Sunshine Act Meetings

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This section of the FEDERAL REGISTER contains notices of meetings published under the "Government in the Sunshine Act" (Pub. L. 94-409) 5 U.S.C. 552b(e)(3).

CONTENTS

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COMMISSION ON CIVIL RIGHTS

September 19, 1986.

DATE AND TIME: Friday, September 26, 1986.

STATUS OF THE MEETING: Special meeting. Open to the public.

MATTERS TO BE CONSIDERED:

I. Commission Appropriation for Fiscal Year 1987—Proposed Reorganization

PERSON TO CONTACT FOR FURTHER INFORMATION: Barbara Brooks, Press and Communications Division (202) 376–8312.

William H. Gillers,

Solicitor, 376–8339.

[FR Doc. 86–21651 Filed 9–19–86; 4:22 pm]

BILLING CODE 6335-01-M

2

FEDERAL DEPOSIT INSURANCE CORPORATION

Agency Meeting

Pursuant to the provisions of the "Government in the Sunshine Act" (5 U.S.C. 552b), notice is hereby given that at 3:45 p.m. on Thursday, September 18, 1986, the Board of Directors of the Federal Deposit Insurance Corporation met in closed session, by telephone conference call, to: (1) Receive bids for the purchase of certain assets of and the assumption of the liability to pay deposits made in Texas Independence Bank, Pasadena, Texas, which was closed by the Banking Commissioner for the State of Texas on Thursday, September 18, 1986; (2) accept the bid for the transaction submitted by The Texas Independence Bank, Pasadena, Texas, a newly-chartered State nonmember bank; (3) approve the applications of The Texas Independence Bank, Pasadena, Texas, for Federal deposit insurance and for consent to purchase certain assets of and assume the liability to pay deposits made in Texas Independence Bank, Pasadena, Texas; and (4) provide such financial assistance, pursuant to section 13(c)(2) of the Federal Deposit Insurance Act (12 U.S.C. 1823(c)(2)), as was necessary to facilitate the purchase and assumption transaction.

In calling the meeting, the Board determined, on motion of Director C.C. Hope, Jr. (Appointive), seconded by Director Robert L. Clarke (Comptroller of the Currency), that Corporation business required its consideration of the matters on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting pursuant to subsections (c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B) of the "Government in the Sunshine Act" (5 U.S.C. 552b(c)(6), (c)(8), (c)(9)(A)(ii), and (c)(9)(B)).

Dated: September 19, 1986.

Federal Deposit Insurance Corporation.

Hoyle L. Robinson,

Executive Secretary.

[FR Doc. 86–21722 Filed 9–22–86; 2:47 pm]

BILLING CODE 6714-01-M

3

FEDERAL RESERVE SYSTEM, BOARD OF GOVERNORS

TIME AND DATE: 11:00 a.m., Monday, September 29, 1986.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Implementation of the Board's Program Improvement Project. (This item was originally announed for a closed meeting on September 15, 1986.)

2. Federal Reserve Bank and Branch director appointments. (This item was originally announced for a closed meeting on September 10, 1986.)

3. Proposed Federal Reserve Bank custody control standards.

4. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

5. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452–3204. You may call (202) 452–3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: September 19, 1986.

James McAfee,

Associate Secretary of the Board.

[FR Doc. 86–21656 Filed 9–23–86; 4:35 pm]

BILLING CODE 6210-01-M

4

NATIONAL TRANSPORTATION SAFETY BOARD

TIME AND DATE: 9:00 a.m., Tuesday, September 30, 1986.

PLACE: NTSB Board Room, Eighth Floor, 800 Independence Avenue, SW., Washington, DC 20594.

STATUS: Open.

MATTERS TO BE CONSIDERED:

1. *Aircraft Accident Report:* Bar Harbor Airlines Flight 1808, Beech 99, NE00WP, Auburn-Lewiston Airport, Auburn, Maine, August 25, 1985.

2. *Aircraft Accident Report:* Henson Airlines, Beech B99, N339HA, Grottoes, Virginia, September 23, 1985.

3. *Recommendations* to the Federal Aviation Administration and to the Regional Airline Association regarding the Henson, Bar Harbor and Simmons Commuter Airlines Accidents.

FOR MORE INFORMATION, CONTACT: H. Ray Smith (202) 382–6525.

Monica Revelle,

Alternate Federal Register Liaison Officer.

September 19, 1986.

[FR Doc. 86–21655 Filed 9–19–86; 4:35 pm]

BILLING CODE 7533-01-M

federal register

Wednesday
September 24, 1986

Part II

Environmental Protection Agency

Guidelines for Carcinogen Risk Assessment

ENVIRONMENTAL PROTECTION AGENCY

[FRL-2984-1]

Guidelines for Carcinogen Risk Assessment

AGENCY: U.S. Environmental Protection Agency (EPA).

ACTION: Final guidelines for carcinogen risk assessment.

SUMMARY: The U.S. Environmental Protection Agency is today issuing five guidelines for assessing the health risks of environmental pollutants. These are:

Guidelines for Carcinogen Risk Assessment
Guidelines for Estimating Exposures
Guidelines for Mutagenicity Risk Assessment
Guidelines for the Health Assessment of Suspect Developmental Toxicants
Guidelines for the Health Risk Assessment of Chemical Mixtures

This notice contains the Guidelines for Carcinogen Risk Assessment; the other guidelines appear elsewhere in today's **Federal Register.**

The Guidelines for Carcinogen Risk Assessment (hereafter "Guidelines") are intended to guide Agency evaluation of suspect carcinogens in line with the policies and procedures established in the statutes administered by the EPA. These Guidelines were developed as part of an interoffice guidelines development program under the auspices of the Office of Health and Environmental Assessment (OHEA) in the Agency's Office of Research and Development. They reflect Agency consideration of public and Science Advisory Board (SAB) comments on the Proposed Guidelines for Carcinogen Risk Assessment published November 23, 1984 (49 FR 46294).

This publication completes the first round of risk assessment guidelines development. These Guidelines will be revised, and new guidelines will be developed, as appropriate.

EFFECTIVE DATE: The Guidelines will be effective September 24, 1986.

FOR FURTHER INFORMATION CONTACT: Dr. Robert E. McGaughy, Carcinogen Assessment Group, Office of Health and Environmental Assessment (RD–689), U.S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20460, 202–382–5898.

SUPPLEMENTARY INFORMATION: In 1983, the National Academy of Sciences (NAS) published its book entitled *Risk Assessment in the Federal Government: Managing the Process.* In that book, the NAS recommended that Federal regulatory agencies establish "inference guidelines" to ensure consistency and technical quality in risk assessments and to ensure that the risk assessment process was maintained as a scientific effort separate from risk management. A task force within EPA accepted that recommendation and requested that Agency scientists begin to develop such guidelines.

