a spindle inhibitor to accumulate cells in metaphase. The chromosome preparations are then stained and analyzed for SCEs (OPPTS 870.5900, 870.5915). The SCE studies that evaluated glyphosate technical are also presented in Table 12. Positive SCE findings were reported in all four studies; two evaluating bovine lymphocytes (Lioi, 1988b, Sivikova and Dianovksy, 2006) and two studies evaluating human lymphocytes (Lioi, 1988a; Bolognesi et al., 1997). In all four studies the induction did not demonstrate a clear dose response.

Additionally, although it is recognized that mechanisms other than genotoxicity may be involved in cell transformation, glyphosate trimesium salt was evaluated in the Balb/3T cell transformation assay (an *in vitro* tumor formation assay) and was negative up to 5.0 mg/ml (Majeska, 1982b).

Table 5.7 Assays for Detecting Primary DNA Damage- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material Purity	Results	Reference	Comments
DNA Adducts ^{32}P-postlabeling	Swiss CD1 mice (males and females) Liver and kidney evaluated	Intraperitoneal injection; 24 h exposure	0, 130 and 270 mg/kg	Not reported	Negative	Peluso *et al.* (1998)	
DNA oxidative damage: 8-OHdG formation	Swiss CD-1 mice (males) liver and kidney evaluated	Intraperitoneal injection (single dose); sampling 4 and 24 h after injection	0, 300 mg/kg (3/dose)	99.9%	Kidney: negative Liver: positive (24 h)	Bolognesi *et al.* (1997)	
Single-cell gel electrophoresis (SCGE) assays- Comet assay	TR146 cells (human-derived buccal epithelial cell line).	NA (*in vitro*)	-S9: 10-2000 mg/L; 20 minute exposure.	95%	Positive Increased DNA migration at >20 mg/L	Koller *et al.* (2012)	Also measured multiple cellular integrity parameters to assess cytotoxicity. No clear evidence of cytotoxicity seen except for increase in enzyme activity (indicative of membrane damage) in LDHe (extracellular lactate dehydrogenase) assay at >80 mg/L. No mention of monitoring pH
Single-cell gel electrophoresis (SCGE) assays- Comet assay	Hep-2 cells	NA (*in vitro*)	0, 3, 4.5, 6, 7.5, 9, 12 and 15 mM	96%	Positive Stat. significant increase in mean tail length, and tail intensity at all concs.	Manas *et al.* (2009)	The authors did not report a source for the Hep-2 cells. The agency presumes that this is a HeLa derived cervical carcinoma cell line.

Table 5.7 Assays for Detecting Primary DNA Damage- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material Purity	Results	Reference	Comments
Single-cell gel electrophoresis (SCGE) assays- Comet assay	Human lymphocytes	NA (*in vitro*)	0, 0.7, 7, 70, 700 µM	96%	Positive at all doses (increase in tail length only)	Alvarez-Moya *et al.*, (2014)	Issues were identified with this study resulting in a low quality ranking. These include: 1) blood was washed with PBS and then held at 4° C for an indeterminate amount of time before exposure to glyphosate. (2) Cells were treated for 20 hours at room temperature. (3) The same amount of damage was reported across 2 orders of magnitude concentration.
Single-cell gel electrophoresis (SCGE) assays- Comet assay	Human lymphocytes; ±S9 Alkaline and hOOG1 Comet assays performed	NA (*in vitro*)	0, 0.5, 2.91, 3.5, 92.8 and 580 µg/mL	98%	Positive ±S9	Mladinic *et al.* (2009a)	<u>The alkaline comet assay</u> -S9: ↑ in mean tail length at 580 µg/mL and ↑ in tail intensity at ≥ 3.5 µg/mL). +S9: ↑ DNA tail length at ≥3.5 µg/mL. Tail intensity ↑ only at 580 µg/mL <u>hOOG1 comet assay</u>: -S9 no effect on tail length, ↑tail intensity only at 3.50 µg/mL +S9: ↑ tail length at 580 µg/mL, no effect on tail intensity compared to controls at any conc.

Table 5.7 Assays for Detecting Primary DNA Damage- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material Purity	Results	Reference	Comments
Single-cell gel electrophoresis (SCGE) assays- Comet assay with oxidative stress measures	Balb/C mice; evaluated blood and liver	Drinking water (14 days)	0, 40, and 400 mg/kg	96%	Positive Blood and liver at both doses	Manas et al. (2013)	Only minor effects seen on oxidative stress measurements (TBARs, SOD, CAT)
Sister Chromatid Exchange (SCE)	Bovine lymphocytes (3 donors)	NA (*in vitro*)	-S9: 0, 17, 85 and 170 µM; 72 h exposure	≥98%	Positive Significant ($p>0.05$) increase in SC/cell at all concentrations	Lioi (1998b)	1.8-, 2.1-, 1.6-fold increases, respectively
Sister Chromatid Exchange (SCE)	Human lymphocytes	NA (*in vitro*)	-S9: 0, 5, 8.5, 17 and 51 µM; 72 h exposure	≥98%	Positive Significant ($p>0.05$) increase in SCE/cell at ≥ 8.5 µM	Lioi (1998a)	1.9-, 2.8-, and 2.6-fold increase at 8.5, 17 and 51 µM, respectively
Sister Chromatid Exchange (SCE)	Human lymphocytes	NA (*in vitro*)	-S9: 0, 0.33, 1,3 and 6 mg/mL; 72 h exposure	99.9%	Positive	Bolognesi *et al.* (1997)	Very limited information was provided on the methods used in this paper. Authors report a dose –dependent increase in SCE frequency; however, no statistical analysis for dose response was reported. Data presented graphically with no error bars.
Sister Chromatid Exchange (SCE)	Human lymphocytes	NA (*in vitro*)	28, 56, 140, 280, 560 and 1120 µM; 24 h exposure ±S9	62%	Positive	Sivikova and Dianovsky (2006)	The increases in SCEs observed did not show a clear concentration related increase across a 40-fold increase in the concentrations tested

Table 5.7 Assays for Detecting Primary DNA Damage- Glyphosate Technical.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material Purity	Results	Reference	Comments
Alkaline elution assay- DNA single strand breaks	Swiss CD-1 mice (males) liver and kidney evaluated	Intraperitoneal injection (single dose); sampling 8 and 24 h after injection	0, 300 mg/kg (3/dose)	99.9%	Positive (Increased elution rate) at 4 hours in liver and kidney At 24 h, elution rate returned to control levels	Bolognesi *et al.* (1997)	Return to control values may indicate DNA repair or reflect rapid elimination of compound
DNA Repair Test (Rec-A test)	*B. subtilis* H17 (rec+) and M45 (rec-)	NA (*in vitro*)	20-2000 µg/disk	98.4%	Negative	Shirasu (1978) [MRID 00078619]	
Unscheduled DNA synthesis (DNA repair)	F-344 rat primary hepatocytes	NA (*in vitro*)	0, 0.0125, 0.0625, 0.125, 0.6.5, 1.25, 12.5, 125 µg/mL	98%	Negative	Li and Long (1988)	
Cell Transformation Assay	BALB/3T cells	NA (*in vitro*)	0.313-5.0 mg/mL	90% *Glyphosate trimesium salt*	Negative	Majeska (1982b) [MRID 00126616]	

h- hour; CAT= catalase, G6PD= glucose 6-phosphate dehydrogenase, NA= not applicable, hOOG1 =,TBARs= thiobarbituric acid reactive substances, SOD= superoxide dismutase

5.7 Summary and Discussion

The genotoxic potential of glyphosate has been extensively investigated using a variety of test systems and genetic endpoints. This assessment focuses only on test systems that the agency considered relevant for assessing genotoxic risks in humans. The totality of the genetic toxicology information was evaluated using a weight of evidence approach to determine the genotoxic potential of glyphosate. This involves the integration of *in vitro* and *in vivo* results as well as an overall evaluation of the quality, consistency, reproducibility, magnitude of response, dose-response relationship and relevance of the findings. In the weight of evidence analysis, studies evaluating endpoints that measured gene mutations and chromosomal aberrations (i.e. permanent DNA damage) were given more weight than endpoints reflecting DNA events that may be transient or reversible such as primary DNA damage (*e.g.*, comet assays). *In vivo* studies in mammals were given the greatest weight and more weight was given to doses and routes of administration that were considered relevant for evaluating genotoxic risk based on human exposure to glyphosate. Also, since the molecular mechanisms underlying the observation of SCEs are unclear and thus, the consequences of increased frequencies of SCEs are unclear, the data from this test were given low weight in the overall analysis. A summary of the various lines of evidence of considered in the weight of evidence evaluation for the genotoxic potential of the active ingredient glyphosate is presented below.

Evidence of primary DNA damage

Glyphosate technical is not considered to be electrophilic and did not induce DNA adducts in the liver or kidney at an i.p. dose of 270 mg/kg. However, evidence of DNA strand breaks were reported in a number mammalian cell studies using the comet assay. Additionally, transient increases in alkali labile sites in the liver and kidney of mice and an induction of 8-OHdG in DNA were seen in the livers of mice following i.p. injections with 300 mg/kg glyphosate. These effects were seen at high doses for the i.p. route in mice (LD_{50} for mouse =130 mg/kg; NTP, 1992). However, due to technical limitations identified in a number of these studies (e.g. use of cancer cell lines that have not been well-characterized, atypical exposure protocols and no indication of blind to treatment), caution should be exercised in interpreting the results.

In vitro mutations

Glyphosate technical was negative in all 39 studies for mutagenicity in bacteria. In the four studies that tested for gene mutations in mammalian cells *in vitro,* no increase in mutations were observed.

In vitro chromosomal alterations

Mixed results were observed in studies evaluating *in vitro* chromosomal alterations with glyphosate treatment. Three SCE studies reported positive findings (Lioi, 1998a, b; Bolognesi *et al.*, 1997) bovine and human lymphocytes. As stated previously, low weight is given to SCE results in the overall analysis given the uncertainty regarding the consequence of increases in the frequencies of SCEs. The SCE responses were weak and not concentration dependent. Eight of the 10 studies measuring *in vitro* chromosomal aberrations were negative. The two positive

findings were reported by Lioi et al., one study was conducted with bovine lymphocytes and the other with human lymphocytes. The authors reported positive findings in these studies at concentrations much lower than four other studies that reported negative results using the same cell types. Additionally, in both studies, Lioi et al. used an atypical exposure protocol of 72 hours which is very long for analyzing one round of mitosis. Furthermore, in both studies, nearly the same level effect for aberration frequency and percent of cells with aberrations were observed for the same concentrations of glyphosate and the two other chemicals tested in those experiments.

Four of the six studies evaluating micronuclei induction *in vitro* were positive and two showed equivocal results. Three of the positive responses required S9 activation, two conducted with human lymphocytes and one conducted with CHO cells. The remaining positive micronucleus study was conducted using a TR146 cells which is a tumor cell line derived from human buccal mucosa. The authors state that this cell line had not been previously used for genotoxicity testing. It is difficult to interpret any genotoxicity findings conducted in a tumor cell line that has not been well-characterized regarding its DNA damage response and repair capacity, and its degree of chromosomal instability.

Glyphosate was negative in all three L5178Y mouse lymphoma cell studies which may detect chromosomal damage in addition to mutations.

Mammalian *in vivo* chromosomal alterations

All three *in vivo* mammalian studies evaluating chromosomal aberrations with glyphosate technical were negative. Two studies were conducted in rats (i.p. and oral) and one was conducted in mice (oral). In addition glyphosate was also negative in a rodent dominant lethal test. Glyphosate was negative in 15 of the 19 bone marrow micronucleus studies evaluated. In two of the positive studies, glyphosate technical was administered by i.p. injection. In these studies, the authors reported positive findings at doses of 200-300 mg/kg. Based on the available ADME data for glyphosate, assuming 30% oral absorption, an oral dose of ~700-1000 mg/kg would be needed to achieve a dose of 200-300 mg/kg in the blood. Seven other i.p. studies in mice reported no increase in micronuclei induction at doses up to 3000 mg/kg. The remaining positive finding was reported in an oral gavage study in mice where an approximately 2-fold increase in micronuclei were reported in females only at a dose of 5000 mg/kg, which is considerably higher than the current guideline recommended limit dose of 2000 mg/kg. The effect was not seen in the 7 other oral gavage studies in mice when glyphosate was tested at similar doses. In addition, glyphosate was negative for micronuclei induction following a 13 week dietary study with a dose up to approximately 3000 mg/kg/day. A negative finding was also reported in the only study that evaluated *in vivo* micronuclei induction in the rat using doses up to 2000 mg/kg.

In a meta-analytic review of micronuclei frequency across mammalian and non-mammalian species (primarily fish, amphibians, reptiles and plants), Ghisi et al. (2016), not surprisingly, reported that different responses were observed when comparing mammalian results to phylogenetically distant non-mammalian species for micronuclei induction. Their analyses included most, but not all, of the mammalian studies that the agency evaluated and determined to

be negative for micronuclei induction. The authors reported a statistically significant increase in micronuclei by the i.p. route across the studies in the data set they considered; however, when glyphosate was administered by the oral route (which is the most physiologically relevant route for human exposure to glyphosate), no significant difference was observed.

Conclusion for Glyphosate

The overall weight of evidence indicates that there is no convincing evidence that glyphosate induces mutations *in vivo* via the oral route. When administered by i.p. injection, the micronucleus studies were predominantly negative. In the two cases where an increase in micronuclei were reported via this route, the effects occurred above the reported i.p. LD50 for mice and were not observed in other i.p. injection studies at similar or higher doses. While there is limited evidence genotoxic for effects in some *in vitro* experiments, i*n vivo* effects were given more weight than *in vitro* effects particularly when the same genetic endpoint was measured, which is consistent with current OECD guidance. The only positive findings reported *in vivo* were seen at relatively high doses that are not relevant for human health risk assessment.

6.0 Data Integration & Weight-of-Evidence Analysis Across Multiple Lines of Evidence

6.1 Background

In 2010, OPP developed a draft "Framework for Incorporating Human Epidemiologic & Incident Data in Health Risk Assessment" which provides the foundation for evaluating multiple lines of scientific evidence (U.S. EPA, 2010). OPP's draft framework is consistent with updates to the World Health Organization/International Programme on Chemical Safety MOA/human relevance framework, which highlights the importance of problem formulation and the need to integrate information at different levels of biological organization (Meek et al, 2014).

One of the key components of the agency's draft framework is the use of modified Bradford Hill Criteria (Hill, 1965) like those described in the 2005 Guidelines for Carcinogen Risk Assessment. These criteria are used to evaluate the experimental support considers such concepts as strength, consistency, dose response, temporal concordance and biological plausibility in a weight-of-evidence analysis.

6.2 Dose-Response and Temporal Concordance

Given the lack of consistent positive findings particularly at doses < 1000 mg/kg/day across the lines of evidence, lack of mechanistic understanding, and lack of biological activity in mammalian systems to the parent compound glyphosate, there are few data to assess key events in the biological pathway and any associated temporal or dose concordance. Temporal concordance can be assessed using the experimental animal studies and epidemiological studies that evaluated exposure prior to outcomes. Similarly, dose concordance can be assessed using findings of apical outcomes in experimental animal studies, as well as epidemiological studies that utilize exposure metrics that are stratified by the number of exposure days.

A prospective cohort study is designed to collect exposure information prior to the development of cancer. As such, exposure is known to occur before the outcome. In De Roos *et al.* (2005), a prospective cohort study, no association was observed between glyphosate exposure and numerous cancer subtypes in the AHS cohort. Although the median follow-up time following recruitment into the cohort was approximately 7 years, it does not represent the amount of time subjects were exposed. Study participants provided pesticide exposure information prior to enrollment in the study and this information was used to evaluate has cumulative lifetime days of exposure and intensity-weighted cumulative days of exposure. An updated analysis of the AHS cohort is anticipated with a longer follow-up period, which includes the time period after the introduction of glyphosate-tolerant crops and the subsequent substantial increase in glyphosate use. The updated AHS cohort analysis will further elucidate the impact of increased glyphosate use due to glyphosate-tolerant crops. In De Roos *et al.* (2005), effect estimates did not increase across categories of increasing exposure for almost all cancer types, including NHL, in the prospective cohort study.

Two case-control studies evaluating the risk of NHL (Eriksson *et al.*, 2008 and McDuffie *et al.*, 2001) observed increased effect estimates in the highest exposure categories analyzed. Eriksson *et al.* (2008) found a greater effect estimate for subjects with >10 days (based on the median days of exposure among controls) and >10 years of exposure (for latency analysis) when compared to subjects with ≤10 days and 1-10 years of exposure, respectively; however, this analysis did not appear to adjust for co-exposures to other pesticides. By dividing the total number of exposed cases and controls using these exposure metrics, wider confidence intervals were observed indicating reduced power from smaller sample sizes. This may indicate that a longer follow-up time is needed to detect the risk for NHL; however, given the latency analysis of NHL was limited to Eriksson et al. (2008) and lack of NHL latency understanding in general, further studies are needed to determine the true latency of NHL. McDuffie *et al.* (2001), stratifying based on the average number of days per year of exposure, observed similar effect estimates in the lower exposure category (>0 and ≤2 days/year) while a greater effect estimate was observed in the highest exposure category (>2 days/year). The results from these two case-control studies conflict with the results observed in the cohort study (De Roos *et al.*, 2005), where no dose-response was seen across three exposure categories (stratified by tertiles; however, the case-control studies did not adjust for co-exposure to other pesticides. It is also difficult to make conclusions regarding dose-response with only two exposure categories used for the analyses by Eriksson et al. (2008) and McDuffie et al. (2001). It should also be noted that these analyses combine all NHL subtypes, which may have etiological differences (Morton *et al.*, 2014). Although some studies did provide effect estimates for subtypes, as stated in Section 3.5.2, these were not considered in the current evaluation due to the limited sample sizes. At this time, there are no data available to evaluate dose-response for NHL subtypes.

