

February 13, 2014

John Howard, MD, Director
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Reference: CDC-2013-0023; NIOSH 240-A

Dear Dr. Howard:

We are writing to you to comment on the National Institute for Occupational Safety and Health (NIOSH) draft document, "Update of NIOSH Carcinogen Classification and Target Risk Level Policy for Chemical Hazards in the Workplace." As medical professionals and health scientists who share a focus on the worker and community health impacts of toxic chemicals, we commend NIOSH for this effort to modernize the agency's policy and align it with the significant developments in the science of cancer and chemicals that have taken place since NIOSH's carcinogen policy was first issued in 1978.

We strongly endorse NIOSH's proposal to use the hazard assessments for carcinogen classification issued by the National Toxicology Program (NTP), the Environmental Protection Agency (EPA), and the International Agency for Research on Cancer (IARC) rather than conducting a separate classification process (section 4). Our collective expertise suggests that most chemicals designated as carcinogens by these authoritative bodies will have occupational relevance. As such, we concur with NIOSH's proposal to implement its efforts based on the assumption that all chemicals listed by these agencies will also need to be listed by NIOSH. Deviations from this process should be based on demonstrating that a carcinogen is *not* occupationally relevant, rather than the other way around (section 4.4) as it is extremely unlikely for any chemical that can be bought, sold or used to exist without first being extracted, manufactured, processed or otherwise used by workers. We urge NIOSH to establish a default in its policy to consider chemicals classified as carcinogens by NTP, IARC, or EPA to be occupationally relevant unless NIOSH is provided with compelling evidence to the contrary.

Under this new framework, we believe it is appropriate for NIOSH to determine the applicable Globally Harmonized System of Classification and Labeling (GHS) carcinogen category for all listed chemicals (section 4.2). We agree with NIOSH's criteria for determining the appropriate GHS carcinogen categories for specific IARC, NTP and EPA classifications. We also strongly support NIOSH's decision to use the classification from any of the three organizations that affords the most health protection. In our experience, differences in classifications among these organizations are often a matter of when the topic was last reviewed.

We strongly object to the proposal that an excess risk of 1 in 1,000 workers exposed to a specific carcinogen over a working life time is an acceptable "target" risk level for carcinogen

RELs (section 6). We believe that a “recommended” exposure limit for workers that NIOSH admits is “orders of magnitude” less protective than the levels considered safe for the general public contradicts and undermines NIOSH’s mission and goals as a Federal health agency. NIOSH’s recommendations should always support the highest level of protection for worker safety and health.

NIOSH can better inform individuals and policy makers, and support the Occupational Safety and Health Administration's need to set Permissible Exposure Limits (PELs) by calculating exposure levels that correspond to a range of lifetime risks of cancer (e.g., one in 1,000, one in 10,000, and one in a million, etc.). NIOSH can serve this function without labeling this activity as setting recommended exposure limits (RELs).

We believe that the new NIOSH reviews of occupational carcinogens should include information on and the promotion of safer alternatives. While NIOSH supports eliminating the use of known hazards as the most effective industrial hygiene control strategy, the discussion of alternatives in the proposed policy is minimally addressed in two sentences throughout the entire document (one in the introduction, one in section 5.1). We urge NIOSH to give more weight to the importance of this prevention strategy in the policy by including a stand-alone section on the issue.

Thank you for the opportunity to offer input into this important policy to better prevent cancer among workers.

Sincerely,

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