General

The guidelines published today are products of a two-year Agencywide effort, which has included many scientists from the larger scientific community. These guidelines set forth principles and procedures to guide EPA scientists in the conduct of Agency risk assessments, and to inform Agency decision makers and the public about these procedures. In particular, the guidelines emphasize that risk assessments will be conducted on a case-by-case basis, giving full consideration to all relevant scientific information. This case-by-case approach means that Agency experts review the scientific information on each agent and use the most scientifically appropriate interpretation to assess risk. The guidelines also stress that this information will be fully presented in Agency risk assessment documents, and that Agency scientists will identify the strengths and weaknesses of each assessment by describing uncertainties, assumptions, and limitations, as well as the scientific basis and rationale for each assessment.

Finally, the guidelines are formulated in part to bridge gaps in risk assessment methodology and data. By identifying these gaps and the importance of the missing information to the risk assessment process, EPA wishes to encourage research and analysis that will lead to new risk assessment methods and data.

Guidelines for Carcinogen Risk Assessment

Work on the Guidelines for Carcinogen Risk Assessment began in January 1984. Draft guidelines were developed by Agency work groups composed of expert scientists from throughout the Agency. The drafts were peer-reviewed by expert scientists in the field of carcinogenesis from universities, environmental groups, industry, labor, and other governmental agencies. They were then proposed for public comment in the **Federal Register** (49 FR 46294). On November 9, 1984, the Administrator directed that Agency offices use the proposed guidelines in performing risk assessments until final guidelines become available.

After the close of the public comment period, Agency staff prepared summaries of the comments and analyses of the major issues presented by the commentors, and proposed changes in the language of the guidelines to deal with the issues raised. These analyses were presented to review panels of the SAB on March 4 and April 22–23, 1985, and to the Executive Committee of the SAB on April 25–26, 1985. The SAB meetings were announced in the **Federal Register** as follows: February 12, 1985 (50 FR 5811) and April 4, 1985 (50 FR 13420 and 13421).

In a letter to the Administrator dated June 19, 1985, the Executive Committee generally concurred on all five of the guidelines, but recommended certain revisions, and requested that any revised guidelines be submitted to the appropriate SAB review panel chairman for review and concurrence on behalf of the Executive Committee. As described in the responses to comments (see Part B: Response to the Public and Science Advisory Board Comments), each guidelines document was revised, where appropriate, consistent with the SAB recommendations, and revised draft guidelines were submitted to the panel chairmen. Revised draft Guidelines for Carcinogen Risk Assessment were concurred on in a letter dated February 7, 1986. Copies of the letters are available at the Public Information Reference Unit, EPA Headquarters Library, as indicated elsewhere in this notice.

Following this Preamble are two parts: Part A contains the Guidelines and Part B, the Response to the Public and Science Advisory Board Comments (a summary of the major public comments, SAB comments, and Agency responses to those comments).

The Agency is continuing to study the risk assessment issues raised in the guidelines and will revise these guidelines in line with new information as appropriate.

References, supporting documents, and comments received on the proposed guidelines, as well as copies of the final guidelines, are available for inspection and copying at the Public Information Reference Unit (202–382–5926), EPA Headquarters Library, 401 M Street, SW., Washington, DC, between the hours of 8:00 a.m. and 4:30 p.m.

I certify that these Guidelines are not major rules as defined by Executive Order 12291, because they are nonbinding policy statements and have no direct effect on the regulated community. Therefore, they will have no effect on costs or prices, and they will

have no other significant adverse effects on the economy. These Guidelines were reviewed by the Office of Management and Budget under Executive Order 12291.

Dated: August 22, 1986.

Lee M. Thomas,

Administrator.

Contents

Part A: Guidelines for Carcinogen Risk Assessment

I. Introduction

This is the first revision of the 1976 Interim Procedures and Guidelines for Health Risk Assessments of Suspected Carcinogens (U.S. EPA, 1976; Albert et al., 1977). The impetus for this revision is the need to incorporate into these Guidelines the concepts and approaches to carcinogen risk assessment that have been developed during the last ten years. The purpose of these Guidelines is to promote quality and consistency of carcinogen risk assessments within the EPA and to inform those outside the EPA about its approach to carcinogen risk assessment. These Guidelines emphasize the broad but essential aspects of risk assessment that are needed by experts in the various disciplines required (e.g., toxicology, pathology, pharmacology, and statistics) for carcinogen risk assessment. Guidance is given in general terms since the science of carcinogenesis is in a state of rapid advancement, and overly specific approaches may rapidly become obsolete.

These Guidelines describe the general framework to be followed in developing an analysis of carcinogenic risk and some salient principles to be used in evaluating the quality of data and in formulating judgments concerning the nature and magnitude of the cancer hazard from suspect carcinogens. It is the intent of these Guidelines to permit sufficient flexibility to accommodate new knowledge and new assessment methods as they emerge. It is also recognized that there is a need for new methodology that has not been addressed in this document in a number of areas, e.g., the characterization of uncertainty. As this knowledge and assessment methodology are developed, these Guidelines will be revised whenever appropriate.

A summary of the current state of knowledge in the field of carcinogenesis and a statement of broad scientific principles of carcinogen risk assessment, which was developed by the Office of Science and Technology Policy (OSTP, 1985), forms an important basis for these Guidelines; the format of these Guidelines is similar to that proposed by the National Research Council (NRC) of the National Academy of Sciences in a book entitled *Risk Assessment in the Federal Government: Managing the Process* (NRC, 1983).

These Guidelines are to be used within the policy framework already provided by applicable EPA statutes and do not alter such policies. These Guidelines provide general directions for analyzing and organizing available data. They do not imply that one kind of data or another is prerequisite for regulatory action to control, prohibit, or allow the use of a carcinogen.

Regulatory decision making involves two components: risk assessment and risk management. Risk assessment defines the adverse health consequences of exposure to toxic agents. The risk assessments will be carried out independently from considerations of the consequences of regulatory action. Risk management combines the risk assessment with the directives of regulatory legislation, together with socioeconomic, technical, political, and other considerations, to reach a decision as to whether or how much to control future exposure to the suspected toxic agents.

Risk assessment includes one or more of the following components: hazard identification, dose-response assessment, exposure assessment, and risk characterization (NRC, 1983).

Hazard identification is a qualitative risk assessment, dealing with the process of determining whether exposure to an agent has the potential to increase the incidence of cancer. For purposes of these Guidelines, both malignant and benign tumors are used in the evaluation of the carcinogenic hazard. The hazard identification component qualitatively answers the question of how likely an agent is to be a human carcinogen.

Traditionally, quantitative risk assessment has been used as an inclusive term to describe all or parts of dose-response assessment, exposure assessment, and risk characterization. Quantitative risk assessment can be a useful general term in some circumstances, but the more explicit terminology developed by the NRC (1983) is usually preferred. The dose-response assessment defines the relationship between the dose of an agent and the probability of induction of a carcinogenic effect. This component usually entails an extrapolation from the generally high doses administered to experimental animals or exposures noted in epidemiologic studies to the exposure levels expected from human contact with the agent in the environment; it also includes considerations of the validity of these extrapolations.