Furthermore, as discussed in Section 3.6, a dose-response relationship was not observed following the dramatic increase in glyphosate use due to the introduction of genetically engineered glyphosate-tolerant crops in 1996. Due to the change in use pattern, if a true association exists between glyphosate exposure and NHL, this large increase in use would be expected to result in a corresponding increase in risk of NHL associated with glyphosate exposure; therefore, higher effect estimates would be expected in more recent years. This trend was not observed though. For example, some of the highest adjusted risk measures for NHL

were reported for study years prior to 1996. Furthermore, it would also be expected that higher effect estimates would be reported in countries with higher use of glyphosate and/or that use glyphosate-tolerant crops, such as the United States and Canada, as compared to countries that exhibit less use. Once again, this trend was not observed with NHL studies, such that effect estimates for studies conducted in Sweden (Eriksson et al., 2008; Hardell *et al.*, 2002) were similar or higher than those reported in the United States (De Roos *et al.,* 2003; De Roos *et al.,* 2005) and Canada (McDuffie *et al.,* 2001).

With respect to animal carcinogenicity studies, key events in a MOA/AOP are evaluated to confirm that they precede tumor appearance. This temporal concordance evaluation cannot be conducted for glyphosate since a MOA/AOP has not been established. In general, the tumor incidences lacked a monotonic dose-response. It should be noted, however, that no preneoplastic or related non-neoplastic lesions were reported in any of the animal carcinogenicity studies to support any observed tumors. Furthermore, genotoxicity assays did not support a direct mutagenic MOA. While there is limited evidence of genotoxic in some *in vitro* endpoints, multiple *in vivo* do not support a genotoxic risk at relevant human exposure levels.

6.3 Strength, Consistency, and Specificity

A large database is available for evaluating the carcinogenicity potential of glyphosate. Across animal carcinogenicity and genotoxicity studies, results were consistent. For epidemiological studies, only one or two studies were available for almost all cancers investigated. The largest number of studies was available investigating NHL; however, there were conflicting results across studies.

In epidemiological studies, there was no evidence of an association between glyphosate exposure and solid tumors, leukemia, and HL. This conclusion is consistent with those recently conducted by IARC, EFSA, and JMPR. The available data for multiple myeloma are not considered adequate to assess carcinogenic potential at this time.

At this time, a conclusion regarding the association between glyphosate exposure and risk of NHL cannot be supported based on the available data due to conflicting results. Chance and/or bias cannot be excluded as an explanation for observed associations. The magnitude of adjusted risk estimates for never/ever use were relatively small ranging from 1.0 (no association) to 1.85 in adjusted analyses, with the widest confidence interval observed for the highest effect estimate indicating the estimate is less reliable. All of the estimates were not statistically significant with half of the effect estimates approximately equal to 1, while the other half of the effect estimates ranged from 1.5-1.85. As a result, studies of at least equal quality provided conflicting results. There were various limitations identified in Section 3.6 for these studies that could impact calculated effect estimates and explain the weak responses observed in these studies. Meta-risk ratios using these studies were also of small magnitude ranging from 1.3-1.5. As discussed in Section 3.6, meta-analyses should be interpreted with caution and are susceptible to the same limitations identified for individual studies.

Although none of the effect estimates were below 1 using the never/ever exposure metric, risk estimates were all below 1 (0.6-0.9) when using cumulative lifetime and intensity-weighted

cumulative exposure metrics in the prospective cohort study (De Roos et al., 2005). As discussed in Section 6.2, two case-control studies that investigated an exposure-response relationship conflicted with the extensive analyses conducted by De Roos et al. (2005). This may be due to differences in confounding control, differences associated with study design, limitations from small sample sizes, and/or, as some may suggest, a potentially short follow-up time in the cohort. It should also be noted that publication bias may play a role in this evaluation given there is a tendency to only publish positive results and potential concerns regarding glyphosate have only been raised in recent years.

A total of 15 (9 rat and 6 mouse) animal carcinogenicity studies with glyphosate, glyphosate acid, or glyphosate salts were analyzed for the current evaluation. Although increases in tumor incidences were observed in some studies, none were considered treatment-related based on weight-of-evidence evaluations. In 7 of these studies, no tumors were identified for detailed evaluation. In the remaining studies, tumor incidences were not increased at doses <500 mg/kg/day, except for the testicular tumors observed in one study. The high dose tumors, as well as the testicular tumors, were not reproduced in other studies, including those testing the same animal strain with similar or higher dosing. Additionally, the tumors typically lacked a monotonic dose response, pairwise significance, and/or corroborating preneoplastic lesions.

Over 80 genotoxicity studies with the active ingredient glyphosate were analyzed for the current evaluation. The overall weight-of-evidence indicates that there is no convincing evidence that glyphosate is genotoxic *in vivo* via the oral route. When administered via i.p. injection the studies were predominantly negative. In the two cases where an increase in micronuclei were reported via this route, the effects were not observed in other i.p. injection studies at similar or higher doses. Technical glyphosate was negative in all gene mutation studies. There was limited evidence of positive findings in studies evaluating primary DNA damage; however, as discussed in Section 5.6, the endpoints measured in these assays are less specific in regards to detecting permanent DNA changes (mutations) and can be attributed to other factors, such as cytotoxicity or cell culture conditions. Although some positive findings were reported for chromosomal alterations *in vitro*, these findings were limited to a few studies and are not supported by the *in vivo* studies that are the most relevant for human risk assessment.

Overall, there is remarkable consistency in the database for glyphosate across multiple lines of evidence. For NHL, observed associations in epidemiological studies were non-statistically significant and were of relatively small magnitude. Chance and/or bias cannot be excluded as an explanation for the observed associations. For all other cancer types, there were no associations found; however, only one or two studies were available for evaluation of most cancer types. Across species, strain, and laboratory, tumor incidence was not increased at doses <500 mg/kg/day, except the testicular tumors which were only seen in one study. Observed tumors were not reproduced in other studies, including those conducted using the same strain at similar or higher doses. The genotoxicity studies demonstrate that glyphosate is not directly mutagenic or genotoxic *in vivo*.

6.4 Biological Plausibility and Coherence

The Guidelines for Carcinogen Risk Assessment (U.S. EPA, 2005) include the following guidance regarding the criteria of biological plausibility and coherence:

> "*evaluation of the biological plausibility of the associations observed in epidemiologic studies reflects consideration of both exposure-related factors and toxicological evidence relevant to identification of potential modes of action (MOAs). Similarly, consideration of the coherence of health effects associations reported in the epidemiologic literature reflects broad consideration of information pertaining to the nature of the biological markers evaluated in toxicologic and epidemiologic studies.* [p.39]."

The genotoxicity studies demonstrate that glyphosate is not directly mutagenic or genotoxic *in vivo*. The available data regarding non-cancer endpoints also do not provide any support for a carcinogenic process for glyphosate, and have shown glyphosate has relatively low toxicity. Laboratory animals generally display non-specific effects (e.g., clinical signs, reduced body weight) following glyphosate exposure at relatively high-doses, and no preneoplastic or related non-neoplastic lesions were observed to corroborate any of the observed tumors in the carcinogenicity studies. As discussed in Section 4.2, metabolism studies demonstrate low oral absorption and rapid excretion of glyphosate. The data are not sufficient to determine whether linear kinetics is occurring at high doses where tumors were observed. In the carcinogenicity test guideline (OCSPP 870.4200) and the 2005 Guidelines for Carcinogen Risk Assessment, inappropriate toxicokinetics (e.g., overwhelming absorption or detoxification mechanisms) should be avoided. A study evaluating the toxicokinetic profile of glyphosate using multiple doses is needed to further investigate the pharmacokinetic properties between low- and high-dose levels.

Although many of the studies included in this document focus on the potential for glyphosate to cause a cancer outcome, the agency is also aware of a limited number of studies in the open literature that have shown glyphosate and its metabolite, AMPA, can inhibit proliferation and promote apoptosis in cancer cells indicating the compounds have potential to be developed into therapeutic drugs for cancer treatment (Li *et al,* 2013; Parajuli *et al.,* 2015; Parajuli *et al.,* 2016). It is unknown if this is due to lack of additional studies that have investigated these compounds for cancer treatment or if this may be due to publication bias. The bias towards only publishing positive and/or novel results can hamper the ability to evaluate whether there are plausible biological mechanisms for observed outcomes and/or sufficient information to support a cause-and-effect interpretation of an association. Overall, this further supports the need for mechanistic data to elucidate the true mammalian MOA/AOP for glyphosate. There is a distinct lack of mechanistic understanding for the toxicity of glyphosate in mammals and the plant MOA is not relevant for mammalian systems.

As noted previously, tumor incidence in animal carcinogenicity studies was typically only increased at the highest doses tested (≥1000 mg/kg/day). It is very unlikely for people to be exposed to such large doses of glyphosate via the oral route. Glyphosate is registered for pre- and post-emergence application to a variety of fruit, vegetable, and field crops, as well as desiccant applications to several commodities. The highest dietary exposure value for any population subgroup in an unrefined chronic dietary analysis would be 0.23 mg/kg/day for children (1-2 years old). Since glyphosate also has residential uses, including application to turf,

there is also the potential for children at this age to be exposed via incidental oral exposures (e.g., hand to mouth, object to mouth and soil ingestion) from playing on treated lawns. The highest exposure for the incidental oral and dermal exposures would be 0.16 mg/kg/day (from hand-to-mouth behaviors for children) and 0.08 mg/kg/day, respectively. Combining exposures from the dietary and residential exposures for children would, therefore, result in an aggregate exposure of 0.47 mg/kg/day. These calculations use a number of assumptions that have been extensively peer-reviewed[27] and yet the potential oral exposure of glyphosate for the most highly exposed residential population subgroup is more than 2,000 times lower than the highest doses tested in the animal carcinogenicity studies (see Appendix E for more details regarding these calculations). The maximum potential exposure calculated for occupational handlers would be 7 mg/kg/day, which is still significantly lower than the highest doses tested in the animal carcinogenicity studies. As a result, even though tumors were observed in animal carcinogenicity studies, the possibility of being exposed to these excessive dietary doses over time is considered implausible based on the currently registered use pattern and not relevant to human health risk assessment.

6.5 Uncertainty

When evaluating a database, it is also important to assess the uncertainties associated with the available data. When uncertainty is high there is less confidence in the exposure and effect estimates and, therefore, informs the reliability of results. Understanding the sources of uncertainty within a database can help characterize observed results and aid in developing new research with reduced uncertainty.

In some instances, the agency did not have access to all of the data underlying the studies analyzed for the current evaluation. This includes all of the epidemiological studies, 17 genotoxicity studies, and 1 animal carcinogenicity study. For these studies, the agency had to rely upon information the study authors reported. Without the raw data, statistical analyses could not be replicated or recalculated. On the other hand, studies that include full reports with detailed methodology, analytically measured doses, and individual animal data may provide a higher level of confidence. It also allows the agency to perform its own evaluation of the data using current practices and policies.

Several uncertainties have already been identified throughout this document. There are numerous metabolism studies available for glyphosate; however, the data are not sufficient to determine whether linear kinetics is occurring at high doses where tumors were observed in animal carcinogenicity studies. In the carcinogenicity test guideline (OCSPP 870.4200) and the 2005 Guidelines for Carcinogen Risk Assessment, inappropriate toxicokinetics (e.g., overwhelming absorption or detoxification mechanisms) should be avoided. A study evaluating the toxicokinetic profile of glyphosate using multiple doses is needed to further investigate the pharmacokinetic properties between low- and high-dose levels.

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[27] Using the 2012 Standard Operating Procedures for Residential Exposure Assessment. Available: http://www2.epa.gov/pesticide-science-and-assessing-pesticide-risks/standard-operating-procedures-residential-pesticide

With respect to the epidemiological data, the database is limited for each investigated cancer with only one or two studies available. Although six studies were used in the evaluation of NHL, the results were constrained by the limitations of the individual studies, such as small sample size/limited power, missing data, and control selection issues. The quality of the exposure assessment is a major concern since the validity of the overall study results depend in large part on the ability of the study to correctly quantify and classify a subject's exposure. There was no direct information on pesticide exposure or absorbed dose because the exposures were self-reported. All of the studies conducted exposure assessments through questionnaires and interviews that are susceptible to recall bias, which can result in exposure misclassification. The study with the highest ranking (De Roos *et al.*, 2005) did not find an association between glyphosate exposure and NHL; however, it has been noted that the median follow-up time for this study was ~7 years. A longer follow-up from the AHS cohort would be beneficial to better understand whether there is an association between glyphosate exposure and NHL. An update from the AHS cohort would also provide a more recent evaluation of glyphosate exposure and cancer outcomes. Many of the studies were conducted prior to the introduction of glyphosate-tolerant crops in 1996, which resulted in a dramatic increase of glyphosate use in subsequent use. More recent studies will help further elucidate the association between glyphosate exposure and cancer outcomes during this period of time.

Another consideration is that farmers and other applicators apply formulations, not the active ingredient alone. It is possible that different formulations were used across and/or within the different epidemiological studies. Formulations are end-use products that are sold as a mixture of registered pesticidal active ingredients, such as glyphosate, and additional substances that increase the effectiveness of a pesticidal product, which are often referred to as "inert ingredients." For example, inert ingredients may act as a solvent to allow a pesticide active ingredient to penetrate a plant's outer surface, may facilitate and accentuate the dispersion of the product, or may extend the pesticide product's shelf-life[28]. Inert ingredients and the proportion of these inert ingredients vary across formulations. It has been hypothesized that glyphosate formulations may be more toxic than glyphosate alone. Glyphosate has been studied in a multitude of studies and there are studies that have been conducted on numerous formulations that contain glyphosate; however, there are relatively few research projects that have attempted to systematically compare glyphosate and the formulations in the same experimental design. Furthermore, there are even less instances of studies comparing toxicity across formulations. This is one aspect of the uncertainty in the database that the agency has been working to address by developing a strategic research plan in collaboration with NTP (see Section 7.0).

It is recognized that these uncertainties exist for the current database; however, the available data are adequate for evaluating the carcinogenic potential of glyphosate and determine the cancer classification using the 2005 Guidelines for Carcinogen Risk Assessment. As discussed in Section 6.3, there are a large number of studies available and the database is remarkably consistent across these studies.

[28] https://www.epa.gov/pesticide-registration/inert-ingredients-overview-and-guidance

6.6 Evaluation of Cancer Classification per the 2005 EPA Guidelines for Carcinogen Risk Assessment

6.6.1 Introduction

In the 2005 Guidelines for Carcinogen Risk Assessment, five classification descriptors are provided:

- Carcinogenic to Humans
- Likely to be Carcinogenic to Humans
- Suggestive Evidence of Carcinogenic Potential
- Inadequate Information to Assess Carcinogenic Potential
- Not Likely to be Carcinogenic to Humans

Descriptors are assigned using all available data from the multiple lines of evidence. The following text has been excerpted/summarized from the guidelines regarding these descriptors:

> Choosing a descriptor is a matter of judgment and cannot be reduced to a formula. Each descriptor may be applicable to a wide variety of potential data sets and weights of evidence. The weight-of-evidence, including the selected descriptor, is presented as a narrative laying out the complexity of information that is essential to understanding the hazard and its dependence on the quality, quantity, and type(s) of data available. The descriptors and narratives are intended to permit sufficient flexibility to accommodate new scientific understanding and new testing methods. The descriptors represent points along a continuum of evidence; consequently, there are gradations and borderline cases that are clarified by the full weight-of-evidence narrative. Rather than focusing simply on the descriptor, the entire range of information included in the weight-of-evidence narrative should be considered.

The weight-of-evidence presented in Sections 6.2-6.5 and based on the available epidemiological, animal carcinogenicity, and genotoxicity data for glyphosate was considered for each classification descriptor. For each descriptor, the guidelines provide examples and/or conditions for when the descriptor may be appropriate and the weight-of-evidence for glyphosate is assessed to determine which descriptor is supported by the available data. As stated in the 2005 EPA Guidelines for Carcinogen Risk Assessment, "the entire range of information included in the weight-of-evidence should be considered". Based on all of the available data, the weight-of-evidence clearly do not support the descriptors "carcinogenic to humans" and "likely to be carcinogenic to humans" at this time. According to the 2005 Cancer Guidelines, "carcinogenic to humans" is appropriate "when there is convincing epidemiologic evidence of a causal association between human exposure and cancer." Similarly, "likely to be carcinogenic to humans" descriptor is appropriate "when the weight of the evidence is adequate to demonstrate carcinogenic potential to humans but does not reach the weight of evidence for the descriptor."

In epidemiological studies, there was no evidence of an association between glyphosate exposure and solid tumors, leukemia, or HL. The available data for multiple myeloma are not considered adequate to assess carcinogenic potential and a conclusion regarding the association between

glyphosate exposure and risk of NHL cannot be determined based on the available data due to conflicting results and various limitations identified in studies investigating NHL. In 7 of the 15 animal carcinogenicity studies, no tumors were identified for detailed evaluation. In the remaining 8 studies, tumor incidences were not increased at doses <500 mg/kg/day, except for testicular tumors. The tumors observed at doses at or exceeding 1,000 mg/kg/day are not considered relevant to human health risk assessment. Tumor findings were not reproduced in studies in the same animal strain at similar or higher doses. Furthermore, the tumors often lacked a monotonic dose response, pairwise significance, and/or corroborating preneoplastic lesions. The mammalian MOA/AOP is unknown for glyphosate and precursor events are unknown; however, the genotoxicity data were highly reproducible and consistent with a clear demonstration that glyphosate does not have a mutagenic MOA.

The descriptor "inadequate information to assess carcinogenic potential" is used when available data are judged inadequate for applying one of the other descriptors. Given the extensive size of the glyphosate database, which includes a multitude of well-designed and well-conducted studies, this classification descriptor is not supported. The epidemiological data at this time are limited and study results appear to be inconsistent for some cancer types. However, it is important to note that epidemiological studies are not available for most pesticides. Similarly, for most pesticides, generally, only two animal bioassays are available. EPA routinely evaluates human cancer potential using the small, more typical datasets. As such, for glyphosate, given the significant amount of information across multiple lines of evidence, the agency believes the database is sufficient to designate a cancer classification descriptor for glyphosate and that "inadequate information to assess carcinogenic potential" is not appropriate.

The remaining two cancer classification descriptors (*"Suggestive Evidence of Carcinogenic Potential"* and *"Not Likely to Be Carcinogenic to Humans")* from the 2005 EPA Guidelines for Carcinogen Risk Assessment are described in detail below. Subsequently, these descriptors are discussed in the context of whether the available evidence do or do not support them.

"Suggestive Evidence of Carcinogenic Potential"

This descriptor is appropriate when a concern for potential carcinogenic effects in humans is raised, but the data are judged not sufficient for a stronger conclusion. It covers a spectrum of evidence associated with varying levels of concern for carcinogenicity. Depending on the extent of the database, additional studies may or may not provide further insights.