The exposure assessment identifies populations exposed to the agent, describes their composition and size, and presents the types, magnitudes, frequencies, and durations of exposure to the agent.

In risk characterization, the results of the exposure assessment and the dose-response assessment are combined to estimate quantitatively the carcinogenic risk. As part of risk characterization, a summary of the strengths and weaknesses in the hazard identification, dose-response assessment, exposure assessment, and the public health risk estimates are presented. Major assumptions, scientific judgments, and, to the extent possible, estimates of the uncertainties embodied in the assessment are also presented, distinguishing clearly between fact, assumption, and science policy.

The National Research Council (NRC, 1983) pointed out that there are many questions encountered in the risk assessment process that are unanswerable given current scientific knowledge. To bridge the uncertainty that exists in these areas where there is no scientific consensus, inferences must be made to ensure that progress continues in the assessment process. The OSTP (1985) reaffirmed this position, and generally left to the regulatory agencies the job of articulating these inferences. Accordingly, the Guidelines incorporate judgmental positions (science policies) based on evaluation of the presently available information and on the regulatory mission of the Agency. The Guidelines are consistent with the principles developed by the OSTP (1985), although in many instances are necessarily more specific.

II. Hazard Identification

A. Overview

The qualitative assessment or hazard identification part of risk assessment contains a review of the relevant biological and chemical information bearing on whether or not an agent may pose a carcinogenic hazard. Since chemical agents seldom occur in a pure state and are often transformed in the body, the review should include available information on contaminants, degradation products, and metabolites.

Studies are evaluated according to sound biological and statistical considerations and procedures. These have been described in several publications (Interagency Regulatory Liaison Group, 1979; OSTP, 1985; Peto et al., 1980; Mantel, 1980; Mantel and Haenszel, 1959; Interdisciplinary Panel on Carcinogenicity, 1984; National Center for Toxicological Research, 1981; National Toxicology Program, 1984; U.S. EPA, 1983a, 1983b, 1983c; Haseman, 1984). Results and conclusions concerning the agent, derived from different types of information, whether indicating positive or negative responses, are melded together into a weight-of-evidence determination. The strength of the evidence supporting a potential human carcinogenicity judgment is developed in a weight-of-evidence stratification scheme.

B. Elements of Hazard Identification

Hazard identification should include a review of the following information to the extent that it is available.

1. *Physical-Chemical Properties and Routes and Patterns of Exposure.* Parameters relevant to carcinogenesis, including physical state, physical-chemical properties, and exposure pathways in the environment should be described where possible.

2. *Structure-Activity Relationships.* This section should summarize relevant structure-activity correlations that support or argue against the prediction of potential carcinogenicity.

3. *Metabolic and Pharmacokinetic Properties.* This section should summarize relevant metabolic information. Information such as whether the agent is direct-acting or requires conversion to a reactive carcinogenic (e.g., an electrophilic) species, metabolic pathways for such conversions, macromolecular interactions, and fate (e.g., transport, storage, and excretion), as well as species differences, should be discussed and critically evaluated. Pharmacokinetic properties determine the biologically effective dose and may be relevant to hazard identification and other components of risk assessment.

4. *Toxicologic Effects.* Toxicologic effects other than carcinogenicity (e.g., suppression of the immune system, endocrine disturbances, organ damage) that are relevant to the evaluation of carcinogenicity should be summarized. Interactions with other chemicals or agents and with lifestyle factors should be discussed. Prechronic and chronic toxicity evaluations, as well as other test results, may yield information on target organ effects, pathophysiological reactions, and preneoplastic lesions that bear on the evaluation of carcinogenicity. Dose-response and time-to-response analyses of these reactions may also be helpful.

5. *Short-Term Tests.* Tests for point mutations, numerical and structural chromosome aberrations, DNA damage/repair, and *in vitro* transformation provide supportive evidence of carcinogenicity and may give information on potential carcinogenic mechanisms. A range of tests from each of the above end points helps to characterize an agent's response spectrum.

Short-term *in vivo* and *in vitro* tests that can give indication of initiation and promotion activity may also provide supportive evidence for carcinogenicity. Lack of positive results in short-term tests for genetic toxicity does not provide a basis for discounting positive results in long-term animal studies.

6. *Long-Term Animal Studies.* Criteria for the technical adequacy of animal carcinogenicity studies have been published (e.g., U.S. Food and Drug Administration, 1982; Interagency Regulatory Liaison Group, 1979; National Toxicology Program, 1984; OSTP, 1985; U.S. EPA, 1983a, 1983b, 1983c; Feron et al., 1980; Mantel, 1980) and should be used to judge the acceptability of individual studies. Transplacental and multigenerational carcinogenesis studies, in addition to more conventional long-term animal studies, can yield useful information about the carcinogenicity of agents.

It is recognized that chemicals that induce benign tumors frequently also induce malignant tumors, and that benign tumors often progress to malignant tumors (Interdisciplinary Panel on Carcinogenicity, 1984). The incidence of benign and malignant tumors will be combined when scientifically defensible (OSTP, 1985; Principle 8). For example, the Agency will, in general, consider the combination of benign and malignant tumors to be scientifically defensible unless the benign tumors are not considered to have the potential to progress to the associated malignancies of the same histogenic origin. If an increased incidence of benign tumors is observed in the absence of malignant tumors, in most cases the evidence will be considered as limited evidence of carcinogenicity.

The weight of evidence that an agent is potentially carcinogenic for humans increases (1) with the increase in number of tissue sites affected by the agent; (2) with the increase in number of animal species, strains, sexes, and number of experiments and doses showing a carcinogenic response; (3) with the occurrence of clear-cut dose-response relationships as well as a high level of statistical significance of the increased tumor incidence in treated compared to control groups; (4) when there is a dose-related shortening of the time-to-tumor occurrence or time to death with tumor; and (5) when there is a dose-related increase in the proportion of tumors that are malignant.

Long-term animal studies at or near the maximum tolerated dose level (MTD) are used to ensure an adequate power for the detection of carcinogenic

activity (NTP, 1984; IARC, 1982). Negative long-term animal studies at exposure levels above the MTD may not be acceptable if animal survival is so impaired that the sensitivity of the study is significantly reduced below that of a conventional chronic animal study at the MTD. The OSTP (1985; Principle 4) has stated that,

> The carcinogenic effects of agents may be influenced by non-physiological responses (such as extensive organ damage, radical disruption of hormonal function, saturation of metabolic pathways, formation of stones in the urinary tract, saturation of DNA repair with a functional loss of the system) induced in the model systems. Testing regimes inducing these responses should be evaluated for their relevance to the human response to an agent and evidence from such a study, whether positive or negative, must be carefully reviewed.

Positive studies at levels above the MTD should be carefully reviewed to ensure that the responses are not due to factors which do not operate at exposure levels below the MTD. Evidence indicating that high exposures alter tumor responses by indirect mechanisms that may be unrelated to effects at lower exposures should be dealt with on an individual basis. As noted by the OSTP (1985), "Normal metabolic activation of carcinogens may possibly also be altered and carcinogenic potential reduced as a consequence [of high-dose testing]."