Some examples of when this descriptor may be appropriate include the following:

- If a small, and possibly not statistically significant, increase in tumor incidence observed in a single animal or human study that does not reach the weight-of-evidence for the descriptor of "likely to be carcinogenic to humans." The study generally would not be contradicted by other studies of equal quality in the same population group or experimental system;
- If there is evidence of a positive response in a study whose power, design, or conduct limits the ability to draw a confident conclusion (but does not make the study fatally flawed), but where the carcinogenic potential is strengthened by other lines of evidence;

- If there is a small increase in a tumor with a high background rate in that sex and strain, when there is some but insufficient evidence that the observed tumors may be due to intrinsic factors that cause background tumors and not due to the agent being assessed (when there is a high background rate of a specific tumor in animals of a particular sex and strain, then there may be biological factors operating independently of the agent being assessed that could be responsible for the development of the tumors). In this case, the reasons for determining that the tumors are not due to the agent are explained; or
- If there is a statistically significant increase at one dose only, but no significant response at the other doses and no overall trend.

"Not Likely to Be Carcinogenic to Humans"

This descriptor is appropriate when the available data are considered robust for deciding that there is no basis for human hazard concern. In some instances, there can be positive results in experimental animals when there is strong, consistent evidence that each MOA in experimental animals does not operate in humans. In other cases, there can be convincing evidence in both humans and animals that the agent is not carcinogenic.

This descriptor would be appropriate if any of the following was observed:

- Animal evidence demonstrates lack of carcinogenic effects in both sexes in well-designed and well-conducted studies in at least two appropriate animal species in the absence of other animal or human data suggesting a potential for cancer effects, or
- Convincing and extensive experimental evidence showing that the only carcinogenic effects observed in animals are not relevant to humans, or
- Convincing evidence that carcinogenic effects are not likely by a particular exposure route, or
- Convincing evidence that carcinogenic effects are not likely below a defined dose range.

6.6.2 Discussion of Evidence to Support Cancer Classification Descriptors

As stated above, the available data and weight-of-evidence clearly do not support the descriptors "carcinogenic to humans", "likely to be carcinogenic to humans", or "inadequate information to assess carcinogenic potential". The following discusses the remaining cancer classification descriptors and how the evidence does or does not support the descriptors.

It could be argued that the "suggestive evidence of carcinogenic potential" descriptor would be appropriate. The evidence to support this includes:

- Non-statistically significant effect estimates greater than the null were reported for NHL across studies and meta-analyses based on ever/never use ranged from 1.3-1.5.
- There was limited evidence of a possible exposure-response relationship between glyphosate exposure and NHL.

- In several animal carcinogenicity studies, a statistically significant trend was observed. In some instances, tumor incidences at the highest dose tested were statistically significant as compared to concurrent controls using raw (unadjusted) p-values.
- Positive responses were observed in a limited number of genotoxicity assays evaluating chromosomal and primary DNA damage.

However, according to the 2005 EPA Guidelines for Carcinogen Risk Assessment, in order for the above evidence to support the "suggestive evidence of carcinogenic potential" descriptor, "the study generally would not be contradicted by other studies of equal quality in the same population group or experimental system". Furthermore, the guidelines state that "rather than focusing simply on the descriptor, the entire range of information included in the weight-of-evidence narrative should be considered". For the epidemiological studies evaluating NHL, half of the studies reported effect estimates for ever/never use ranging from 1.5-1.85, with the widest confidence interval observed for the highest effect estimate indicating the effect estimate is less reliable. In the other half of the studies, which were of equal or higher quality, the reported effect estimates were approximately equal to the null. All of the effect estimates were non-statistically significant. There were conflicting results in exposure-response assessments investigating glyphosate exposure and the risk of NHL. Although two-case control studies (McDuffie et al., 2001; Eriksson et al., 2008) reported elevated effect estimates when analyzing for exposure-response relationships across two exposure categories, extensive analyses in a study of equal or higher quality (De Roos et al., 2005) for cumulative lifetime exposure and intensity-weighted cumulative exposure contradicted these results reporting effect estimates less than null (ranging from 0.6-0.9) when analyzing across tertiles. Furthermore, the two-case control studies did not account for co-exposure to other pesticides, which would be expected to cause inflated effect estimates. Various limitations that could impact the calculated effect estimate were identified for these studies and discussed in Section 3.6. The effect estimates greater than the null were not strengthened by other lines of evidence, as described in Sections 6.2-6.5.

In 7 (5 rat and 2 mouse) of the 15 animal carcinogenicity studies conducted with glyphosate, no tumors were identified for detailed evaluation. Of the remaining 8 studies, 7 observed a statistically significant trend for a particular tumor type; however, the agency determined that these tumors findings are not considered to be related to treatment. Although a statistically significant trend was obtained, closer examination of the incidence data across doses did not demonstrate a monotonic dose responses in several instances. Although the incidence at the highest dose tested (approaching or exceeding 1,000 mg/kg/day for almost all studies) for some of these tumors were statistically significant from concurrent controls using raw (unadjusted) p-values, none of the pairwise comparisons were found to be statistically significant following adjustment for multiple comparisons, except the testicular tumors that were seen in a single study. Furthermore, these high-dose tumors were given less weight. There was no evidence of corroborating pre-neoplastic or related non-neoplastic lesions and tumors showed no evidence of tumor progression to support the biological significance of tumor findings. In a limited number of cases, the agency also considered historical control data to inform the relevance of tumor findings when incidence rates in the concurrent controls were unusually low. Lastly, tumors seen in individual studies were not reproduced in studies of equal quality, including studies in the same animal species and strain at similar or higher doses.

Although positive responses were observed in a limited number of genotoxicity assays evaluating chromosomal and primary DNA damage, the overall weight-of-evidence indicates that there is no convincing evidence that glyphosate induces mutations *in vivo* via the oral route. When administered via i.p. injection the studies were predominantly negative. In the two cases where an increase in micronuclei were reported via this route of administration, the results were contradicted by numerous other studies at similar or higher doses using the same assays and route of administration. Technical glyphosate was negative in all gene mutation studies. There was limited evidence of positive findings in studies evaluating primary DNA damage; however, the endpoints measured in these assays are less specific in regards to detecting permanent DNA changes (mutations) and can be attributed to other factors, such as cytotoxicity or cell culture conditions. Although some positive findings were reported for chromosomal alterations *in vitro*, these findings were limited to a few studies and are not supported by the *in vivo* studies that are the most relevant for human risk assessment.

In summary, considering the entire range of information for the weight-of-evidence, the evidence outlined above to potentially support the "suggestive evidence of carcinogenic potential" descriptor are contradicted by other studies of equal or higher quality and, therefore, the data do not support this cancer classification descriptor.

For the "not likely to be carcinogenic to humans" descriptor, one of the considerations is whether there is "convincing evidence that carcinogenic effects are not likely below a defined dose range". In the case of glyphosate, effects are not likely below 500 mg/kg/day based on oral studies. Tumor incidences were not increased in animal carcinogenicity at doses <500 mg/kg/day, except for the testicular tumors observed in a single study that were not considered treatment-related. In genotoxicity studies, assays with oral administration were negative except for one instance where an extremely high dose (5,000 mg/kg/day) was administered.

The 2005 EPA Guidelines for Carcinogen Risk Assessment also state that "weighing of the evidence includes addressing not only the likelihood of human carcinogenic effects of the agent but also the conditions under which such effects may be expressed". Increased tumor incidence was typically observed at doses of 1,000 mg/kg/day or greater. Additionally, the only *in vivo* positive assays seen in the genotoxicity studies were administered via i.p. injection at doses of 200 mg/kg/day and 300 mg/kg/day or orally at 5,000 mg/kg/day. These high doses are not considered relevant to human health risk assessment based on the currently registered use pattern for glyphosate. Maximum potential glyphosate exposure in residential and occupational settings have been estimated at 0.47 mg/kg/day and 7 mg/kg/day, respectively, which are well-below the doses necessary to elicit the effects seen in these animal carcinogenicity and genotoxicity studies. Additionally, non-linear kinetics may also be occurring at the high doses. The carcinogenicity test guidelines (OCSPP 870.4200 and OCSPP 870.4300) and the 2005 Guidelines for Carcinogen Risk Assessment state that inappropriate toxicokinetics (e.g., overwhelming absorption or detoxification mechanisms) should be avoided. A well-conducted pharmacokinetic study evaluating the toxicokinetic profile of glyphosate is needed to further investigate the toxicokinetic properties between high and low dose levels to ensure that inappropriate toxicokinetics is avoided.

Overall, there is not strong support for the "suggestive evidence of carcinogenic potential" cancer classification descriptor based on the weight-of-evidence, which includes the fact that even small, non-statistically significant changes observed in animal carcinogenicity and epidemiological studies were contradicted by studies of equal or higher quality. The strongest support is for "not likely to be carcinogenic to humans" at the doses relevant to human health risk assessment for glyphosate.

6.7 Proposed Conclusions Regarding the Carcinogenic Potential of Glyphosate

Glyphosate is a non-selective, phosphonomethyl amino acid herbicide registered to control weeds in various agricultural and non-agricultural settings. Labeled uses of glyphosate include over 100 terrestrial food crops as well as other non-agricultural sites, such as greenhouses, aquatic areas, and residential areas. Following the introduction of glyphosate-resistant crops in 1996, glyphosate use increased dramatically; however, glyphosate use has stabilized in recent years due to the increasing number of glyphosate-resistant weed species.

Since its registration in 1974, numerous human and environmental health analyses have been completed for glyphosate, which consider all anticipated exposure pathways. Glyphosate is currently undergoing Registration Review. As part of this process, the hazard and exposure of glyphosate are reevaluated to determine its potential risk to human and environmental health using current practices and policies. The human carcinogenic potential of glyphosate has been evaluated by the agency several times. As part of the current evaluation for Registration Review, the agency has performed a comprehensive analysis of available data from submitted guideline studies and the open literature. This includes epidemiological, animal carcinogenicity, and genotoxicity studies.

An extensive database exists for evaluating the carcinogenic potential of glyphosate, including 23 epidemiological studies, 15 animal carcinogenicity studies, and nearly 90 genotoxicity studies for the active ingredient glyphosate. These studies were evaluated for quality and results were analyzed across studies within each line of evidence. The modified Bradford Hill criteria were then used to evaluate multiple lines of evidence using such concepts as strength, consistency, dose response, temporal concordance and biological plausibility. The available data at this time do no support a carcinogenic process for glyphosate. Overall, animal carcinogenicity and genotoxicity studies were remarkably consistent and did not demonstrate a clear association between glyphosate exposure and outcomes of interest related to carcinogenic potential. In epidemiological studies, there was no evidence of an association between glyphosate exposure and numerous cancer outcomes; however, due to conflicting results and various limitations identified in studies investigating NHL, a conclusion regarding the association between glyphosate exposure and risk of NHL cannot be determined based on the available data. Increases in tumor incidence were not considered treatment-related in any of the animal carcinogenicity studies. In 7 of these studies, no tumors were identified for detailed evaluation. In the remaining studies, tumor incidences were not increased at doses <500 mg/kg/day, except for the testicular tumors observed in a single study. Increased tumor incidences at or exceeding the limit dose (≥1000 mg/kg/day) are not considered relevant to human health. Furthermore, data from epidemiological and animal carcinogenicity studies do not reliably demonstrate expected dose-response relationships.

For cancer descriptors, the available data and weight-of-evidence clearly do not support the descriptors "carcinogenic to humans", "likely to be carcinogenic to humans", or "inadequate information to assess carcinogenic potential". For the "suggestive evidence of carcinogenic potential" descriptor, considerations could be looked at in isolation; however, following a thorough integrative weight-of-evidence evaluation of the available data, the database would not support this cancer descriptor. The strongest support is for "not likely to be carcinogenic to humans" at doses relevant to human health risk assessment.

This analysis integrating multiple lines of evidence highlights the need for mechanistic studies to elucidate the MOA/AOP of glyphosate, as well as additional epidemiology studies and updates from the AHS cohort study to further investigate the carcinogenic potential of glyphosate in humans. This evaluation focused on studies on the active ingredient glyphosate; however, additional research could also be performed to determine whether formulation components, such as surfactants, influence the toxicity of glyphosate formulations. The agency has been working on plans to initiate research given these identified data gaps and these plans are described in Section 7.0.

The agency is soliciting advice from the FIFRA SAP on the evaluation and interpretation of the available data for each line of evidence for the active ingredient glyphosate and the weight-of-evidence analysis, as well as how the available data inform cancer classification descriptors according to the agency's 2005 Guidelines for Carcinogen Risk Assessment.

7.0 Collaborative Research Plan for Glyphosate and Glyphosate Formulations

As previously mentioned, some have believed that glyphosate formulations may be more toxic than glyphosate alone. Glyphosate has been studied in a multitude of studies and there are studies that have been conducted on numerous formulations that contain glyphosate; however, there are relatively few research projects that have attempted to directly compare glyphosate and the formulations in the same experimental design. Furthermore, there are even less instances of studies comparing toxicity across formulations.

The agency has been collaborating with the NTP Division of the National Institute of Environmental Health Sciences to develop a research plan intended to evaluate the role of glyphosate in product formulations and the differences in formulation toxicity. Four objectives were identified that laid out how research by NTP might contribute to these research questions: 1) compare the toxicity of glyphosate vs. formulations, as well as compare formulations vs. formulations, 2) provide publicly available toxicology data on cancer-related endpoints, 3) provide publicly available toxicology data on non-cancer endpoints, and 4) investigate the mechanisms of how glyphosate and formulations cause toxic effects.

As part of the first objective, NTP will investigate the differential biological activity of glyphosate, glyphosate formulations, and the individual components of formulations. . The NTP Laboratory Branch generated preliminary data by exposing human hepatoma cells (HepG2) to five different glyphosate products bought off the shelf. The endpoint in the assay was cell viability, measured by ATP levels. The data, presented in Figure 7.1, demonstrate at-a-glance

that formulations are not equally toxic and that the toxicity is not being driven by the amount of glyphosate in the formulations, at least for the endpoint of cell viability. This observation highlights how informative the data generated from this research can be to the overall research questions.

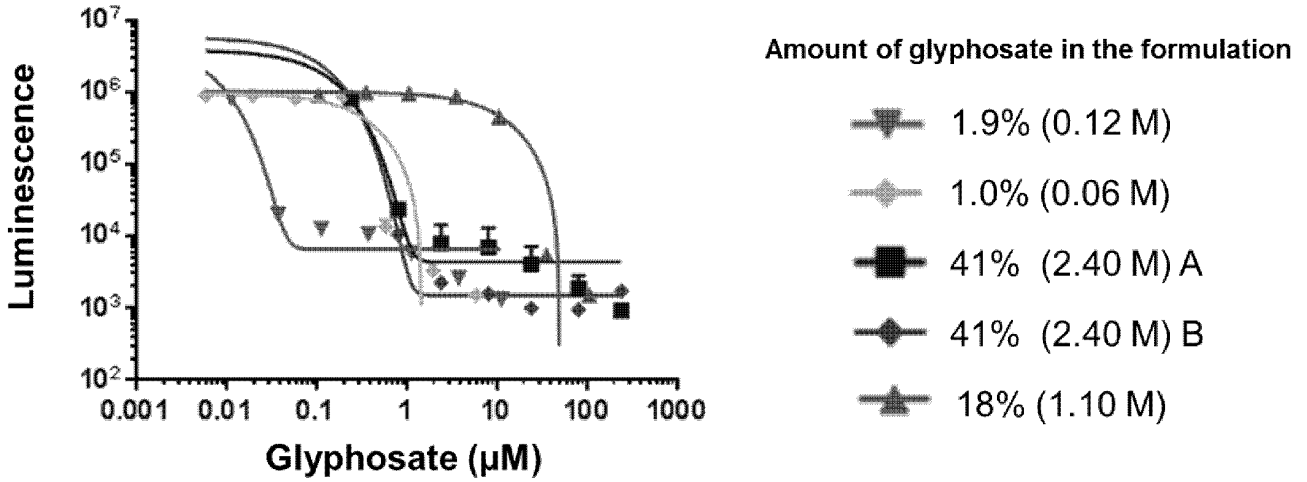


Figure 7.1. Results of HepG2 exposures following 24 hour incubation using different glyphosate formulations.

For the second objective, NTP will contribute to the publicly available knowledge-base describing the biological effects of glyphosate and formulations by conducting guideline studies addressing genotoxicity and studies that evaluate the oxidative stress potential. In order to organize publicly available data on glyphosate and formulations, IARC used 10 key characteristics of carcinogens as a way to help inform their conclusion (Smith *et al.*, 2016). Their review concluded that data were only available for two of these characteristics (genotoxicity and oxidative stress) and little to no information on the remaining characteristics was available. However, when members of a NTP workgroup looked at the available data included in the IARC review, the group did not agree with IARC that the data provided strong or clear evidence for either genotoxicity or induction of oxidative stress given protocol deficiencies that could produce questionable results.

Currently, the publicly available information regarding non-cancer endpoints for glyphosate and glyphosate formulations is limited. To begin to address the third objective, NTP will conduct a screening level analysis of the literature using text mining software, for studies regarding non-cancer endpoints resulting from glyphosate exposure. The resulting scoping report will describe the evidence base for health outcomes investigated in connection to glyphosate, as well as help identify data gaps.

As discussed in Section 6.0, there is a need for mechanistic studies to elucidate the MOA/AOP of glyphosate. Although there are data suggesting glyphosate may be genotoxic or cause oxidative stress, there is little mechanistic information to support these observations. For the last objective, NTP will use *in vitro* screening assays to gain mechanistic information on the effects

of glyphosate and different formulations for a variety of endpoints and allow for direct comparisons among them. The screening approach will also allow for the identification of test substances that would be good candidates for further *in vivo* testing. Since *in vivo* findings in genetic toxicology testing are generally considered as having a greater relevance to humans than *in vitro* findings, it is valuable to confirm the results seen at the cellular level at the whole animal level.

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Appendix A. Journal articles obtained from open literature search

Abstract Only	Cebollero, L. R., et al. (2011). "Glyphosate based herbicides toxicity, a new approach." Toxicology Letters 205, Supplement: S233.
Abstract Only	Monroy, C. M., et al. (2004). "In vitro evaluation of glyphosate-induced DNA damage in fibrosarcoma cells HT1080 and Chinese hamster ovary (CHO) cells." Environ Mol Mutagen 44(3): 216-216.
Abstract Only	Ramos-Morales, P., et al. (2008). "Combined use of multiple biomarkers to evaluate the genotoxic activity of the herbicide Glyphosate." Environ Mol Mutagen 49(7): 577-577.
Abstract Only/Full article already identified	Sorahan, T. (2015). "Multiple Myeloma and Glyphosate Use: A Re-Analysis of US Agricultural Health Study (AHS) Data." Int J Environ Res Public Health 12(2): 1548-1559.
Article not in English	Kwiatkowska, M., et al. (2013). "GLYPHOSATE AND ITS FORMULATIONS - TOXICITY, OCCUPATIONAL AND ENVIRONMENTAL EXPOSURE." Med Pr 64(5): 717-729.
Article not in English	Lawson, R. and E. Estrade-Chapellaz (1999). "Intoxication volontaire par le glufosinate (Basta®)." Annales Françaises d'Anesthésie et de Réanimation 18(9): 1025-1026.
Article not in English	Mañas, F., et al. (2009). "Aberraciones cromosómicas en trabajadores rurales de la Provincia de Córdoba expuestos a plaguicidas." BAG. Journal of basic and applied genetics 20(1): 0-0.
Article not in English	Martinez, A., et al. (2007). "[Cytotoxicity of the herbicide glyphosate in human peripheral blood mononuclear cells]." Biomedica 27(4): 594-604.
Article not in English	Monroy, C. M., et al. (2005). "[Cytotoxicity and genotoxicity of human cells exposed in vitro to glyphosate]." Biomedica 25(3): 335-345.
Article not in English	Pieniazek, D., et al. (2003). "[Glyphosate--a non-toxic pesticide?]." Med Pr 54(6): 579-583.
Article not in English	Saratovskikh, E. A., et al. (2007). "Genotoxicity of the pestiside in Ames test and the possibility to formate the complexeses with DNA." Ekologicheskaya genetika V(3): 46-54.
Article not in English	В статье представлены результаты генотоксико логических, аллергологических и иммунологических исследований, проведенных в рамках медико-биологической оценки безопасности генно-инженерно-моди-фицированной кукурузы линии MON 88017, устойчивой к глифосату и жуку Diabrotica spp. Анализ данных, полученных при изучении уровня повреждений ДНК и уровня хромосомных аберраций, тяжести активного анафилактического шока и интенсивности гуморального иммунного ответа, состояния гуморального и клеточного звеньев иммунитета, не выявил какого-либо генотоксического, аллергенного, иммуномодулирующего и сенсибилизирующего действия ГМ-кукурузы линии MON 88017 по сравнению с ее традиционным аналогом.
Cancer treatment	Parajuli, K. R., et al. (2015). "Aminomethylphosphonic acid and methoxyacetic acid induce apoptosis in prostate cancer cells." Int J Mol Sci 16(5): 11750-11765.
Cancer treatment	Li, Q., et al. (2013). "Glyphosate and AMPA inhibit cancer cell growth through inhibiting intracellular glycine synthesis." Drug Des Devel Ther 7: 635-643.
Cancer treatment	Parajuli, K. R., et al. (2016). "Aminomethylphosphonic acid inhibits growth and metastasis of human prostate cancer in an orthotopic xenograft mouse model." Oncotarget 7(9): 10616-10626.
Correspondence article	Belle, R., et al. (2012). "LETTER TO THE EDITOR: TOXICITY OF ROUNDUP AND GLYPHOSATE." Journal of Toxicology and Environmental Health-Part B-Critical Reviews 15(4): 233-235.
Correspondence article	Carrasco, A. E. (2011). "Reply to the Letter to the Editor Regarding Our Article (Paganelli et al., 2010)." Chem Res Toxicol 24(5): 610-613.
Correspondence article	de Souza, L. and L. Macedo Oda (2013). "Letter to the editor." Food and Chemical Toxicology 53: 440.
Correspondence article	de Vendomois, J. S., et al. (2010). "Debate on GMOs Health Risks after Statistical Findings in Regulatory Tests." Int J Biol Sci 6(6): 590-598.
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Correspondence article	Grunewald, W. and J. Bury (2013). "Comment on "Long term toxicity of a Roundup herbicide and a Roundup-tolerant genetically modified maize" by Seralini et al." Food and Chemical Toxicology 53: 447-448.
Correspondence article	Huang, K. and W. Xu (2013). "Reply to letter to the editor." Food and Chemical Toxicology 59: 811-812.
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	Cuhra, T. Traavik, M. Sanden, J. Fagan and R. Primicerio (Food Chemistry 2014, 153: 207–215)." Food Chemistry 172: 921-923.
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Correspondence article	Portier, C. J., et al. (2016). "Differences in the carcinogenic evaluation of glyphosate between the International Agency for Research on Cancer (IARC) and the European Food Safety Authority (EFSA)." J Epidemiol Community Health.
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Correspondence article	Wallace Hayes, A. (2014). "Editor in Chief of Food and Chemical Toxicology answers questions on retraction." Food and Chemical Toxicology 65: 394-395.
Effects on cellular processes	Benachour, N. and G.-E. Seralini (2009). "Glyphosate Formulations Induce Apoptosis and Necrosis in Human Umbilical, Embryonic, and Placental Cells." Chem Res Toxicol 22(1): 97-105.
Effects on cellular processes	Chaufan, G., et al. (2014). "Glyphosate commercial formulation causes cytotoxicity, oxidative effects, and apoptosis on human cells: differences with its active ingredient." Int J Toxicol 33(1): 29-38.
Effects on cellular processes	Coalova, I., et al. (2014). "Influence of the spray adjuvant on the toxicity effects of a glyphosate formulation." Toxicology in Vitro 28(7): 1306-1311.
Effects on cellular processes	George, J., et al. (2010). "Studies on glyphosate-induced carcinogenicity in mouse skin: a proteomic approach." J Proteomics 73(5): 951-964.
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Appendix B

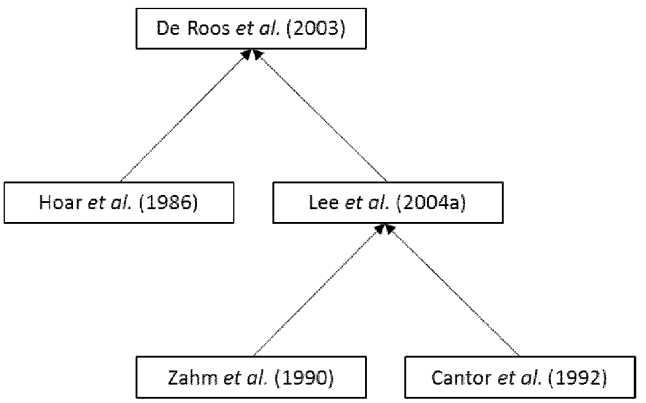


Figure B.1. Visual representation of studies included in De Roos *et al.* (2003).

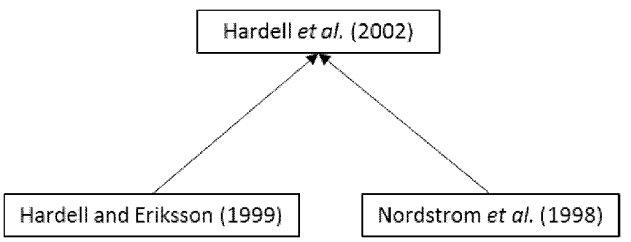


Figure B.2. Visual representation of studies included in Hardell *et al.* (2002).

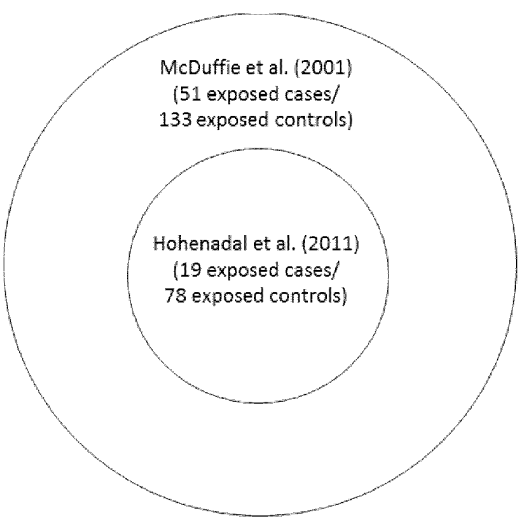


Figure B.3. Visual representation of the association between McDuffie *et al.* (2001) and the follow-up analysis by Hohenadal *et al.* (2011).

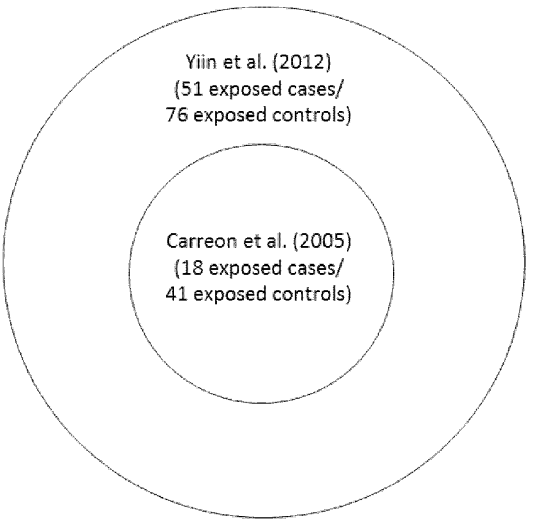


Figure B.4. Visual representation of the association between Carreon *et al.* (2005), which investigated gliomas in women only, and Yiin *et al.* (2012), which investigated both sexes.

Appendix C

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.

Study	Location	Study Years	Case Population	Control Population	Total Number of Subjects	Number of Glyphosate Exposed Cases	Proxy Use
Alavanja *et al.* (2003)	USA: Iowa and North Carolina	Enrollment (1993-1997) through 2001	Males enrolled in AHS; licensed private and commercial applicators	Males enrolled in AHS; licensed private and commercial applicators	566 cases 54,766 controls	not reported	No
Andreotti *et al.* (2009)	USA: Iowa and North Carolina	Enrollment (1993-1997) through 2004	Participants enrolled in AHS; licensed private and commercial applicators and spouses	Participants enrolled in AHS; licensed private and commercial applicators and spouses	93 cases (64 applicators, 29 spouses) 82,503 controls (52,721 applicators, 29,782 spouses)	55 cases 48,461 controls	No
Band *et al.* (2011)	Canada: British Columbia	1983-1990	Male residents in British Columbia identified as cancer patients in British Columbia Cancer Registry (excluding farmers that worked all outside British Columbia)	Male residents in British Columbia identified as cancer patients in British Columbia Cancer Registry (excluding farmers that worked all outside British Columbia) with other cancer sites excluding lung cancer and cancers of unknown primary site	1,153 cases 3,999 controls	25 cases 60 controls	Yes (included in adjustment)
Brown *et al.* (1990)	USA: Iowa and Minnesota	Iowa: 1981-1983; Minnesota: 1980-1982 Initial interview 1981-1984 and supplemental interviews (Iowa only) in 1987	White males (30 years or older) residing in Iowa or Minnesota diagnosed with leukemia	White males without lymphatic or hematopoietic cancer selected by random digit dialing (< age 65), Medicare records (age > 65) and state death certificate files (deceased controls) - frequency matched for 5-year age group, vital status, and state of residence	Initial: 578 cases; 1245 controls Supplemental: 92 cases; 211 controls	15 cases 49 controls	Yes (not evaluated)
Brown *et al.* (1993)	USA: Iowa	Iowa: 1981-1983; Interview 1981-1984	White males (30 years or older) residing in Iowa diagnosed with multiple myeloma	White males without lymphatic or hematopoietic cancer selected by random digit dialing (< age 65), Medicare records (age >	173 cases 650 controls	11 cases 40 controls	Yes (not evaluated)

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
				65) and state death certificate files (deceased controls) - frequency matched for 5-year age group, vital status, and state of residence			
Cocco *et al.* (2013)	Czech Republic, France, Germany, Italy, Ireland, and Spain	1998-2004	Adult patients first diagnosed with lymphoma residing in the referral area of the participating centers	Controls from Germany and Italy were randomly selected by sampling from the general population, matched to cases on sex, 5-year age-group, and residence area. The rest of the centers used matched hospital controls, with eligibility criteria limited to diagnoses other than cancer, infectious diseases, and immunodeficient diseases	2,348 cases 2,462 controls	4 cases 2 controls	No
De Roos *et al.* (2003)	USA: Nebraska, Iowa, Minnesota, and Kansas	Nebraska: 1983-1986 Iowa: 1981-1983 Minnesota: 1980-1982 Kansas: 1979-1981	White males diagnosed with NHL in one of the 4 states (21 years or older in Nebraska and Kansas; 30 years or older in Iowa and Minnesota)	Males living in same geographic area obtained by random digit dialing, Medicare records and state mortality files - frequency matched for race, sex, age, and vital status	870 cases 2,569 controls	36 cases 61 controls	Yes (not significant in covariate analysis)
De Roos *et al.* (2005)	USA: Iowa and North Carolina	Enrollment (1993-1997) through 2001	Participants enrolled in AHS; licensed private and commercial applicators and spouses	Participants enrolled in AHS; licensed private and commercial applicators and spouses	54,315 subjects included in this analysis	All cancers – 358 cases Lung – 26 cases Oral cavity – 10 cases Colon – 15 cases Rectum – 14 cases Pancreas – 7 cases Kidney – 9 cases Bladder – 17 cases Prostate – 145 cases Melanoma – 14 cases All lymphohematopoietic cancers – 36 cases NHL – 17 cases Leukemia – 9 cases	No

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
						Multiple myeloma – 6 cases (13,280 subjects not exposed to glyphosate used for comparison population)	
Engel *et al.* (2005)	USA: Iowa and North Carolina	Enrollment (1993-1997) through 2000	Wives of applicators enrolled in AHS study with no history of breast cancer	Wives of applicators enrolled in AHS study with no history of breast cancer	309 cases 30,145 controls	82 cases; 10,016 controls	No
Eriksson *et al.* (2008)	Sweden	1999-2002	Patients (18-74 years of age) residing in Sweden and diagnosed with NHL	Swedish residents randomly selected living in same health service regions as cases - frequency matched for age (in 10 years) and sex	910 cases 1,016 controls	29 cases 18 controls	No
Flower *et al.* (2004)	USA: Iowa	1993-1997	Children (born after 1975) of participants enrolled in AHS study who were diagnosed with childhood cancer up to 19 years of age	Children (born after 1975) of participants enrolled in AHS study not diagnosed with childhood cancer up to 19 years of age	50 cases out of 17,357 total study population	Maternal use: 13 cases of 6075 total exposed Paternal use: 6 cases of 3231 total exposed	No
Hardell *et al.* (2002)	Sweden	NHL: 1987-1990 HCL: 1987-1992	NHL: Male residents of one of four northern or three middle counties in Sweden age 25 years and older diagnosed with NHL; identified from regional cancer registries HCL: Living male residents of Sweden age 25 years and older diagnosed with HCl; identified from the Swedish Cancer Registry	NHL: Two male controls for each case matched by age, year of death if deceased, and county HCL: Four male controls for each case matched by age and county	515 cases 1,141 controls	8 cases 8 controls	Yes (not evaluated)
Kachuri *et al.* (2013)	Canada: Alberta, British Columbia, Manitoba, Ontario,	1991–1994	Men aged ≥ 19 years (≥ 30 years in analysis) - pulled from hospital records in Quebec,	Men aged ≥ 19 years (30 years in analysis) - pulled from provincial health insurance records in	342 cases 1,357 controls	32 cases 121 controls	Yes (included in adjustment)

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
	Quebec, and Saskatchewan		cancer registries in all other provinces	Alberta, Saskatchewan, Manitoba, and Quebec; computerized telephone listings in Ontario; voter lists in British Columbia			
Karunanayake *et al.* (2012)	Canada: Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan	1991–1994	Men aged ≥ 19 years - pulled from hospital records in Quebec, cancer registries in all other provinces	Men aged ≥ 19 years - pulled from provincial health insurance records in Alberta, Saskatchewan, Manitoba, and Quebec; computerized telephone listings in Ontario; voter lists in British Columbia	316 cases 1,506 controls	38 cases 133 controls	No
Koureas *et al.* (2014)	Greece	2010	Inhabitants of the city of Larissa; Eligibility criteria for pesticide sprayers were 1) to personally apply pesticides systematically, and 2) to have recently applied pesticides (no longer than 7 days between last application and sampling).	The rural residents group were occupied in administrative services, public order services, health services, education or trade. Inclusion criteria for this group: absence of any involvement in agricultural activities either as a primary or secondary occupation by participant or any member of household. Also recruited urban residents (mainly blood donors) from the city of Larissa.	80 pesticide sprayers, 85 rural residents, and 121 individuals	Not reported	No
Koutros *et al.* (2013)	USA: Iowa and North Carolina	Enrollment (1993-1997) through 2007	Males enrolled in AHS; licensed private and commercial applicators	Males enrolled in AHS; licensed private and commercial applicators	1,962 incident cases (including 919 aggressive prostate cancers) among 54,412 applicators	1464 cases 42,420 controls	No
Landgren *et al.* (2009)	USA: Iowa and North Carolina	Exposure information: enrollment (1993-1997) and 5-year follow-up interview	Males enrolled in AHS; licensed private and commercial applicators	Males enrolled in AHS; licensed private and commercial applicators	678 participants	27 cases out of 570 total exposed	No