Carcinogenic responses under conditions of the experiment should be reviewed carefully as they relate to the relevance of the evidence to human carcinogenic risks (e.g., the occurrence of bladder tumors in the presence of bladder stones and implantation site sarcomas). Interpretation of animal studies is aided by the review of target organ toxicity and other effects (e.g., changes in the immune and endocrine systems) that may be noted in prechronic or other toxicological studies. Time and dose-related changes in the incidence of preneoplastic lesions may also be helpful in interpreting animal studies.

Agents that are positive in long-term animal experiments and also show evidence of promoting or cocarcinogenic activity in specialized tests should be considered as complete carcinogens unless there is evidence to the contrary because it is, at present, difficult to determine whether an agent is only a promoting or cocarcinogenic agent. Agents that show positive results in special tests for initiation, promotion, or cocarcinogenicity and no indication of tumor response in well-conducted and well-designed long-term animal studies should be dealt with on an individual basis.

To evaluate carcinogenicity, the primary comparison is tumor response in dosed animals as compared with that in contemporary matched control animals. Historical control data are often valuable, however, and could be used along with concurrent control data in the evaluation of carcinogenic responses (Haseman et al., 1984). For the evaluation of rare tumors, even small tumor responses may be significant compared to historical data. The review of tumor data at sites with high spontaneous background requires special consideration (OSTP, 1985; Principle 9). For instance, a response that is significant with respect to the experimental control group may become questionable if the historical control data indicate that the experimental control group had an unusually low background incidence (NTP, 1984).

For a number of reasons, there are widely diverging scientific views (OSTP, 1985; Ward et al., 1979a, b; Tomatis, 1977; Nutrition Foundation, 1983) about the validity of mouse liver tumors as an indication of potential carcinogenicity in humans when such tumors occur in strains with high spontaneous background incidence and when they constitute the only tumor response to an agent. These Guidelines take the position that when the only tumor response is in the mouse liver and when other conditions for a classification of "sufficient" evidence in animal studies are met (e.g., replicate studies, malignancy; see section IV), the data should be considered as "sufficient" evidence of carcinogenicity. It is understood that this classification could be changed on a case-by-case basis to "limited," if warranted, when factors such as the following, are observed: an increased incidence of tumors only in the highest dose group and/or only at the end of the study; no substantial dose-related increase in the proportion of tumors that are malignant; the occurrence of tumors that are predominantly benign; no dose-related shortening of the time to the appearance of tumors; negative or inconclusive results from a spectrum of short-term tests for mutagenic activity; the occurrence of excess tumors only in a single sex.

Data from all long-term animal studies are to be considered in the evaluation of carcinogenicity. A positive carcinogenic response in one species/strain/sex is not generally negated by negative results in other species/strain/sex. Replicate negative studies that are essentially identical in all other respects to a positive study may indicate that the positive results are spurious.

Evidence for carcinogenic action should be based on the observation of statistically significant tumor responses in specific organs or tissues. Appropriate statistical analysis should be performed on data from long-term studies to help determine whether the effects are treatment-related or possibly due to chance. These should at least include a statistical test for trend, including appropriate correction for differences in survival. The weight to be given to the level of statistical significance (the p-value) and to other available pieces of information is a matter of overall scientific judgment. A statistically significant excess of tumors of all types in the aggregate, in the absence of a statistically significant increase of any individual tumor type, should be regarded as minimal evidence of carcinogenic action unless there are persuasive reasons to the contrary.

7. *Human Studies.* Epidemiologic studies provide unique information about the response of humans who have been exposed to suspect carcinogens. Descriptive epidemiologic studies are useful in generating hypotheses and providing supporting data, but can rarely be used to make a causal inference. Analytical epidemiologic studies of the case-control or cohort variety, on the other hand, are especially useful in assessing risks to exposed humans.

Criteria for the adequacy of epidemiologic studies are well recognized. They include factors such as the proper selection and characterization of exposed and control groups, the adequacy of duration and quality of follow-up, the proper identification and characterization of confounding factors and bias, the appropriate consideration of latency effects, the valid ascertainment of the causes of morbidity and death, and the ability to detect specific effects. Where it can be calculated, the statistical power to detect an appropriate outcome should be included in the assessment.

The strength of the epidemiologic evidence for carcinogenicity depends, among other things, on the type of analysis and on the magnitude and specificity of the response. The weight of evidence increases rapidly with the number of adequate studies that show comparable results on populations exposed to the same agent under different conditions.

It should be recognized that epidemiologic studies are inherently capable of detecting only comparatively large increases in the relative risk of

cancer. Negative results from such studies cannot prove the absence of carcinogenic action; however, negative results from a well-designed and well-conducted epidemiologic study that contains usable exposure data can serve to define upper limits of risk; these are useful if animal evidence indicates that the agent is potentially carcinogenic in humans.

C. Weight of Evidence

Evidence of possible carcinogenicity in humans comes primarily from two sources: long-term animal tests and epidemiologic investigations. Results from these studies are supplemented with available information from short-term tests, pharmacokinetic studies, comparative metabolism studies, structure-activity relationships, and other relevant toxicologic studies. The question of how likely an agent is to be a human carcinogen should be answered in the framework of a weight-of-evidence judgment. Judgments about the weight of evidence involve considerations of the quality and adequacy of the data and the kinds and consistency of responses induced by a suspect carcinogen. There are three major steps to characterizing the weight of evidence for carcinogenicity in humans: (1) Characterization of the evidence from human studies and from animal studies individually, (2) combination of the characterizations of these two types of data into an indication of the overall weight of evidence for human carcinogenicity, and (3) evaluation of all supporting information to determine if the overall weight of evidence should be modified.

EPA has developed a system for stratifying the weight of evidence (see section IV). This classification is not meant to be applied rigidly or mechanically. At various points in the above discussion, EPA has emphasized the need for an overall, balanced judgment of the totality of the available evidence. Particularly for well-studied substances, the scientific data base will have a complexity that cannot be captured by any classification scheme. Therefore, the hazard identification section should include a narrative summary of the strengths and weaknesses of the evidence as well as its categorization in the EPA scheme.

The EPA classification system is, in general, an adaptation of the International Agency for Research on Cancer (IARC, 1982) approach for classifying the weight of evidence for human data and animal data. The EPA classification system for the characterization of the overall weight of evidence for carcinogenicity (animal, human, and other supportive data) includes: Group A—Carcinogenic to Humans; Group B—Probably Carcinogenic to Humans; Group C—Possibly Carcinogenic to Humans; Group D—Not Classifiable as to Human Carcinogenicity; and Group E—Evidence of Non-Carcinogenicity for Humans.

The following modifications of the IARC approach have been made for classifying human and animal studies.

For human studies:

(1) The observation of a statistically significant association between an agent and life-threatening benign tumors in humans is included in the evaluation of risks to humans.

(2) A "no data available" classification is added.