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
		Blood samples: 2006-2007 (Iowa) and 2008 (North Carolina)					
Lee *et al.* (2004b)	USA: Nebraska	1988-1993	White residents of 1 of 66 Nebraska counties age 21 years or older with a newly confirmed case of adenocarcinoma of the stomach or Cases identified from the Nebraska Cancer Registry (1988–1990) or from discharge diagnosis and pathology records from 14 Nebraska hospitals (1991–1993)	Frequency matched by age and sex to the combined distribution of glioma, stomach, and esophageal cancer cases from a control group from a previous study (1986–1987) that selected controls from the general population by random digit dialing for those under 65 years, Health Care Financing Administration Medicare files for those over 65 years, mortality records for deceased and matched by race, sex, vital status (or year of death if deceased)	Stomach: 170 cases Esophagus: 137 cases 502 Controls	12 cases 46 controls	Yes (analysis showed differences)
Lee *et al.* (2005)	USA: Nebraska	1988-1993	White residents of 1 of 66 Nebraska counties age 21 years or older with confirmed adult glioma. Cases identified from Nebraska Cancer Registry or from participating hospitals in Lincoln and Omaha, Nebraska	Frequency matched by age, sex, and vital status to the combined distribution of glioma, stomach, and esophageal cancer cases from a control group from a previous study (1986–1987) that selected controls from the general population by random digit dialing for those under 65 years, Medicare files for those over 65 years, mortality records for deceased and matched by race, sex, vital status (or year of death if deceased), and 5-year age groups to the overall case distribution. Additional	251 glioma cases 498 controls	17 cases 32 controls	Yes (analysis showed differences, included in adjustment)

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
				younger controls were brought into the study through random digit dialing and from death certificates			
Lee *et al.* (2007)	USA: Iowa and North Carolina	1993-97; follow-up to 2002	Agricultural Health Study participants: private and commercial applicators licensed in Iowa or North Carolina with no history of colorectal cancer at enrollment. Followed through 2002 for incident colorectal cancer	Agricultural Health Study participants: private and commercial applicators licensed in Iowa or North Carolina with no history of colorectal cancer at enrollment. Followed through 2002 for incident colorectal cancer	56,813 licensed pesticide applicators 305 incident colorectal cancer cases (212 colon, 93 rectum) 56,508 controls	Colon - 151 cases; 49 controls Rectum - 74 cases; 18 controls Colorectal - 225 cases; 67 controls	No
McDuffie *et al.* (2001)	Canada: Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan	1991-1994	Male residents of six Canadian provinces age 19 years and older diagnosed with STS, HD, NHL, or MM; this study only evaluated those with NHL. Cases were identified from Canadian Cancer Registries; in Quebec, hospital ascertainment was used	Random control subject selection using Health Insurance records, computerized telephone listings, and voters' lists; males 19 years and older from same six Canadian provinces as cases matched by age (within 2 years)	517 cases 1506 controls	Univariate analysis: 51 cases; 133 controls (multivariate analysis also conducted - glyphosate exposed numbers not reported)	No
Orsi *et al.* (2009)	France	2000-2004	Men aged 20–75 years living in the catchment areas of the main hospitals in Brest, Caen, Nantes, Lille, Toulouse, and Bordeaux, with no history of immunosuppression or taking immunosuppressant drugs. Cases ascertained from hospital records.	Patients from the same hospital catchment area as the cases. Patients were hospitalized for orthopedic or rheumatological conditions (89.3%), gastrointestinal or genitourinary tract diseases (4.8%), cardiovascular diseases (1.1%), skin and subcutaneous tissue disease (1.8%), and infections (3.0%), excluding patients admitted for cancer or a disease directly related to	491 cases 456 controls	NHL: 12 cases 24 controls HL: 6 cases 15 controls Lymphoproliferative syndromes: 4 cases 18 controls Multiple myeloma: 5 cases;18 controls Lymphoid neoplasms: 27 cases; 24 controls	No

Table B.1. Design Characteristics of Epidemiological Studies Evaluated for Study Quality.							
Study	**Location**	**Study Years**	**Case Population**	**Control Population**	**Total Number of Subjects**	**Number of Glyphosate Exposed Cases**	**Proxy Use**
				occupation, smoking, or alcohol abuse			
Pahwa *et al.* (2011)	Canada (Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan)	1991-1994	Men aged ≥ 19 years - pulled from hospital records in Quebec, cancer registries in all other provinces	Men aged ≥ 19 years - pulled from provincial health insurance records in Alberta, Saskatchewan, Manitoba, and Quebec; computerized telephone listings in Ontario; voter lists in British Columbia	342 cases 1,506 age/resident matched controls	32 cases 133 controls	No
Pahwa *et al.* (2012)	Canada (Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan)	1991-1994	Men aged ≥ 19 years - pulled from hospital records in Quebec, cancer registries in all other provinces	Men aged ≥ 19 years - pulled from provincial health insurance records in Alberta, Saskatchewan, Manitoba, and Quebec; computerized telephone listings in Ontario; voter lists in British Columbia	342 cases 1506 age/resident matched controls	32 cases 133 controls	No
Yiin *et al.* (2012)	USA: Upper Midwest Health Study (Iowa, Michigan, Minnesota and Wisconsin)	1995-1997	Age 18–80 (at ascertainment or diagnosis in 1995 through January 1997) residing in counties where the largest population center had fewer than 250,000 residents. Referral by physicians or through state cancer registries with cases verified by histological evaluation.	Controls age 18–64 randomly selected from state driver's license/nondriver ID records, and those age 65–80 were selected from Health Care Financing Administration's (HCFA) Medicare data within 10-year age group strata, with the proportion/stratum determined by the age distribution of glioma cases in that state from 1992 to 1994. Controls were frequency-matched within a state but not by county of residence. Selected even if they had a self-reported history of cancer other than glioma.	798 glioma cases; 1,175 controls	12 cases 19 controls	Yes (analysis showed no differences)

Appendix D. List of studies assigned a low quality ranking and not evaluated in detail

As described in Section 3.2, if studies did not collect exposure information on glyphosate from all subjects, did not assess an outcome (e.g., biomonitoring studies), and/or did not provide a quantitative measure of an association between glyphosate and a cancer outcome, then these studies were assigned a low quality ranking and were not further evaluated in detail. These studies included the following 32 studies:

Acquavella *et al.* 2006; Andre *et al.*, 2007; Baker *et al.* 2005; Benedetti *et al.*, 2013; Bolognesi *et al.*, 2002; Bolognesi *et al.*, 2004; Bolognesi *et al.* 2009; Bortoli *et al.*, 2009; Costa *et al.*, 2006; Da Silva *et al.* 2014; Dennis *et al.* 2010; Firth *et al.* 2007; Gomez-Arroyo *et al.*, 2013; Gregio D'Arce *et al.*, 2000; El-Zaemey *et al.*, 2013; Fortes *et al.*, 2016; Fritschi *et al.*, 2005; Hernandez *et al.,* 2006; Kaufman *et al.* 2009; Khayat *et al.*, 2013; Lebailly *et al.,* 2003; Mandel *et al.* 2005; Martinez-Valenzuela *et al.*, 2009; Monge *et al.*, 2007; Pastor *et al.*, 2003; Paz-y Mino *et al.,* 2007; Paz-y Mino *et al.* 2011; Ruder *et al.* 2004; Shaham *et al.*, 2001; Silva Kahl *et al.* 2016; Simoniello *et al.*, 2008; Vlastos *et al.,* 2006.

Appendix E

Chronic Dietary Exposure

The agency uses Dietary Exposure Evaluation Model- Food Consumption Intake Database (DEEM-FCID; version 3.16), which incorporates consumption data from United States Department of Agriculture (USDA) National Health and Nutrition Examination Survey, What We Eat in America (NHANES/WWEIA; 2003-2008) to calculate potential chronic dietary exposures. In an unrefined chronic dietary analysis, several conservative assumptions are used to generate high end estimates of potential exposure. These assumptions include tolerance-level residues for all registered commodities, 100% crop treated, and drinking water values from a direct application to water scenario, as well as DEEM default processing factors. For glyphosate, the highest exposure value for any population subgroup in an unrefined chronic dietary analysis would be 0.23 mg/kg/day for children 1-2 years old (Table E.1; DEEM inputs and results attached below).

Table E.1. Chronic dietary exposure estimates

Population Subgroup	Exposure (mg/kg/day)
General U.S. Population	0.091515
All Infants (< 1 year old)	0.142826
Children 1-2 years old	**0.230816**
Children 3-5 years old	0.214117
Children 6-12 years old	0.149269
Youth 13-19 years old	0.089636
Adults 20-49 years old	0.076396
Adults 50-99 years old	0.062987
Females 13-49 years old	0.071057

Post-application Incidental Oral and Dermal Exposure

Glyphosate has residential uses, including application to turf, which would result in the highest potential post-application exposures; therefore, there is potential for children to be exposed via incidental oral and dermal routes from playing on treated lawns. For this assessment, the agency evaluates exposures from hand-to-mouth behavior, object-to-mouth behavior, incidental soil ingestion, and dermal contact using the 2012 Standard Operating Procedures for Residential Pesticide Exposure Assessment[29]. Incidental oral exposures from hand-to-mouth, object-to-mouth, and incidental soil ingestion are considered inter-related and, therefore, not combined. To calculate high end estimates of exposures, the following is assumed according to the 2012 SOP to be health-protective: 1) maximum label rates are applied to the turf, 2) exposures are assumed to occur every day to the residue values on the day of application (i.e., no dissipation), and 3) individuals engage in post-application activities for the maximum amount of time represented by data for children spending time outdoors and not specifically engaged in activities

[29] Available: http://www2.epa.gov/pesticide-science-and-assessing-pesticide-risks/standard-operating-procedures-residential-pesticide

on turf, when in actuality children do not spend all of their outdoor time on turf. The highest exposure from incidental oral scenarios using the maximum application rate for turf applications would be 0.16 mg/kg/day from hand-to-mouth behaviors by children (1 to <2 years old). Dermal post-application to children 1 to <2 years old would be 0.08 mg/kg/day.

Table E.2. Post-application Exposure Estimates for Application of Glyphosate to Turf[1].

Lifestage	Post-application Exposure Scenario		Exposure (mg/kg/day)
Children 1 to <2 year old	Turf – sprays	Hand-to-Mouth	0.16
		Object-to-Mouth	0.005
		Incidental Soil Ingestion	0.0003
		Dermal (high contact activities)	0.08

[1] Based on Roundup® Weed & Grass Super Concentrate, EPA Reg. No. 71995-25.

DEEM-FCID™ Chronic Residue File.

```
Filename: C:\Users\tbloem\Documents\work\glyphosate\registration review\417300C.R08
Chemical: Glyphosate
RfD(Chronic): 1 mg/kg bw/day  NOEL(Chronic): 100 mg/kg bw/day
RfD(Acute): 0 mg/kg bw/day  NOEL(Acute):  0 mg/kg bw/day
Date created/last modified: 06-09-2016/10:37:44       Program ver. 3.16, 03-08-d
Comment: THIS R98 FILE WAS GENERATED USING THE CONVERT TO R98 UTILITY VERSION 1.1.2.
-------------------------------------------------------------------------------
   EPA     Crop                                Def Res     Adj.Factors   Comment
   Code     Grp  Commodity Name                 (ppm)       #1    #2
---------- ---- ------------------------------ ---------- ------ ------  -------
0101050000 1AB  Beet, garden, roots             0.200000   1.000  1.000  P 7F20
            Full comment: P 7F2016
0101050001 1AB  Beet, garden, roots-babyfood    0.200000   1.000  1.000  P 7F20
            Full comment: P 7F2016
0101052000 1A   Beet, sugar                     10.000000   1.000  1.000  P 7F04
            Full comment: P 7F04886
0101052001 1A   Beet, sugar-babyfood           10.000000   1.000  1.000  P 7F04
            Full comment: P 7F04886
0101053000 1A   Beet, sugar, molasses          10.000000   1.000  1.000  P 7F04
            Full comment: P 7F04886
0101053001 1A   Beet, sugar, molasses-babyfood 10.000000   1.000  1.000  P 7F04
            Full comment: P 7F04886
0101067000 1AB  Burdock                         0.200000   1.000  1.000
0101078000 1AB  Carrot                          5.000000   1.000  1.000  P 8E36
            Full comment: P 8E3676  7F2016
0101078001 1AB  Carrot-babyfood                 5.000000   1.000  1.000  P 8E36
            Full comment: P 8E3676  7F2016
0101079000 1AB  Carrot, juice                   5.000000   1.000  1.000  P 8E36
            Full comment: P 8E3676  7F2016
0101084000 1AB  Celeriac                        0.200000   1.000  1.000
0101100000 1AB  Chicory, roots                  0.200000   1.000  1.000
0101168000 1AB  Ginseng, dried                  0.200000   1.000  1.000  P 7F20
            Full comment: P 7F2016
0101190000 1AB  Horseradish                     0.200000   1.000  1.000  P 8E36
            Full comment: P 8E3676
0101250000 1AB  Parsley, turnip rooted          0.200000   1.000  1.000
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0101251000	1AB	Parsnip	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0101251001	1AB	Parsnip-babyfood	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0101314000	1AB	Radish, roots	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0101316000	1AB	Radish, Oriental, roots	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0101327000	1AB	Rutabaga	0.200000	1.000	1.000		
0101331000	1AB	Salsify, roots	0.200000	1.000	1.000		
0101388000	1AB	Turnip, roots	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103015000	1CD	Arrowroot, flour	0.200000	1.000	1.000		
0103015001	1CD	Arrowroot, flour-babyfood	0.200000	1.000	1.000		
0103017000	1CD	Artichoke, Jerusalem	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103082000	1CD	Cassava	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103082001	1CD	Cassava-babyfood	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103139000	1CD	Dasheen, corm	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103166000	1CD	Ginger	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103166001	1CD	Ginger-babyfood	0.200000	1.000	1.000		
0103167000	1CD	Ginger, dried	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103296000	1C	Potato, chips	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103297000	1C	Potato, dry (granules/ flakes)	0.200000	6.500	1.000		
0103297001	1C	Potato, dry (granules/ flakes)-b	0.200000	6.500	1.000		
0103298000	1C	Potato, flour	0.200000	6.500	1.000	P	7F20
		Full comment: P 7F2016					
0103298001	1C	Potato, flour-babyfood	0.200000	6.500	1.000	P	7F20
		Full comment: P 7F2016					
0103299000	1C	Potato, tuber, w/peel	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103299001	1C	Potato, tuber, w/peel-babyfood	0.200000	1.000	1.000		
0103300000	1C	Potato, tuber, w/o peel	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103300001	1C	Potato, tuber, w/o peel-babyfood	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103366000	1CD	Sweet potato	3.000000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103366001	1CD	Sweet potato-babyfood	3.000000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103371000	1CD	Tanier, corm	0.200000	1.000	1.000		
0103387000	1CD	Turmeric	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103406000	1CD	Yam, true	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0103407000	1CD	Yam bean	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016					
0200051000	2	Beet, garden, tops	0.200000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
0200101000	2	Chicory, tops	0.200000	1.000	1.000	P	7F20
		Full comment: P 7F2016 & 8E2122					
0200140000	2	Dasheen, leaves	0.200000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
0200315000	2	Radish, tops	0.200000	1.000	1.000		
0200317000	2	Radish, Oriental, tops	0.200000	1.000	1.000		
0200332000	2	Salsify, tops	0.200000	1.000	1.000		
0301165000	3A	Garlic, bulb	0.200000	1.000	1.000	P	8E36

		Full comment: P 8E3676				
0301165001	3A	Garlic, bulb-babyfood	0.200000	1.000	1.000	P 8E36
		Full comment: P 8E3676				
0301237000	3A	Onion, bulb	0.200000	1.000	1.000	P 8E36
		Full comment: P 8E3676				
0301237001	3A	Onion, bulb-babyfood	0.200000	1.000	1.000	P 8E36
		Full comment: P 8E3676				
0301238000	3A	Onion, bulb, dried	0.200000	9.000	1.000	P 8E36
		Full comment: P 8E3676				
0301238001	3A	Onion, bulb, dried-babyfood	0.200000	9.000	1.000	P 8E36
		Full comment: P 8E3676				
0301338000	3A	Shallot, bulb	0.200000	1.000	1.000	
0302103000	3B	Chive, fresh leaves	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
0302198000	3B	Leek	0.200000	1.000	1.000	P 8E36
		Full comment: P 8E3676				
0302239000	3B	Onion, green	0.200000	1.000	1.000	P 8E36
		Full comment: P 8E3676				
0302338500	3B	Shallot, fresh leaves	0.200000	1.000	1.000	
0401005000	4A	Amaranth, leafy	0.200000	1.000	1.000	
0401018000	4A	Arugula	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401104000	4A	Chrysanthemum, garland	0.200000	1.000	1.000	
0401133000	4A	Cress, garden	0.200000	1.000	1.000	
0401134000	4A	Cress, upland	0.200000	1.000	1.000	
0401138000	4A	Dandelion, leaves	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401150000	4A	Endive	0.200000	1.000	1.000	P 7F20
		Full comment: P 7F2016 & 8E2122				
0401204000	4A	Lettuce, head	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401205000	4A	Lettuce, leaf	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401248000	4A	Parsley, leaves	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401313000	4A	Radicchio	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401355000	4A	Spinach	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0401355001	4A	Spinach-babyfood	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0402076000	4B	Cardoon	0.200000	1.000	1.000	
0402085000	4B	Celery	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0402085001	4B	Celery-babyfood	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0402086000	4B	Celery, juice	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0402087000	4B	Celtuce	0.500000	1.000	1.000	
0402152000	4B	Fennel, Florence	0.500000	1.000	1.000	
0402322000	4B	Rhubarb	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0402367000	4B	Swiss chard	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501061000	5A	Broccoli	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501061001	5A	Broccoli-babyfood	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501062000	5A	Broccoli, Chinese	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501064000	5A	Brussels sprouts	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501069000	5A	Cabbage	0.200000	1.000	1.000	P 8E21

		Full comment: P 8E2122				
0501071000	5A	Cabbage, Chinese, napa	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501072000	5A	Cabbage, Chinese, mustard	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501083000	5A	Cauliflower	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0501196000	5A	Kohlrabi	0.500000	1.000	1.000	
0502063000	5B	Broccoli raab	0.200000	1.000	1.000	
0502070000	5B	Cabbage, Chinese, bok choy	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0502117000	5B	Collards	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0502194000	5B	Kale	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0502229000	5B	Mustard greens	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0502318000	5B	Rape greens	0.200000	1.000	1.000	
0502389000	5B	Turnip, greens	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
0600347000	6	Soybean, seed	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0600349000	6	Soybean, soy milk	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0600349001	6	Soybean, soy milk-babyfood or in	20.000000	1.000	1.000	
0600350000	6	Soybean, oil	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0600350001	6	Soybean, oil-babyfood	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0601043000	6A	Bean, snap, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0601043001	6A	Bean, snap, succulent-babyfood	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0601257000	6A	Pea, edible podded, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0601349500	6AB	Soybean, vegetable	5.000000	1.000	1.000	
0602031000	6B	Bean, broad, succulent	5.000000	1.000	1.000	
0602033000	6B	Bean, cowpea, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0602037000	6B	Bean, lima, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0602255000	6B	Pea, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0602255001	6B	Pea, succulent-babyfood	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0602259000	6B	Pea, pigeon, succulent	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603030000	6C	Bean, black, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603032000	6C	Bean, broad, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603034000	6C	Bean, cowpea, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603035000	6C	Bean, great northern, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603036000	6C	Bean, kidney, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603038000	6C	Bean, lima, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603039000	6C	Bean, mung, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603040000	6C	Bean, navy, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				

0603041000	6C	Bean, pink, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603042000	6C	Bean, pinto, seed	5.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603098000	6C	Chickpea, seed	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603098001	6C	Chickpea, seed-babyfood	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603099000	6C	Chickpea, flour	8.000000	1.000	1.000	
0603182000	6C	Guar, seed	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603182001	6C	Guar, seed-babyfood	8.000000	1.000	1.000	
0603203000	6C	Lentil, seed	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603256000	6C	Pea, dry	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603256001	6C	Pea, dry-babyfood	8.000000	1.000	1.000	P 2E41
		Full comment: P 2E4118				
0603258000	6C	Pea, pigeon, seed	8.000000	1.000	1.000	
0603348000	6C	Soybean, flour	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0603348001	6C	Soybean, flour-babyfood	20.000000	1.000	1.000	P 5F15
		Full comment: P 5F1536				
0801374000	8A	Tomatillo	0.100000	1.000	1.000	
0801375000	8A	Tomato	0.100000	1.000	1.000	
0801375001	8A	Tomato-babyfood	0.100000	1.000	1.000	
0801376000	8A	Tomato, paste	0.100000	5.400	1.000	
0801376001	8A	Tomato, paste-babyfood	0.100000	5.400	1.000	
0801377000	8A	Tomato, puree	0.100000	3.300	1.000	
0801377001	8A	Tomato, puree-babyfood	0.100000	3.300	1.000	
0801378000	8A	Tomato, dried	0.100000	14.300	1.000	
0801378001	8A	Tomato, dried-babyfood	0.100000	14.300	1.000	
0801379000	8A	Tomato, juice	0.100000	1.500	1.000	
0801380000	8A	Tomato, Tree	0.100000	1.000	1.000	
0802148000	8BC	Eggplant	0.100000	1.000	1.000	
0802234000	8BC	Okra	0.500000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
0802270000	8B	Pepper, bell	0.100000	1.000	1.000	
0802270001	8B	Pepper, bell-babyfood	0.100000	1.000	1.000	
0802271000	8B	Pepper, bell, dried	0.100000	1.000	1.000	
0802271001	8B	Pepper, bell, dried-babyfood	0.100000	1.000	1.000	
0802272000	8BC	Pepper, nonbell	0.100000	1.000	1.000	
0802272001	8BC	Pepper, nonbell-babyfood	0.100000	1.000	1.000	
0802273000	8BC	Pepper, nonbell, dried	0.100000	1.000	1.000	
0901075000	9A	Cantaloupe	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0901187000	9A	Honeydew melon	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0901399000	9A	Watermelon	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0901400000	9A	Watermelon, juice	0.500000	1.000	1.000	
0902021000	9B	Balsam pear	0.500000	1.000	1.000	
0902088000	9B	Chayote, fruit	0.500000	1.000	1.000	
0902102000	9B	Chinese waxgourd	0.500000	1.000	1.000	
0902135000	9B	Cucumber	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0902308000	9B	Pumpkin	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0902309000	9B	Pumpkin, seed	0.500000	1.000	1.000	
0902356000	9B	Squash, summer	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0902356001	9B	Squash, summer-babyfood	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				

0902357000	9B	Squash, winter	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
0902357001	9B	Squash, winter-babyfood	0.500000	1.000	1.000	P 3E28
		Full comment: P 3E2845				
1001106000	10A	Citron	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1001107000	10A	Citrus hybrids	0.500000	1.000	1.000	
1001108000	10A	Citrus, oil	0.500000	1.000	1.000	
1001240000	10A	Orange	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1001241000	10A	Orange, juice	0.500000	1.800	1.000	P 4F43
		Full comment: P 4F4338				
1001241001	10A	Orange, juice-babyfood	0.500000	1.800	1.000	P 4F43
		Full comment: P 4F4338				
1001242000	10A	Orange, peel	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1001369000	10A	Tangerine	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1001370000	10A	Tangerine, juice	0.500000	2.300	1.000	P 4F43
		Full comment: P 4F4338				
1002197000	10B	Kumquat	0.500000	1.000	1.000	
1002199000	10B	Lemon	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1002200000	10B	Lemon, juice	0.500000	2.000	1.000	P 4F43
		Full comment: P 4F4338				
1002200001	10B	Lemon, juice-babyfood	0.500000	2.000	1.000	P 4F43
		Full comment: P 4F4338				
1002201000	10B	Lemon, peel	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1002206000	10B	Lime	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1002207000	10B	Lime, juice	0.500000	2.000	1.000	P 4F43
		Full comment: P 4F4338				
1002207001	10B	Lime, juice-babyfood	0.500000	2.000	1.000	P 4F43
		Full comment: P 4F4338				
1003180000	10C	Grapefruit	0.500000	1.000	1.000	P 4F43
		Full comment: P 4F4338				
1003181000	10C	Grapefruit, juice	0.500000	2.100	1.000	P 4F43
		Full comment: P 4F4338				
1003307000	10C	Pummelo	0.500000	1.000	1.000	
1100007000	11	Apple, fruit with peel	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				
1100008000	11	Apple, peeled fruit	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				
1100008001	11	Apple, peeled fruit-babyfood	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				
1100009000	11	Apple, dried	0.200000	8.000	1.000	P 6F18
		Full comment: P 6F1861				
1100009001	11	Apple, dried-babyfood	0.200000	8.000	1.000	P 6F18
		Full comment: P 6F1861				
1100010000	11	Apple, juice	0.200000	1.300	1.000	P 6F18
		Full comment: P 6F1861				
1100010001	11	Apple, juice-babyfood	0.200000	1.300	1.000	P 6F18
		Full comment: P 6F1861				
1100011000	11	Apple, sauce	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				
1100011001	11	Apple, sauce-babyfood	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				
1100129000	11	Crabapple	0.200000	1.000	1.000	
1100173500	11	Goji berry	0.100000	1.000	1.000	
1100210000	11	Loquat	0.200000	1.000	1.000	
1100266000	11	Pear	0.200000	1.000	1.000	P 6F18
		Full comment: P 6F1861				

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1100266001 11   Pear-babyfood                    0.200000   1.000  1.000  P 6F18
            Full comment: P 6F1861
1100267000 11   Pear, dried                      0.200000   6.250  1.000  P 6F18
            Full comment: P 6F1861
1100268000 11   Pear, juice                      0.200000   1.000  1.000  P 6F18
            Full comment: P 6F1861
1100268001 11   Pear, juice-babyfood             0.200000   1.000  1.000  P 6F18
            Full comment: P 6F1861
1100310000 11   Quince                           0.200000   1.000  1.000
1201090000 12A  Cherry                           0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1201090001 12A  Cherry-babyfood                  0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1201091000 12A  Cherry, juice                    0.200000   1.500  1.000  P 2600
            Full comment: P 260044
1201091001 12A  Cherry, juice-babyfood           0.200000   1.500  1.000  P 2600
            Full comment: P 260044
1202012000 12B  Apricot                          0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202012001 12B  Apricot-babyfood                 0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202013000 12B  Apricot, dried                   0.200000   6.000  1.000  P 2600
            Full comment: P 260044
1202014000 12B  Apricot, juice                   0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202014001 12B  Apricot, juice-babyfood          0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202230000 12B  Nectarine                        0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202260000 12B  Peach                            0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202260001 12B  Peach-babyfood                   0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202261000 12B  Peach, dried                     0.200000   7.000  1.000  P 2600
            Full comment: P 260044
1202261001 12B  Peach, dried-babyfood            0.200000   7.000  1.000
1202262000 12B  Peach, juice                     0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1202262001 12B  Peach, juice-babyfood            0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1203285000 12C  Plum                             0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1203285001 12C  Plum-babyfood                    0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1203286000 12C  Plum, prune, fresh               0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1203286001 12C  Plum, prune, fresh-babyfood      0.200000   1.000  1.000  P 2600
            Full comment: P 260044
1203287000 12C  Plum, prune, dried               0.200000   5.000  1.000  P 2600
            Full comment: P 260044
1203287001 12C  Plum, prune, dried-babyfood      0.200000   5.000  1.000
1203288000 12C  Plum, prune, juice               0.200000   1.400  1.000  P 2600
            Full comment: P 260044
1203288001 12C  Plum, prune, juice-babyfood      0.200000   1.400  1.000  P 2600
            Full comment: P 260044
1301055000 13A  Blackberry                       0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301056000 13A  Blackberry, juice                0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301056001 13A  Blackberry, juice-babyfood       0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301058000 13A  Boysenberry                      0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
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1301208000 13A  Loganberry                          0.200000   1.000  1.000
1301320000 13A  Raspberry                           0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301320001 13A  Raspberry-babyfood                  0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301321000 13A  Raspberry, juice                    0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1301321001 13A  Raspberry, juice-babyfood           0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1302057000 13B  Blueberry                           0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1302057001 13B  Blueberry-babyfood                  0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1302136000 13B  Currant                             0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1302137000 13B  Currant, dried                      0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1302149000 13B  Elderberry                          0.200000   1.000  1.000
1302174000 13B  Gooseberry                          0.200000   1.000  1.000