(3) A "no evidence of carcinogenicity" classification is added. This classificaton indicates that no association was found between exposure and increased risk of cancer in well-conducted, well-designed, independent analytical epidemiologic studies.

For animal studies:

(1) An increased incidence of combined benign and malignant tumors will be considered to provide sufficient evidence of carcinogenicity if the other criteria defining the "sufficient" classification of evidence are met (e.g., replicate studies, malignancy; see section IV). Benign and malignant tumors will be combined when scientifically defensible.

(2) An increased incidence of benign tumors alone generally constitutes "limited" evidence of carcinogenicity.

(3) An increased incidence of neoplasms that occur with high spontaneous background incidence (e.g., mouse liver tumors and rat pituitary tumors in certain strains) generally constitutes "sufficient" evidence of carcinogenicity, but may be changed to "limited" when warranted by the specific information available on the agent.

(4) A "no data available" classification has been added.

(5) A "no evidence of carcinogenicity" classification is also added. This operational classification would include substances for which there is no increased incidence of neoplasms in at least two well-designed and well-conducted animal studies of adequate power and dose in different species.

D. Guidance for Dose-Response Assessment

The qualitative evidence for carcinogenesis should be discussed for purposes of guiding the dose-response assessment. The guidance should be given in terms of the appropriateness and limitations of specific studies as well as pharmacokinetic considerations that should be factored into the dose-response assessment. The appropriate method of extrapolation should be factored in when the experimental route of exposure differs from that occurring in humans.

Agents that are judged to be in the EPA weight-of-evidence stratification Groups A and B would be regarded as suitable for quantitative risk assessments. Agents that are judged to be in Group C will generally be regarded as suitable for quantitative risk assessment, but judgments in this regard may be made on a case-by-case basis. Agents that are judged to be in Groups D and E would not have quantitative risk assessments.

E. Summary and Conclusion

The summary should present all of the key findings in all of the sections of the qualitative assessment and the interpretive rationale that forms the basis for the conclusion. Assumptions, uncertainties in the evidence, and other factors that may affect the relevance of the evidence to humans should be discussed. The conclusion should present both the weight-of-evidence ranking and a description that brings out the more subtle aspects of the evidence that may not be evident from the ranking alone.

III. Dose-Response Assessment, Exposure Assessment, and Risk Characterization

After data concerning the carcinogenic properties of a substance have been collected, evaluated, and categorized, it is frequently desirable to estimate the likely range of excess cancer risk associated with given levels and conditions of human exposure. The first step of the analysis needed to make such estimations is the development of the likely relationship between dose and response (cancer incidence) in the region of human exposure. This information on dose-response relationships is coupled with information on the nature and magnitude of human exposure to yield an estimate of human risk. The risk-characterization step also includes an interpretation of these estimates in light of the biological, statistical, and exposure assumptions and uncertainties that have arisen throughout the process of assessing risk.

The elements of dose-response assessment are described in section III.A. Guidance on human exposure assessment is provided in another EPA

document (U.S. EPA, 1986); however, section III.B. of these Guidelines includes a brief description of the specific type of exposure information that is useful for carcinogen risk assessment. Finally, in section III.C. on risk characterization, there is a description of the manner in which risk estimates should be presented so as to be most informative.

It should be emphasized that calculation of quantitative estimates of cancer risk does not require that an agent be carcinogenic in humans. The likelihood that an agent is a human carcinogen is a function of the weight of evidence, as this has been described in the hazard identification section of these Guidelines. It is nevertheless important to present quantitative estimates, appropriately qualified and interpreted, in those circumstances in which there is a reasonable possibility, based on human and animal data, that the agent is carcinogenic in humans.

It should be emphasized in every quantitative risk estimation that the results are uncertain. Uncertainties due to experimental and epidemiologic variability as well as uncertainty in the exposure assessment can be important. There are major uncertainties in extrapolating both from animals to humans and from high to low doses. There are important species differences in uptake, metabolism, and organ distribution of carcinogens, as well as species and strain differences in target-site susceptibility. Human populations are variable with respect to genetic constitution, diet, occupational and home environment, activity patterns, and other cultural factors. Risk estimates should be presented together with the associated hazard assessment (section III.C.3.) to ensure that there is an appreciation of the weight of evidence for carcinogenicity that underlies the quantitative risk estimates.

A. Dose-Response Assessment

1. *Selection of Data.* As indicated in section II.D., guidance needs to be given by the individuals doing the qualitative assessment (toxicologists, pathologists, pharmacologists, etc.) to those doing the quantitative assessment as to the appropriate data to be used in the dose-response assessment. This is determined by the quality of the data, its relevance to human modes of exposure, and other technical details.

If available, estimates based on adequate human epidemiologic data are preferred over estimates based on animal data. If adequate exposure data exist in a well-designed and well-conducted negative epidemiologic study, it may be possible to obtain an upper-bound estimate of risk from that study. Animal-based estimates, if available, also should be presented.

In the absence of appropriate human studies, data from a species that responds most like humans should be used, if information to this effect exists. Where, for a given agent, several studies are available, which may involve different animal species, strains, and sexes at several doses and by different routes of exposure, the following approach to selecting the data sets is used: (1) The tumor incidence data are separated according to organ site and tumor type. (2) All biologically and statistically acceptable data sets are presented. (3) The range of the risk estimates is presented with due regard to biological relevance (particularly in the case of animal studies) and appropriateness of route of exposure. (4) Because it is possible that human sensitivity is as high as the most sensitive responding animal species, in the absence of evidence to the contrary, the biologically acceptable data set from long-term animal studies showing the greatest sensitivity should generally be given the greatest emphasis, again with due regard to biological and statistical considerations.

When the exposure route in the species from which the dose-response information is obtained differs from the route occurring in environmental exposures, the considerations used in making the route-to-route extrapolation must be carefully described. All assumptions should be presented along with a discussion of the uncertainties in the extrapolation. Whatever procedure is adopted in a given case, it must be consistent with the existing metabolic and pharmacokinetic information on the chemical (e.g., absorption efficiency via the gut and lung, target organ doses, and changes in placental transport throughout gestation for transplacental carcinogens).

Where two or more significantly elevated tumor sites or types are observed in the same study, extrapolations may be conducted on selected sites or types. These selections will be made on biological grounds. To obtain a total estimate of carcinogenic risk, animals with one or more tumor sites or types showing significantly elevated tumor incidence should be pooled and used for extrapolation. The pooled estimates will generally be used in preference to risk estimates based on single sites or types. Quantitative risk extrapolations will generally not be done on the basis of totals that include tumor sites without statistically significant elevations.

Benign tumors should generally be combined with malignant tumors for risk estimates unless the benign tumors are not considered to have the potential to progress to the associated malignancies of the same histogenic origin. The contribution of the benign tumors, however, to the total risk should be indicated.

2. *Choice of Mathematical Extrapolation Model.* Since risks at low exposure levels cannot be measured directly either by animal experiments or by epidemiologic studies, a number of mathematical models have been developed to extrapolate from high to low dose. Different extrapolation models, however, may fit the observed data reasonably well but may lead to large differences in the projected risk at low doses.

As was pointed out by OSTP (1985; Principle 26),

> No single mathematical procedure is recognized as the most appropriate for low-dose extrapolation in carcinogenesis. When relevant biological evidence on mechanism of action exists (e.g., pharmacokinetics, target organ dose), the models or procedures employed should be consistent with the evidence. When data and information are limited, however, and when much uncertainty exists regarding the mechanism of carcinogenic action, models or procedures which incorporate low-dose linearity are preferred when compatible with the limited information.

At present, mechanisms of the carcinogenesis process are largely unknown and data are generally limited. If a carcinogenic agent acts by accelerating the same carcinogenic process that leads to the background occurrence of cancer, the added effect of the carcinogen at low doses is expected to be virtually linear (Crump et al., 1976).

The Agency will review each assessment as to the evidence on carcinogenesis mechanisms and other biological or statistical evidence that indicates the suitability of a particular extrapolation model. Goodness-of-fit to the experimental observations is not an effective means of discriminating among models (OSTP, 1985). A rationale will be included to justify the use of the chosen model. In the absence of adequate information to the contrary, the linearized multistage procedure will be employed. Where appropriate, the results of using various extrapolation models may be useful for comparison with the linearized multistage procedure. When longitudinal data on tumor development are available, time-to-tumor models may be used.

It should be emphasized that the linearized multistage procedure leads to

a plausible upper limit to the risk that is consistent with some proposed mechanisms of carcinogenesis. Such an estimate, however, does not necessarily give a realistic prediction of the risk. The true value of the risk is unknown, and may be as low as zero. The range of risks, defined by the upper limit given by the chosen model and the lower limit which may be as low as zero, should be explicitly stated. An established procedure does not yet exist for making "most likely" or "best" estimates of risk within the range of uncertainty defined by the upper and lower limit estimates. If data and procedures become available, the Agency will also provide "most likely" or "best" estimates of risk. This will be most feasible when human data are available and when exposures are in the dose range of the data.

In certain cases, the linearized multistage procedure cannot be used with the observed data as, for example, when the data are nonmonotonic or flatten out at high doses. In these cases, it may be necessary to make adjustments to achieve low-dose linearity.

When pharmacokinetic or metabolism data are available, or when other substantial evidence on the mechanistic aspects of the carcinogenesis process exists, a low-dose extrapolation model other than the linearized multistage procedure might be considered more appropriate on biological grounds. When a different model is chosen, the risk assessment should clearly discuss the nature and weight of evidence that led to the choice. Considerable uncertainty will remain concerning response at low doses; therefore, in most cases an upper-limit risk estimate using the linearized multistage procedure should also be presented.

3. *Equivalent Exposure Units Among Species.* Low-dose risk estimates derived from laboratory animal data extrapolated to humans are complicated by a variety of factors that differ among species and potentially affect the response to carcinogens. Included among these factors are differences between humans and experimental test animals with respect to life span, body size, genetic variability, population homogeneity, existence of concurrent disease, pharmacokinetic effects such as metabolism and excretion patterns, and the exposure regimen.

The usual approach for making interspecies comparisons has been to use standardized scaling factors. Commonly employed standardized dosage scales include mg per kg body weight per day, ppm in the diet or water, mg per m^2 body surface area per day, and mg per kg body weight per lifetime. In the absence of comparative toxicological, physiological, metabolic, and pharmacokinetic data for a given suspect carcinogen, the Agency takes the position that the extrapolation on the basis of surface area is considered to be appropriate because certain pharmacological effects commonly scale according to surface area (Dedrick, 1973; Freireich et al., 1966; Pinkel, 1958).

B. Exposure Assessment

In order to obtain a quantitative estimate of the risk, the results of the dose-response assessment must be combined with an estimate of the exposures to which the populations of interest are likely to be subject. While the reader is referred to the Guidelines for Estimating Exposures (U.S. EPA, 1986) for specific details, it is important to convey an appreciation of the impact of the strengths and weaknesses of exposure assessment on the overall cancer risk assessment process.

At present there is no single approach to exposure assessment that is appropriate for all cases. On a case-by-case basis, appropriate methods are selected to match the data on hand and the level of sophistication required. The assumptions, approximations, and uncertainties need to be clearly stated because, in some instances, these will have a major effect on the risk assessment.

In general, the magnitude, duration, and frequency of exposure provide fundamental information for estimating the concentration of the carcinogen to which the organism is exposed. These data are generated from monitoring information, modeling results, and/or reasoned estimates. An appropriate treatment of exposure should consider the potential for exposure via ingestion, inhalation, and dermal penetration from relevant sources of exposures including multiple avenues of intake from the same source.

Special problems arise when the human exposure situation of concern suggests exposure regimens, e.g., route and dosing schedule, that are substantially different from those used in the relevant animal studies. Unless there is evidence to the contrary in a particular case, the cumulative dose received over a lifetime, expressed as average daily exposure prorated over a lifetime, is recommended as an appropriate measure of exposure to a carcinogen. That is, the assumption is made that a high dose of a carcinogen received over a short period of time is equivalent to a corresponding low-dose spread over a lifetime. This approach becomes more problematical as the exposures in question become more intense but less frequent, especially when there is evidence that the agent has shown dose-rate effects.

An attempt should be made to assess the level of uncertainty associated with the exposure assessment which is to be used in a cancer risk assessment. This measure of uncertainty should be included in the risk characterization (section III.C.) in order to provide the decision-maker with a clear understanding of the impact of this uncertainty on any final quantitative risk estimate. Subpopulations with heightened susceptibility (either because of exposure or predisposition) should, when possible, be identified.

C. Risk Characterization

Risk characterization is composed of two parts. One is a presentation of the numerical estimates of risk; the other is a framework to help judge the significance of the risk. Risk characterization includes the exposure assessment and dose-response assessment; these are used in the estimation of carcinogenic risk. It may also consist of a unit-risk estimate which can be combined elsewhere with the exposure assessment for the purposes of estimating cancer risk.

Hazard identification and dose-response assessment are covered in sections II and III.A., and a detailed discussion of exposure assessment is contained in EPA's Guidelines for Estimating Exposures (U.S. EPA, 1986). This section deals with the numerical risk estimates and the approach to summarizing risk characterization.

1. *Options for Numerical Risk Estimates.* Depending on the needs of the individual program offices, numerical estimates can be presented in one or more of the following three ways.

a. Unit Risk—Under an assumption of low-dose linearity, the unit cancer risk is the excess lifetime risk due to a continuous constant lifetime exposure of one unit of carcinogen concentration. Typical exposure units include ppm or ppb in food or water, mg/kg/day by ingestion, or ppm or $\mu g/m^3$ in air.

b. Dose Corresponding to a Given Level of Risk—This approach can be useful, particularly when using nonlinear extrapolation models where the unit risk would differ at different dose levels.

c. Individual and Population Risks—Risks may be characterized either in terms of the excess individual lifetime risks, the excess number of cancers

produced per year in the exposed population, or both.