1302191000 13B  Huckleberry                         0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1303227000 13C  Mulberry                            0.200000   1.000  1.000
1304175000 13D  Grape                               0.200000   1.000  1.000  P 5F15
            Full comment: P 5F1560
1304176000 13D  Grape, juice                        0.200000   1.200  1.000  P 5F15
            Full comment: P 5F1560
1304176001 13D  Grape, juice-babyfood               0.200000   1.200  1.000  P 5F15
            Full comment: P 5F1560
1304179000 13D  Grape, wine and sherry              0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1304195000 13D  Kiwifruit, fuzzy                    0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2929
1307130000 13G  Cranberry                           0.200000   1.000  1.000  P 0E24
            Full comment: P 0E2421
1307130001 13G  Cranberry-babyfood                  0.200000   1.000  1.000  P 0E24
            Full comment: P 0E2421
1307131000 13G  Cranberry, dried                    0.200000   1.000  1.000  P 0E24
            Full comment: P 0E2421
1307132000 13G  Cranberry, juice                    0.200000   1.100  1.000  P 0E24
            Full comment: P 0E2421
1307132001 13G  Cranberry, juice-babyfood           0.200000   1.100  1.000  P 0E24
            Full comment: P 0E2421
1307359000 13G  Strawberry                          0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1307359001 13G  Strawberry-babyfood                 0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1307360000 13G  Strawberry, juice                   0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1307360001 13G  Strawberry, juice-babyfood          0.200000   1.000  1.000  P 3E29
            Full comment: P 3E2930
1400003000 14   Almond                              1.000000   1.000  1.000  P 7F18
            Full comment: P 7F1893
1400003001 14   Almond-babyfood                     1.000000   1.000  1.000
1400004000 14   Almond, oil                         1.000000   1.000  1.000  P 7F18
            Full comment: P 7F1893
1400004001 14   Almond, oil-babyfood                1.000000   1.000  1.000
1400059000 14   Brazil nut                          1.000000   1.000  1.000  P 7F18
            Full comment: P 7F1893
1400068000 14   Butternut                           1.000000   1.000  1.000
1400081000 14   Cashew                              1.000000   1.000  1.000  P 7F18
            Full comment: P 7F1893
1400092000 14   Chestnut                            1.000000   1.000  1.000  P 7F18
            Full comment: P 7F1893
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1400155000	14	Hazelnut	1.000000	1.000	1.000	P	7F18
		Full comment: P 7F1893					
1400156000	14	Hazelnut, oil	1.000000	1.000	1.000		
1400185000	14	Hickory nut	1.000000	1.000	1.000		
1400213000	14	Macadamia nut	1.000000	1.000	1.000	P	7F18
		Full comment: P 7F1893					
1400269000	14	Pecan	1.000000	1.000	1.000	P	7F18
		Full comment: P 7F1893					
1400278000	14	Pine nut	1.000000	1.000	1.000	P	9E60
		Full comment: P 9E6003					
1400282000	14	Pistachio	1.000000	1.000	1.000	P	9E60
		Full comment: P 9E6003					
1400391000	14	Walnut	1.000000	1.000	1.000	P	7F18
		Full comment: P 7F1893					
1500025000	15	Barley, pearled barley	30.000000	1.000	1.000	P	2E41
		Full comment: P 2E4118					
1500025001	15	Barley, pearled barley-babyfood	30.000000	1.000	1.000	P	2E41
		Full comment: P 2E4118					
1500026000	15	Barley, flour	30.000000	1.000	1.000	P	2E41
		Full comment: P 2E4118					
1500026001	15	Barley, flour-babyfood	30.000000	1.000	1.000	P	2E41
		Full comment: P 2E4118					
1500027000	15	Barley, bran	30.000000	1.000	1.000	P	2E41
		Full comment: P 2E4118					
1500065000	15	Buckwheat	30.000000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
1500066000	15	Buckwheat, flour	30.000000	1.000	1.000		
1500120000	15	Corn, field, flour	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500120001	15	Corn, field, flour-babyfood	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500121000	15	Corn, field, meal	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500121001	15	Corn, field, meal-babyfood	5.000000	1.000	1.000		
1500122000	15	Corn, field, bran	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500123000	15	Corn, field, starch	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500123001	15	Corn, field, starch-babyfood	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500124000	15	Corn, field, syrup	5.000000	1.500	1.000	P	8F36
		Full comment: P 8F3673					
1500124001	15	Corn, field, syrup-babyfood	5.000000	1.500	1.000	P	8F36
		Full comment: P 8F3673					
1500125000	15	Corn, field, oil	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500125001	15	Corn, field, oil-babyfood	5.000000	1.000	1.000	P	8F36
		Full comment: P 8F3673					
1500126000	15	Corn, pop	0.100000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
1500127000	15	Corn, sweet	3.500000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
1500127001	15	Corn, sweet-babyfood	3.500000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
1500226000	15	Millet, grain	30.000000	1.000	1.000	P	8E21
		Full comment: P 8E2122					
1500231000	15	Oat, bran	30.000000	1.000	1.000	P	6E46
		Full comment: P 6E4645					
1500232000	15	Oat, flour	30.000000	1.000	1.000	P	6E46
		Full comment: P 6E4645					
1500232001	15	Oat, flour-babyfood	30.000000	1.000	1.000	P	6E46
		Full comment: P 6E4645					
1500233000	15	Oat, groats/rolled oats	30.000000	1.000	1.000	P	6E46

		Full comment: P 6E4645				
1500233001	15	Oat, groats/rolled oats-babyfood	30.000000	1.000	1.000	P 6E46
		Full comment: P 6E4645				
1500323000	15	Rice, white	0.100000	1.000	1.000	
1500323001	15	Rice, white-babyfood	0.100000	1.000	1.000	
1500324000	15	Rice, brown	0.100000	1.000	1.000	
1500324001	15	Rice, brown-babyfood	0.100000	1.000	1.000	
1500325000	15	Rice, flour	0.100000	1.000	1.000	
1500325001	15	Rice, flour-babyfood	0.100000	1.000	1.000	
1500326000	15	Rice, bran	0.100000	1.000	1.000	
1500326001	15	Rice, bran-babyfood	0.100000	1.000	1.000	
1500328000	15	Rye, grain	30.000000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1500329000	15	Rye, flour	30.000000	1.000	1.000	
1500344000	15	Sorghum, grain	30.000000	1.000	1.000	
1500345000	15	Sorghum, syrup	30.000000	1.000	1.000	
1500381000	15	Triticale, flour	30.000000	1.000	1.000	
1500381001	15	Triticale, flour-babyfood	30.000000	1.000	1.000	
1500401000	15	Wheat, grain	30.000000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1500401001	15	Wheat, grain-babyfood	30.000000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1500402000	15	Wheat, flour	30.000000	1.000	1.000	
1500402001	15	Wheat, flour-babyfood	30.000000	1.000	1.000	
1500403000	15	Wheat, germ	30.000000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1500404000	15	Wheat, bran	30.000000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1500405000	15	Wild rice	0.100000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1800002000	18	Alfalfa, seed	0.500000	1.000	1.000	
1901028000	19A	Basil, fresh leaves	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901028001	19A	Basil, fresh leaves-babyfood	0.200000	1.000	1.000	
1901029000	19A	Basil, dried leaves	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901029001	19A	Basil, dried leaves-babyfood	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901102500	19A	Chive, dried leaves	0.200000	1.000	1.000	
1901118000	19A	Cilantro, leaves	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901118001	19A	Cilantro, leaves-babyfood	0.200000	1.000	1.000	
1901144000	19A	Dillweed	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901184000	19A	Herbs, other	0.200000	1.000	1.000	
1901184001	19A	Herbs, other-babyfood	0.200000	1.000	1.000	
1901202000	19A	Lemongrass	0.200000	1.000	1.000	
1901220000	19A	Marjoram	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901220001	19A	Marjoram-babyfood	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1901249000	19A	Parsley, dried leaves	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1901249001	19A	Parsley, dried leaves-babyfood	0.200000	1.000	1.000	P 8E21
		Full comment: P 8E2122				
1901334000	19A	Savory	0.200000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1902105000	19B	Cinnamon	7.000000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1902105001	19B	Cinnamon-babyfood	7.000000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
1902119000	19B	Coriander, seed	7.000000	1.000	1.000	P 9E60
		Full comment: P 9E6003				

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1902119001 19B  Coriander, seed-babyfood          7.000000   1.000  1.000
1902143000 19B  Dill, seed                        7.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
1902274000 19B  Pepper, black and white          7.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
1902274001 19B  Pepper, black and white-babyfood 7.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
1902354000 19B  Spices, other                    7.000000   1.000  1.000
1902354001 19B  Spices, other-babyfood          7.000000   1.000  1.000
2001163000 20A  Flax seed, oil                  40.000000   1.000  1.000  00ND00
           Full comment: 00ND0025 (S18)
2001319000 20A  Rapeseed, oil                   20.000000   1.000  1.000  P 2E41
           Full comment: P 2E4118
2001319001 20A  Rapeseed, oil-babyfood          20.000000   1.000  1.000  P 2E41
           Full comment: P 2E4118
2001336000 20A  Sesame, seed                    40.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
2001336001 20A  Sesame, seed-babyfood           40.000000   1.000  1.000
2001337000 20A  Sesame, oil                     40.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
2001337001 20A  Sesame, oil-babyfood            40.000000   1.000  1.000
2002330000 20B  Safflower, oil                  40.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
2002330001 20B  Safflower, oil-babyfood         40.000000   1.000  1.000  P 9E60
           Full comment: P 9E6003
2002364000 20B  Sunflower, seed                 40.000000   1.000  1.000  P 6F34
           Full comment: P 6F3408
2002365000 20B  Sunflower, oil                  40.000000   1.000  1.000  P 6F34
           Full comment: P 6F3408
2002365001 20B  Sunflower, oil-babyfood         40.000000   1.000  1.000  P 6F34
           Full comment: P 6F3408
2003114001 20C  Coconut, oil-babyfood            0.100000   1.000  1.000  P 2F26
           Full comment: P 2F2680
2003128000 20C  Cottonseed, oil                 40.000000   1.000  1.000
2003128001 20C  Cottonseed, oil-babyfood        40.000000   1.000  1.000
3100046000 31   Beef, meat byproducts            5.000000   1.000  1.000
3100046001 31   Beef, meat byproducts-babyfood   5.000000   1.000  1.000
3100048000 31   Beef, kidney                     5.000000   1.000  1.000  P 4F43
           Full comment: P 4F4312
3100049000 31   Beef, liver                      5.000000   1.000  1.000  P OF23
           Full comment: P OF2329
3100049001 31   Beef, liver-babyfood             5.000000   1.000  1.000  P OF23
           Full comment: P OF2329
3200170000 32   Goat, meat byproducts            5.000000   1.000  1.000
3200172000 32   Goat, kidney                     5.000000   1.000  1.000
3200173000 32   Goat, liver                      5.000000   1.000  1.000
3400291000 34   Pork, skin                       5.000000   1.000  1.000
3400292000 34   Pork, meat byproducts            5.000000   1.000  1.000
3400292001 34   Pork, meat byproducts-babyfood   5.000000   1.000  1.000
3400294000 34   Pork, kidney                     5.000000   1.000  1.000
3400295000 34   Pork, liver                      5.000000   1.000  1.000  P 0F23
           Full comment: P 0F2329
3500340000 35   Sheep, meat byproducts           5.000000   1.000  1.000
3500342000 35   Sheep, kidney                    5.000000   1.000  1.000
3500343000 35   Sheep, liver                     5.000000   1.000  1.000
4000093000 40   Chicken, meat                    0.100000   1.000  1.000  P 9F50
           Full comment: P 9F5096
4000093001 40   Chicken, meat-babyfood           0.100000   1.000  1.000  P 9F50
           Full comment: P 9F5096
4000094000 40   Chicken, liver                   1.000000   1.000  1.000  P 9F50
           Full comment: P 9F5096
4000095000 40   Chicken, meat byproducts         1.000000   1.000  1.000  P 9F50
           Full comment: P 9F5096
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4000095001	40	Chicken, meat byproducts-babyfoo	1.000000	1.000	1.000	P	9F50
	Full comment: P 9F5096						
4000097000	40	Chicken, skin	1.000000	1.000	1.000		
4000097001	40	Chicken, skin-babyfood	1.000000	1.000	1.000		
5000382000	50	Turkey, meat	0.100000	1.000	1.000	P	0F23
	Full comment: P 0F2329						
5000382001	50	Turkey, meat-babyfood	0.100000	1.000	1.000	P	0F23
	Full comment: P 0F2329						
5000383000	50	Turkey, liver	1.000000	1.000	1.000		
5000383001	50	Turkey, liver-babyfood	1.000000	1.000	1.000		
5000384000	50	Turkey, meat byproducts	1.000000	1.000	1.000	P	0F23
	Full comment: P 0F2329						
5000384001	50	Turkey, meat byproducts-babyfood	1.000000	1.000	1.000	P	0F23
	Full comment: P 0F2329						
5000386000	50	Turkey, skin	1.000000	1.000	1.000		
5000386001	50	Turkey, skin-babyfood	1.000000	1.000	1.000		
6000301000	60	Poultry, other, meat	0.100000	1.000	1.000	P	9E60
	Full comment: P 9E6003						
6000302000	60	Poultry, other, liver	1.000000	1.000	1.000		
6000303000	60	Poultry, other, meat byproducts	1.000000	1.000	1.000		
6000305000	60	Poultry, other, skin	1.000000	1.000	1.000		
7000145000	70	Egg, whole	0.050000	1.000	1.000	P	9F5
	Full comment: P 9F5096						
7000145001	70	Egg, whole-babyfood	0.050000	1.000	1.000	P	9F5
	Full comment: P 9F5096						
7000146000	70	Egg, white	0.050000	1.000	1.000	P	9F5
	Full comment: P 9F5096						
7000146001	70	Egg, white (solids)-babyfood	0.050000	1.000	1.000		
7000147000	70	Egg, yolk	0.050000	1.000	1.000	P	9F5
	Full comment: P 9F5096						
7000147001	70	Egg, yolk-babyfood	0.050000	1.000	1.000	P	9F5
	Full comment: P 9F5096						
8000157000	80	Fish-freshwater finfish	0.250000	1.000	1.000	P	9F21
	Full comment: P 9F2163						
8000158000	80	Fish-freshwater finfish, farm ra	0.250000	1.000	1.000	P	9F21
	Full comment: P 9F2163						
8000159000	80	Fish-saltwater finfish, tuna	0.250000	1.000	1.000	P	9F21
	Full comment: P 9F2163						
8000160000	80	Fish-saltwater finfish, other	0.250000	1.000	1.000	P	9F21
	Full comment: P 9F2163						
8000161000	80	Fish-shellfish, crustacean	3.000000	1.000	1.000	P	3F29
	Full comment: P 3F2956						
8000162000	80	Fish-shellfish, mollusc	3.000000	1.000	1.000	P	3F29
	Full comment: P 3F2956						
8601000000	86A	Water, direct, all sources	0.159000	1.000	1.000		
8602000000	86B	Water, indirect, all sources	0.159000	1.000	1.000		
9500000500	O	Acai berry	0.200000	1.000	1.000		
9500001000	O	Acerola	0.200000	1.000	1.000		
9500001500	O	Agave	0.500000	1.000	1.000		
9500016000	O	Artichoke, globe	0.200000	1.000	1.000	P	9E60
	Full comment: P 9E6003						
9500019000	O	Asparagus	0.500000	1.000	1.000	P	8E36
	Full comment: P 8E3648						
9500019500	O	Atemoya	0.200000	1.000	1.000		
9500020000	O	Avocado	0.200000	1.000	1.000	P	8F20
	Full comment: P 8F2021						
9500022000	O	Bamboo, shoots	0.500000	1.000	1.000	P	9E60
	Full comment: P 9E6003						
9500023000	O	Banana	0.200000	1.000	1.000	P	9F22
	Full comment: P 9F2223						
9500023001	O	Banana-babyfood	0.200000	1.000	1.000	P	9F22
	Full comment: P 9F2223						
9500024000	O	Banana, dried	0.200000	3.900	1.000	P	9F22

		Full comment: P 9F2223				
9500024001	O	Banana, dried-babyfood	0.200000	3.900	1.000	P 9F22
		Full comment: P 9F2223				
9500060000	O	Breadfruit	0.200000	1.000	1.000	P 9E37
		Full comment: P 9E3754				
9500073000	O	Cactus	0.500000	1.000	1.000	
9500074000	O	Canistel	0.200000	1.000	1.000	
9500077000	O	Carob	0.200000	1.000	1.000	
9500089000	O	Cherimoya	0.200000	1.000	1.000	
9500109000	O	Cocoa bean, chocolate	0.200000	1.000	1.000	P 0E38
		Full comment: P 0E3857				
9500110000	O	Cocoa bean, powder	0.200000	1.000	1.000	P 0E38
		Full comment: P 0E3857				
9500111000	O	Coconut, meat	0.100000	1.000	1.000	P 2F26
		Full comment: P 2F2680				
9500111001	O	Coconut, meat-babyfood	0.100000	1.000	1.000	P 2F26
		Full comment: P 2F2680				
9500112000	O	Coconut, dried	0.100000	2.100	1.000	P 2F26
		Full comment: P 2F2680				
9500113000	O	Coconut, milk	0.100000	1.000	1.000	P 2F26
		Full comment: P 2F2680				
9500114000	O	Coconut, oil	0.100000	1.000	1.000	P 2F26
		Full comment: P 2F2680				
9500115000	O	Coffee, roasted bean	1.000000	1.000	1.000	P 6E18
		Full comment: P 6E1809				
9500116000	O	Coffee, instant	1.000000	1.000	1.000	P 6E18
		Full comment: P 6E1809				
9500141000	O	Date	0.200000	1.000	1.000	P 9E37
		Full comment: P 9E3754				
9500151000	O	Feijoa	0.200000	1.000	1.000	
9500153000	O	Fig	0.200000	1.000	1.000	P 3E29
		Full comment: P 3E2929				
9500154000	O	Fig, dried	0.200000	1.000	1.000	P 3E29
		Full comment: P 3E2929				
9500177000	O	Grape, leaves	0.200000	1.000	1.000	
9500178000	O	Grape, raisin	0.200000	4.300	1.000	P 5F15
		Full comment: P 5F1560				
9500183000	O	Guava	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2443				
9500183001	O	Guava-babyfood	0.200000	1.000	1.000	
9500188000	O	Hop	7.000000	1.000	1.000	
9500193000	O	Jackfruit	0.200000	1.000	1.000	
9500209000	O	Longan	0.200000	1.000	1.000	
9500211000	O	Lychee	0.200000	1.000	1.000	
9500212000	O	Lychee, dried	0.200000	1.850	1.000	
9500214000	O	Mamey apple	0.200000	1.000	1.000	
9500215000	O	Mango	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2490				
9500215001	O	Mango-babyfood	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2490				
9500216000	O	Mango, dried	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2490				
9500217000	O	Mango, juice	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2490				
9500217001	O	Mango, juice-babyfood	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2490				
9500235000	O	Olive	0.200000	1.000	1.000	P 3E29
		Full comment: P 3E2929				
9500236000	O	Olive, oil	0.200000	1.000	1.000	P 3E29
		Full comment: P 3E2929				
9500243000	O	Palm heart, leaves	0.500000	1.000	1.000	P 9E60
		Full comment: P 9E6003				
9500244000	O	Palm, oil	0.100000	1.000	1.000	P 6H51

		Full comment: P 6H5115				
9500244001	O	Palm, oil-babyfood	0.100000	1.000	1.000	P 6H51
		Full comment: P 6H5115				
9500245000	O	Papaya	0.200000	1.000	1.000	P 1E24
		Full comment: P 1E2443				
9500245001	O	Papaya-babyfood	0.200000	1.000	1.000	
9500246000	O	Papaya, dried	0.200000	1.800	1.000	P 1E24
		Full comment: P 1E2443				
9500247000	O	Papaya, juice	0.200000	1.500	1.000	P 1E24
		Full comment: P 1E2443				
9500252000	O	Passionfruit	0.200000	1.000	1.000	P 9E37
		Full comment: P 9E3715				
9500252001	O	Passionfruit-babyfood	0.200000	1.000	1.000	
9500253000	O	Passionfruit, juice	0.200000	1.000	1.000	P 9E37
		Full comment: P 9E3715				
9500253001	O	Passionfruit, juice-babyfood	0.200000	1.000	1.000	
9500254000	O	Pawpaw	0.200000	1.000	1.000	
9500263000	O	Peanut	0.100000	1.000	1.000	P 0F23
		Full comment: P 0F2329				
9500264000	O	Peanut, butter	0.100000	1.890	1.000	
9500265000	O	Peanut, oil	0.100000	1.000	1.000	P 0F23
		Full comment: P 0F2329				
9500275000	O	Peppermint	200.000000	1.000	1.000	
9500276000	O	Peppermint, oil	200.000000	1.000	1.000	
9500277000	O	Persimmon	0.200000	1.000	1.000	P 9E37
		Full comment: P 9E3754				
9500279000	O	Pineapple	0.200000	1.000	1.000	P 2F26
		Full comment: P 2F2634				
9500279001	O	Pineapple-babyfood	0.200000	1.000	1.000	P 2F26
		Full comment: P 2F2634				
9500280000	O	Pineapple, dried	0.200000	5.000	1.000	P 2F26
		Full comment: P 2F2634				
9500281000	O	Pineapple, juice	0.200000	1.700	1.000	P 2F26
		Full comment: P 2F2634				
9500281001	O	Pineapple, juice-babyfood	0.200000	1.700	1.000	P 2F26
		Full comment: P 2F2634				
9500283000	O	Plantain	0.200000	1.000	1.000	P 9F22
		Full comment: P 9F2223				
9500284000	O	Plantain, dried	0.200000	3.900	1.000	P 9F22
		Full comment: P 9F2223				
9500289000	O	Pomegranate	0.200000	1.000	1.000	P 1E39
		Full comment: P 1E3978				
9500311000	O	Quinoa, grain	5.000000	1.000	1.000	
9500333000	O	Sapote, Mamey	0.200000	1.000	1.000	
9500346000	O	Soursop	0.200000	1.000	1.000	
9500351000	O	Spanish lime	0.200000	1.000	1.000	
9500352000	O	Spearmint	200.000000	1.000	1.000	
9500353000	O	Spearmint, oil	200.000000	1.000	1.000	
9500358000	O	Starfruit	0.200000	1.000	1.000	P 6E34
		Full comment: P 6E3424				
9500361000	O	Sugar apple	0.200000	1.000	1.000	
9500362000	O	Sugarcane, sugar	2.000000	1.000	1.000	
9500362001	O	Sugarcane, sugar-babyfood	2.000000	1.000	1.000	
9500363000	O	Sugarcane, molasses	30.000000	1.000	1.000	P 9H51
		Full comment: P 9H5196				
9500363001	O	Sugarcane, molasses-babyfood	30.000000	1.000	1.000	P 9H51
		Full comment: P 9H5196				
9500368000	O	Tamarind	0.200000	1.000	1.000	
9500372000	O	Tea, dried	1.000000	1.000	1.000	P 1H53
		Full comment: P 1H5310 & 8H5568				
9500373000	O	Tea, instant	7.000000	1.000	1.000	P 1H53
		Full comment: P 1H5310 & 8H5568				