Irrespective of the options chosen, the degree of precision and accuracy in the numerical risk estimates currently do not permit more than one significant figure to be presented.

2. *Concurrent Exposure.* In characterizing the risk due to concurrent exposure to several carcinogens, the risks are combined on the basis of additivity unless there is specific information to the contrary. Interactions of cocarcinogens, promoters, and initiators with known carcinogens should be considered on a case-by-case basis.

3. *Summary of Risk Characterization.* Whichever method of presentation is chosen, it is critical that the numerical estimates not be allowed to stand alone, separated from the various assumptions and uncertainties upon which they are based. The risk characterization should contain a discussion and interpretation of the numerical estimates that affords the risk manager some insight into the degree to which the quantitative estimates are likely to reflect the true magnitude of human risk, which generally cannot be known with the degree of quantitative accuracy reflected in the numerical estimates. The final risk estimate will be generally rounded to one significant figure and will be coupled with the EPA classification of the qualitative weight of evidence. For example, a lifetime individual risk of 2×10^{-4} resulting from exposure to a "probable human carcinogen" (Group B2) should be designated as: 2×10^{-4} [B2]. This bracketed designation of the qualitative weight of evidence should be included with all numerical risk estimates (i.e., unit risks, which are risks at a specified concentration or concentrations corresponding to a given risk). Agency statements, such as **Federal Register** notices, briefings, and action memoranda, frequently include numerical estimates of carcinogenic risk. It is recommended that whenever these numerical estimates are used, the qualitative weight-of-evidence classification should also be included.

The section on risk characterization should summarize the hazard identification, dose-response assessment, exposure assessment, and the public health risk estimates. Major assumptions, scientific judgments, and, to the extent possible, estimates of the uncertainties embodied in the assessment are presented.

IV. EPA Classification System for Categorizing Weight of Evidence for Carcinogenicity From Human and Animal Studies (Adapted From IARC)

A. Assessment of Weight of Evidence for Carcinogenicity From Studies in Humans

Evidence of carcinogenicity from human studies comes from three main sources:

1. Case reports of individual cancer patients who were exposed to the agent(s).

2. Descriptive epidemiologic studies in which the incidence of cancer in human populations was found to vary in space or time with exposure to the agent(s).

3. Analytical epidemiologic (case-control and cohort) studies in which individual exposure to the agent(s) was found to be associated with an increased risk of cancer.

Three criteria must be met before a causal association can be inferred between exposure and cancer in humans:

1. There is no identified bias that could explain the association.

2. The possibility of confounding has been considered and ruled out as explaining the association.

3. The association is unlikely to be due to chance.

In general, although a single study may be indicative of a cause-effect relationship, confidence in inferring a causal association is increased when several independent studies are concordant in showing the association, when the association is strong, when there is a dose-response relationship, or when a reduction in exposure is followed by a reduction in the incidence of cancer.

The weight of evidence for carcinogenicity [1] from studies in humans is classified as:

1. Sufficient evidence of carcinogenicity, which indicates that there is a causal relationship between the agent and human cancer.

2. Limited evidence of carcinogenicity, which indicates that a causal interpretation is credible, but that alternative explanations, such as chance, bias, or confounding, could not adequately be excluded.

3. Inadequate evidence, which indicates that one of two conditions prevailed: (a) there were few pertinent data, or (b) the available studies, while showing evidence of association, did not exclude chance, bias, or confounding and therefore a causal interpretation is not credible.

4. No data, which indicates that data are not available.

5. No evidence, which indicates that no association was found between exposure and an increased risk of cancer in well-designed and well-conducted independent analytical epidemiologic studies.

B. Assessment of Weight of Evidence for Carcinogenicity From Studies in Experimental Animals

These assessments are classified into five groups:

1. Sufficient evidence [2] of carcinogenicity, which indicates that there is an increased incidence of malignant tumors or combined malignant and benign tumors: [3] (a) in multiple species or strains; or (b) in multiple experiments (e.g., with different routes of administration or using different dose levels); or (c) to an unusual degree in a single experiment with regard to high incidence, unusual site or type of tumor, or early age at onset.

Additional evidence may be provided by data on dose-response effects, as well as information from short-term tests or on chemical structure.

2. Limited evidence of carcinogenicity, which means that the data suggest a carcinogenic effect but are limited because: (a) the studies involve a single species, strain, or experiment and do not meet criteria for sufficient evidence (see section IV. B.1.c); (b) the experiments are restricted by inadequate dosage levels, inadequate duration of exposure to the agent, inadequate period of follow-up, poor survival, too few animals, or inadequate reporting; or (c) an increase in the incidence of benign tumors only.

3. Inadequate evidence, which indicates that because of major qualitative or quantitative limitations, the studies cannot be interpreted as showing either the presence or absence of a carcinogenic effect.

4. No data, which indicates that data are not available.

5. No evidence, which indicates that there is no increased incidence of neoplasms in at least two well-designed

[1] For purposes of public health protection, agents associated with life-threatening benign tumors in humans are included in the evaluation.

[2] An increased incidence of neoplasms that occur with high spontaneous background incidence (e.g., mouse liver tumors and rat pituitary tumors in certain strains) generally constitutes "sufficient" evidence of carcinogenicity, but may be changed to "limited" when warranted by the specific information available on the agent.

[3] Benign and malignant tumors will be combined unless the benign tumors are not considered to have the potential to progress to the associated malignancies of the same histogenic origin.

and well-conducted animal studies in different species.

The classifications "sufficient evidence" and "limited evidence" refer only to the weight of the experimental evidence that these agents are carcinogenic and not to the potency of their carcinogenic action.

C. Categorization of Overall Weight of Evidence for Human Carcinogenicity

The overall scheme for categorization of the weight of evidence of carcinogenicity of a chemical for humans uses a three-step process. (1) The weight of evidence in human studies or animal studies is summarized; (2) these lines of information are combined to yield a tentative assignment to a category (see Table 1); and (3) all relevant supportive information is evaluated to see if the designation of the overall weight of evidence needs to be modified. Relevant factors to be included along with the tumor information from human and animal studies include structure-activity relationships; short-term test findings; results of appropriate physiological, biochemical, and toxicological observations; and comparative metabolism and pharmacokinetic studies. The nature of these findings may cause one to adjust the overall categorization of the weight of evidence.

TABLE 1.—ILLUSTRATIVE CATEGORIZATION OF EVIDENCE BASED ON ANIMAL AND HUMAN DATA [1]

Human evidence	Animal evidence				
	Sufficient	Limited	Indequate	No data	No. Evidence
Sufficient	A	A	A	A	A
Limited	B1	B1	B1	B1	B1
Inadequate	B2	C	D	D	D
No data	B2	C	D	D	E
No evidence	B2	C	D	D	E

[1] The above assignments are presented for illustrative purposes. There may be nuances in the classification of both animal and human data indicating that different categorizations than those given in the table should be assigned. Furthermore, these assignments are tentative and may be modified by ancillary evidence. In this regard all relevant information should be evaluated to determine if the designation of the overall weight of evidence needs to be modified. Relevant factors to be included along with the tumor data from human and animal studies include structure-activity relationships, short-term test findings, results of appropriate physiological, biochemical, and toxicological observations, and comparative metabolism and pharmacokinetic studies. The nature of these findings may cause an adjustment of the overall categorization of the weight of evidence.