9500373500	O	Teff, flour	5.000000	1.000	1.000	

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9500398000 O    Watercress                          0.200000   1.000  1.000  P 9E60
           Full comment: P 9E6003
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Attachment 2: DEEM-FCID™ Chronic Exposure Estimates.

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US EPA                                                              Ver. 3.16, 03-08-d
DEEM-FCID Chronic analysis for GLYPHOSATE                    NHANES 2003-2008 2-day
Residue file name: C:\Users\tbloem\Documents\work\glyphosate\registration
review\417300C.R08
                                                  Adjustment factor #2 NOT used.
Analysis Date 06-09-2016/10:40:23     Residue file dated: 06-09-2016/10:37:44
COMMENT 1: THIS R98 FILE WAS GENERATED USING THE CONVERT TO R98 UTILITY VERSION 1.1.2.
================================================================================
                    Total exposure by population subgroup
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Population Subgroup	Total Exposure mg/kg body wt/day
Total US Population	0.091530
Hispanic	0.094838
Non-Hisp-White	0.091452
Non-Hisp-Black	0.086606
Non-Hisp-Other	0.095659
Nursing Infants	0.072309
Non-Nursing Infants	0.174388
Female 13+ PREG	0.076716
Children 1-6	0.218895
Children 7-12	0.139417
Male 13-19	0.097324
Female 13-19/NP	0.082295
Male 20+	0.077524
Female 20+/NP	0.064402
Seniors 55+	0.061294
All Infants	0.142873
Female 13-50	0.070729
Children 1-2	0.230916
Children 3-5	0.214174
Children 6-12	0.149290
Youth 13-19	0.089645
Adults 20-49	0.076405
Adults 50-99	0.062993
Female 13-49	0.071066

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Note: The reference dose (RfD) and percent of RfD have been removed from this file because these are based on non-cancer endpoints and non-cancer endpoints are not the focus of this SAP.

Appendix F

Genotoxicity Studies with Glyphosate Based Formulations

While the focus of this analysis to determine the genotoxic potential of glyphosate, the agency has identified numerous studies conducted with glyphosate-based formulations that contain various concentrations of the glyphosate as well as other components of the end use products and are presented in Tables F.1-F.5.

Table F.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Formulations.**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA1538, TA98 and TA100; *E. coli* WP2 *uvrA* pKM101 ± S9	1.6-5000 µg/plate ± S9 (plate incorporation)	ICIA 0224 57.6% in water	Negative ± S9	Callander (1988)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537*; E. coli* WP2P and *uvrA* ± S9	100-5000 µg/plate ±S9 plate incorporation & pre-incubation protocols	TMSC (tri-methyl-sulfonium chloride) 95% purity	Negative ± S9	Callander (1993)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	26, 43, 72, 120, 200 µg/plate	Glyphosate liquid formulation (480 g/L isopropylamine salt)	Negative ± S9	Camolesi (2009)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	26, 43, 72, 120, 200 µg/plate	MON 77280 equivalent of glyphosate acid: 495 g/L	Negative ± S9	Camolesi (2010)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	0.2-2000 µg/plate	MON 76190 53.2% glyphosate	Negative ± S9	Catoyra (2009)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA97a, TA98, TA100 and TA102± S9	2 µg/plate (toxic)	Perzocyd 10 SL formulation	Negative ± S9	Chruscielska *et al.* (2000)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	0.03-3.0 µL/plate	MON 8080 (87.6%)	Negative ± S9	Flowers (1981)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	3.16-1000 µg/plate	TROP M (Glyphosate 480); 35.84% purity based on acid, 48.46% pure based on IPA salt	Negative ± S9	Flügge (2010a)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	0.316-100	Glyphosate 757 g/kg granular formulation (76.1%	Negative ± S9	Flügge (2010d)[1]	

Table F.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Formulations.**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
			monoammonium glyphosate salt)			
Bacterial Reverse Mutation	*S. typhimurium* TA97a, TA98, TA100, and TA1535 ± S9	1-5000 µg/plate	Roundup WG 784 g/kg ammonium salt equivalent	Negative ± S9	Gava (1998)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537± S9	50-5000 µg/plate	Rodeo® (containing IPA salt and water only); 40% glyphosate (acid equivalent)	Negative ± S9	Kier *et al.*, (1992)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 ± S9	5-500 µg/plate (-S9)/ 15-1500 µg/plate (+S9)	MON 2139 (Roundup®) 31% Glyphosate (acid equivalent)	Negative ± S9	Kier *et al.*, (1992)	Cytotoxic at top concentrations
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 ± S9	5-500 µg/plate (-S9)/ 15-1500 µg/plate (+S9)	MON 14445 (Direct®); 75% Glyphosate (acid equivalent)	Negative ± S9	Kier *et al.*, (1992)	Cytotoxic at the top concentrations, occasionally at lower concentrations
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 ± S9	0.2-2000 µg/plate	MON 79672 (Roundup Ultramax); 74.7% monoammonium glyphosate salt; 68.2% glyphosate	Negative ± S9	Lope (2008)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA1535, TA1537, TA1538, TA98 and TA100 ± S9	0.617-50 µL/plate ± S9	SC-0224, 19.2% purity	Negative ± S9	Majeska (1982)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	TA strains: 10 - 5000 µg/plate (+S9); 3.33-3330 µg/plate (-S9); E. coli: 33.3-5000 µg/plate (+/- S9)	MON 78239 36.6% glyphosate (44.9% potassium salt of glyphosate)	Negative	Mecchi (2003a)	Increase in revertants seen in TA98 and TA1535 -S9 on first trial, not conc-dep; however no increase in revertants seen in repeat in those strains; overall negative.

Table F.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Formulations.**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	TA strains: 3.33-3330 µg/plate (+S9); 1.0-1000 µg/plate (-S9); E. coli: 33.3-5000 µg/plate (+/- S9)	MON 78634 65.2% w/w glyphosate (71.8% w/w as monoammonium salt of glyphosate)	Negative	Mecchi (2003b)	
Bacterial Reverse Mutation	*S. typhimurium* TA 98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	10 - 5000 µg/plate (+/-S9)	MON 79864 38.7% glyphosate acid (wt %)	Negative	Mecchi (2008a)	Inhibited growth seen at ≥2000 -S9
Bacterial Reverse Mutation	*S. typhimurium* TA 98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	33.3-5000 µg/plate	MON 76313 30.9% glyphosate acid	Negative	Mecchi (2008b)	
Bacterial Reverse Mutation	*S. typhimurium* TA 98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	10-5000 µg/plate (+/-S9)	MON 76171 31.1% glyphosate	Negative	Mecchi (2008c)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA 98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	10-5000 µg/plate (+/-S9)	MON 79991 71.6% glyphosate acid	Negative	Mecchi (2009a)	
Bacterial Reverse Mutation	*S. typhimurium* TA 98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	10-5000 µg/plate (+/-S9)	MON 76138 38.5% glyphosate	Negative	Mecchi (2009b)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA97a, TA98, TA100, and TA1535 ± S9	1-5000 µg/plate	MON 77280 646.4 g/L salt equivalent	Negative	Perina (1998)	

Table F.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Formulations.**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA98 and TA100 ± S9	0-1440 µg/plate (calculated as glyphosate IPA salt)	Roundup, 480 g/L glyphosate isopropylamine salt	Negative – S9, Equivocal +S9	Rank *et al.* (1993)	Stat significant increase at 360 µg/plate for TA98 (-S9) and 720 µg/plate for TA100 (+S9). Not significant at higher concentrations and were not replicated. Effects occurred at close to toxic levels.
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	500-5000 µg/plate;	495 g/L glyphosate isopropylamine salt; 371.0 g/L (equivalent of glyphosate acid)	Negative ± S9	Silvino (2011)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	1.5-5000 µg/plate	MON 8709 495 g/L glyphosate isopropylamine salt; 371.0 g/L (equivalent of glyphosate acid)	Negative ± S9	Silvino (2011)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, and TA1537 ± S9	15-5000 µg/plate	MON 76313 468 g/L glyphosate isopropylamine salt (351 g/L glyphosate acid equivalent)	Negative ± S9	Silvino (2012)	Cytotoxic at 5000 µg/plate for some strains
Bacterial Reverse Mutation	*S. typhimurium* TA97a, TA98, TA100 and TA1535 ± S9	1-5000 µg/plate	Glifos formulation (glyphosate isopropylammonium salt , Berol 907 and water)	Negative ± S9	Vargas (1996)	Cytotoxic at the two upper concentrations

Table F.1. *In vitro* **Test for Gene Mutations in Bacteria: Glyphosate Formulations.**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA102, TA1535, TA1537± S9	3.16-316 µg/plate	FSG 3090-H1 360 g/L	Negative ± S9	Uhde (2004)[1]	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100 ± S9	0.01-100 µg/plate	64% (glyphosate Isopropylammonium salt)	Negative ± S9	Wang *et al.* (1993)	
Bacterial Reverse Mutation	*S. typhimurium* TA98, TA100, TA1535, TA1537 and *E. coli* WP2 *uvrA* ± S9	All strains: 33.3-5000 µg/plate (+S9); 10-3330 µg/plate (-S9)	MON 78910 30.3% glyphosate acid	Negative ± S9	Xu (2006)	Cytotoxic ≥1000 µg/plate (-S9)

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline, test material purity, control chemicals and summary data tables.

Table F.2. *In Vitro* **Tests for Chromosome Damage in Mammalian Cells- Glyphosate Formulations**

Test/Endpoint	Test System	Concentrations	Test Material/ Concentration	Results	Reference	Comments
In vitro **Chromosomal Aberration using fluorescent in situ hybridization (FISH)**	Bovine lymphocytes (from two 6-8 month old calves) -whole chromosome (1) painting probe	28-1120 µM 24 h exposure	62% Isopropylamine salt of glyphosate (38% inert ingredients)	Negative.	Holeckova (2006)	Small but significant increase in polyploidy seen at 56µM No positive control reported.
In vitro **Cytokinesis Block Micronucleus Assay (with FISH analysis)**	TR146 cells (human-derived buccal epithelial cell line)	0, 10, 15 and 20 mg/L; 20 minute exposure.	Roundup Ultra Max (450 g/l glyphosate acid)	Positive Increase in MN at all test concentrations	Koller *et al.* (2012)	No apoptosis observed at any conc. Necrosis reported at 20 mg/L. Increase in NB and NPB seen at all concentrations

MI= mitotic index. FISH= fluorescent in situ hybridization, MN= micronuclei; NB= nuclear buds; NPB= nucleoplasmic bridges.

Table F.3. *In Vivo* **Tests for Chromosomal Aberrations in Mammals- Glyphosate Formulations.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Chromosomal Aberration	Swiss albino mice (males only) Vehicle: DMSO	Intraperitoneal injection; sampling 24, 48 and 72 h	0, 25 and 50 mg/kg (5/dose)	Roundup (>41% isopropylamine glyphosate)	Positive Increase in MN at all time points at both doses	Prasad *et al.* (2009)	Significant decrease in mitotic index seen at all doses and time points
Bone Marrow Chromosomal Aberration	C57BL mice (males only) Vehicle: water	Oral administration; sampling 6, 24, 48, 72, 96 and 120 h	0.05, 0.01, 0.5 and 1.0% (8/dose)	Roundup	Negative	Dimitrov *et al.* (2006)	
Bone Marrow Chromosomal Aberration	New Zealand white rabbits (males only) Vehicle:	Drinking water for 60 days	0, 750 ppm (5/dose)	Roundup	Positive	Helal and Moussa (2005)	

BM= bone marrow, SC= spermatocyte.

Table F.4. *In Vivo* **Tests for Micronuclei Induction in Mammals- Glyphosate Formulations.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	Swiss CD1 mice (males only)	Intraperitoneal injection; 2 injections of half the dosage of 135 mg/kg 24 h apart; sampling at 6 and 24 h	0, 450 mg/kg roundup, equiv. to 135 kg glyphosate (3/dose)	Roundup, 30.4% glyphosate	Positive	Bolognesi *et al.* (1997)	Stat significant increase in MN at 6 and 24 h
Bone Marrow Micronucleus Test	C3H mice (males only) Vehicle: water	Intraperitoneal Injection (single treatment); sampling after 24, 48 and 72 h	0, 90 mg/kg	Not reported	Negative	Chruscielska *et al.* (2000)	
Bone Marrow Micronucleus Test	Swiss mice (males and females) Vehicle: water	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 50, 100 and 200 mg/kg	480g/L Isopropylamine salt of glyphosate	Negative	Grisolia (2002)	
Bone Marrow Micronucleus Test	CD-1 mice (males and females)	Intraperitoneal injection; sampling 24, 48 and 72 h	0, 140, 280, and 555 mg/kg	Roundup (31% glyphosate salt)	Negative	Kier (1992)	Some deaths observed at high dose (HD), ↓PCE/NCE ratio at HD at 48 h in males.
Bone Marrow Micronucleus Test	Swiss albino mice (males and females)	Intraperitoneal Injection (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 212.5, 425 and 637.5 mg/kg	MON 77280 646.4 g/L glyphosate salt equivalent	Negative	Monma (1998)	Doses tested corresponded to 25%, 50% and 75% LD50

Table F.4. *In Vivo* **Tests for Micronuclei Induction in Mammals- Glyphosate Formulations.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	NMRI-Bom mice	Intraperitoneal Injection (single treatment); sampling after 24 h	0, 133 and 200 mg/kg (4/sex/dose)	Roundup, 480 g glyphosate isopropylamine salt per liter	Negative	Rank *et al.* (1993)	BM toxicity indicated by %PCE decreased at 200 mg/kg
Bone Marrow Micronucleus Test	Swiss albino mice (males only[2]) Vehicle: water	Oral gavage (two treatments, 24 h apart); sampled at 18 and 24 h after last dose	0, 2000 mg/kg	MON 8709494.7 g/L salt of isopropylamine (371.0 glyphosate acid)	Negative	Claro (2011)	OECD 474 Guideline No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	C57BL mice (males only) Vehicle: water	Oral administration; sampling 6, 24, 48, 72, 96 and 120 h	0.05, 0.01, 0.5 and 1.0% (1%=1080 mg/kg) (8/dose)	Roundup	Negative	Dimitrov *et al.* (2006)	Toxicity seen in 1.0% dose group
Bone Marrow Micronucleus Test	Crl:CD-1(ICR) BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 78239 (36.6% glyphosate)	Negative	Erexson (2003a)	EPA Guideline (84-2) No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	Crl:CD-1(ICR) BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 78634 (65.2% glyphosate)	Negative	Erexson (2003b)	EPA Guideline (84-2) No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	Crl:CD-1(ICR) BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 78910 (30.3% glyphosate)	Negative	Erexson (2006)	EPA Guideline (84-2) No significant signs of toxicity observed in main study.

Table F.4. *In Vivo* **Tests for Micronuclei Induction in Mammals- Glyphosate Formulations.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	NMRI mice (males and females) Vehicle: 0.8% hydroxypropylmethyl cellulose	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 mg/kg (5/sex/dose)	TROP M (Glyphosate 480); 358.4 g/L glyphosate acid; 483.6 g/L IPA salt	Negative	Flügge (2010c)[1]	OECD Guideline 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	Swiss mice (males only[2]) Vehicle: water	Oral gavage (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 2000 mg/kg (6/dose)	A17035A 289.7 g/L glyphosate	Negative	Negro Silva (2009)[1]	OECD Guideline 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	Swiss mice (males only[2]) Vehicle: water	Oral gavage (2 treatments, 24 h apart); sampling after 24 h (last treatment)	0, 2000 mg/kg (6/dose)	Glyphosate SL (499.35 g/L glyphosate)	Negative	Negro Silva (2011)[1]	OECD Guideline 474 No significant signs of toxicity observed in main study
Bone Marrow Micronucleus Test	Hsd:CD-1(ICR) mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 79864 (38.7% glyphosate)	Negative #	Xu (2008a)	EPA Guideline (84-2) /OECD 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	CD-1(ICR)BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 76171 (31.1% glyphosate)	Negative	Xu (2008b)	EPA Guideline (84-2) /OECD 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	CD-1(ICR)BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 79991 (71.6% glyphosate)	Negative	Xu (2009a)	EPA Guideline (84-2) /OECD 474 No significant signs of toxicity observed in main study.

Table F.4. *In Vivo* **Tests for Micronuclei Induction in Mammals- Glyphosate Formulations.**

Test/Endpoint	Test System	Route of Administration	Doses	Test Material Purity	Results	Reference	Comments
Bone Marrow Micronucleus Test	CD-1(ICR)BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 76138 (38.5% glyphosate)	Negative	Xu (2009b)[1]	EPA Guideline (84-2) /OECD 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	Hsd:CD-1(ICR)BR mice (males only[2]) Vehicle: water	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 (mg/kg) (5/dose)	MON 76313 (30.9% glyphosate)	Negative	Xu (2009c)[1]	EPA Guideline (84-2) /OECD 474 No significant signs of toxicity observed in main study.
Bone Marrow Micronucleus Test	CD rats (males and females) Vehicle: 0.8% hydroxypropylmethyl cellulose	Oral gavage (single treatment); sampling after 24 and 48 h (high dose only)	0, 500, 1000, and 2000 mg/kg (5/sex/dose)	757 g/kg granular formulation (69.1% glyphosate acid)	Negative	Flügge (2010e)[1]	OECD Guideline 474 No significant signs of toxicity observed in main study

[1] Study was cited in Kier and Kirkland (2013). Supplementary information about the study was provided online including test guideline, test material purity, control chemicals and summary data tables.

[2] Only males tested; report indicated that there were no difference between sexes seen in range finding study.

BM= bone marrow, CA= chromosomal aberrations, MN= micronucleated erythrocytes, NCE= normochromatic erythrocytes, PCE=polychromatic erythrocytes.

Table F.5. Other Assays for Detecting DNA Damage- Glyphosate Formulations.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material/ Concentration	Results	Reference	Comments
Bacterial SOS Chromotest	*Escherichia coli* PQ37 strain	NA (*in vitro*)	0.25µg/sample	Roundup BIO formulation;	Positive	Raipulis *et al.* (2009)	
DNA Adducts ^{32}P-postlabeling	Swiss CD1 mice (males and females) Liver and kidney evaluated	Intraperitoneal injection	0, 400, 500 and 600 mg/kg, corresponding to 122, 152 and 182 mg/kg glyphosate salt	Roundup (30.4% isopropylammonium salt of glyphosate)	Positive (liver and kidney)	Peluso *et al.* (1998)	
DNA oxidative damage: 8-OHdG formation	Swiss CD-1 mice (males) liver and kidney evaluated	Intraperitoneal injection (single dose); sampling 4 and 24 h after injection	900 mg/kg corresponding to 270 mg/kg glyphosate (3/dose)	900 mg/kg corresponding to 270 mg/kg glyphosate	Kidney: positive at 8 and 24 h Liver: negative	Bolognesi *et al.* (1997)	
Single-cell gel electrophoresis (SCGE) assays-COMET assay	TR146 cells (human-derived buccal epithelial cell line). Alkaline conditions	NA (*in vitro*)		Roundup Ultra Max (450 g/l glyphosate acid)	Induced DNA migration at >20 mg/L	Koller *et al.* (2012)	Also measured multiple cellular integrity parameters to assess cytotoxicity. Formulation was more toxic than technical. Significant increase in LDHe at all concentrations tested. Cytotoxic ≥ 60 mg/L
Sister Chromatid Exchange (SCE)	Bovine lymphocytes	NA (*in vitro*)	28 - 1112 µM;; ±S9; sampling at 24 and 48 h	62% Isopropylamine salt of glyphosate	Positive	Sivikova & Dianovsky (2006)	

Table F.5. Other Assays for Detecting DNA Damage- Glyphosate Formulations.

Test/Endpoint	Test System	Route of Administration	Doses/ Concentrations	Test Material/ Concentration	Results	Reference	Comments
Sister Chromatid Exchange (SCE)	Human lymphocytes (2 donors)	NA (*in vitro*)	250, 2500 and 25000 µg/mL	Roundup; Isopropylamine salt of glyphosate (purity not stated)	Stat. significant increase ($p<0.001$) at 250 µg/mL in both donors, and in one donor at 2500 µg/mL	Vigfusson and Vyse (1980)	No growth seen at highest concentration (25 mg/mL)
Sister Chromatid Exchange (SCE)	Human lymphocytes	NA (*in vitro*)	-S9: 0, 0.1 and 0.33 mg/mL; 72 h exposure	Roundup, 30.4% glyphosate	Positive	Bolognesi *et al.* (1997)	Stat significant increase in SCE/cell at ≥ 0.1 mg/mL
Alkaline elution assay- DNA single strand breaks	Swiss CD-1 mice (males) liver and kidney evaluated	Intraperitoneal injection (single dose); sampling 4 and 24 h after injection	900 mg/kg corresponding to 270 mg/kg glyphosate (3/dose)	900 mg/kg corresponding to 270 mg/kg glyphosate	Positive (Increased elution rate) at 4 hours in liver and kidney At 24 h, returned to control levels	Bolognesi *et al.* (1997)	Return to control values at 24 h may indicate DNA repair or reflect rapid elimination of compound

h= hour, NA= not applicable, SCE= sister chromatid exchange, LDHe= extracellular lactate dehydrogenase

Appendix G

The following studies were considered during the systematic review, but were excluded from the analysis.

Amer S.M. et al (2006). In vitro and in vivo evaluation of the genotoxicity of the herbicide glyphosate in mice. Bulletin of the National Research Centre (Cairo) 31 (5): 427-446.

Aboukila, R.S. et al. (2014). Cytogenetic Study on the Effect of Bentazon and Glyphosate Herbicide on Mice. Alexandria Journal of Veterinary Sciences, 41: 95-101.

Majeska (1982d) MRID 00126616

Majeska (1982e) MRID 00126614

Majeska (1982f) MRID 00126615