The agents are categorized into five groups as follows:

Group A—Human Carcinogen

This group is used only when there is sufficient evidence from epidemiologic studies to support a causal association between exposure to the agents and cancer.

Group B—Probable Human Carcinogen

This group includes agents for which the weight of evidence of human carcinogenicity based on epidemiologic studies is "limited" and also includes agents for which the weight of evidence of carcinogenicity based on animal studies is "sufficient." The group is divided into two subgroups. Usually, Group B1 is reserved for agents for which there is limited evidence of carcinogenicity from epidemiologic studies. It is reasonable, for practical purposes, to regard an agent for which there is "sufficient" evidence of carcinogenicity in animals as if it presented a carcinogenic risk to humans. Therefore, agents for which there is "sufficient" evidence from animal studies and for which there is "inadequate evidence" or "no data" from epidemiologic studies would usually be categorized under Group B2.

Group C—Possible Human Carcinogen

This group is used for agents with limited evidence of carcinogenicity in animals in the absence of human data. It includes a wide variety of evidence, e.g., (a) a malignant tumor response in a single well-conducted experiment that does not meet conditions for sufficient evidence, (b) tumor responses of marginal statistical significance in studies having inadequate design or reporting, (c) benign but not malignant tumors with an agent showing no response in a variety of short-term tests for mutagenicity, and (d) responses of marginal statistical significance in a tissue known to have a high or variable background rate.

Group D—Not Classifiable as to Human Carcinogenicity

This group is generally used for agents with inadequate human and animal evidence of carcinogenicity or for which no data are available.

Group E—Evidence of Non-Carcinogenicity for Humans

This group is used for agents that show no evidence for carcinogenicity in at least two adequate animal tests in different species or in both adequate epidemiologic and animal studies.

The designation of an agent as being in Group E is based on the available evidence and should not be interpreted as a definitive conclusion that the agent will not be a carcinogen under any circumstances.

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Part B: Response to Public and Science Advisory Board Comments

I. Introduction

This section summarizes the major issues raised during both the public comment period on the Proposed Guidelines for Carcinogen Risk Assessment published on November 23, 1984 (49 FR 46294), and also during the April 22–23, 1985, meeting of the Carcinogen Risk Assessment Guidelines Panel of the Science Advisory Board (SAB).

In order to respond to these issues the Agency modified the proposed guidelines in two stages. First, changes resulting from consideration of the public comments were made in a draft sent to the SAB review panel prior to their April meeting. Secondly, the guidelines were further modified in response to the panel's recommendations.

The Agency received 62 sets of comments during the public comment period, including 28 from corporations, 9 from professional or trade associations, and 4 from academic institutions. In general, the comments were favorable. The commentors welcomed the update of the 1976 guidelines and felt that the proposed guidelines of 1985 reflected some of the progress that has occurred in understanding the mechanisms of carcinogenesis. Many commentors, however, felt that additional changes were warranted.

The SAB concluded that the guidelines are "reasonably complete in their conceptual framework and are sound in their overall interpretation of the scientific issues" (Report by the SAB Carcinogenicity Guidelines Review Group, June 19, 1985). The SAB suggested various editorial changes and raised some issues regarding the content of the proposed guidelines, which are discussed below. Based on these recommendations, the Agency has modified the draft guidelines.

II. Office of Science and Technology Policy Report on Chemical Carcinogens

Many commentors requested that the final guidelines not be issued until after publication of the report of the Office of Technology and Science Policy (OSTP) on chemical carcinogens. They further requested that this report be incorporated into the final Guidelines for Carcinogen Risk Assessment.

The final OSTP report was published in 1985 (50 FR 10372). In its deliberations, the Agency reviewed the final OSTP report and feels that the Agency's guidelines are consistent with the principles established by the OSTP. In its review, the SAB agreed that the Agency quidelines are generally consistent with the OSTP report. To emphasize this consistency, the OSTP principles have been incorporated into the guidelines when controversial issues are discussed.

III. Inference Guidelines

Many commentors felt that the proposed guidelines did not provide a sufficient distinction between scientific fact and policy decisions. Others felt that EPA should not attempt to propose firm guidelines in the absence of scientific consensus. The SAB report also indicated the need to "distinguish recommendations based on scientific evidence from those based on science policy decisions."

The Agency agrees with the recommendation that policy, judgmental, or inferential decisions should be clearly identified. In its revision of the proposed guidelines, the Agency has included phrases (e.g., "the Agency takes the position that") to more clearly distinguish policy decisions.

The Agency also recognizes the need to establish procedures for action on important issues in the absence of complete scientific knowledge or consensus. This need was acknowledged in both the National Academy of Sciences book entitled *Risk Management in the Federal Government: Managing the Process* and the OSTP report on chemical carcinogens. As the NAS report states, "Risk assessment is an analytic process that is firmly based on scientific considerations, but it also requires judgments to be made when the available information is incomplete. These judgments inevitably draw on both scientific and policy considerations."

The judgments of the Agency have been based on current available scientific information and on the combined experience of Agency experts. These judgments, and the resulting guidance, rely on inference; however, the positions taken in these inference guidelines are felt to be reasonable and scientifically defensible. While all of the guidance is, to some degree, based on inference the guidelines have attempted to distinguish those issues that depended more on judgment. In these cases, the Agency has stated a position but has also retained flexibility to accommodate new data or specific circumstances that demonstrate that the proposed position is inaccurate. The Agency recognizes that scientific opinion will be divided on these issues.

Knowledge about carcinogens and carcinogenesis is progressing at a rapid rate. While these guidelines are considered a best effort at the present time, the Agency has attempted to incorporate flexibility into the current guidelines and also recommends that the guidelines be revised as often as warranted by advances in the field.

IV. Evaluation of Benign Tumors

Several commentors discussed the appropriate interpretation of an increased incidence of benign tumors alone or with an increased incidence of malignant tumors as part of the evaluation of the carcinogenicity of an agent. Some comments were supportive of the position in the proposed guidelines, i.e., under certain circumstances, the incidence of benign and malignant tumors would be combined, and an increased incidence of benign tumors alone would be considered an indication, albeit limited, of carcinogenic potential. Other commentors raised concerns about the criteria that would be used to decide which tumors should be combined. Only a few commentors felt that benign tumors should never be considered in evaluating carcinogenic potential.

The Agency believes that current information supports the use of benign tumors. The guidelines have been modified to incorporate the language of the OSTP report, i.e., benign tumors will be combined with malignant tumors when scientifically defensible. This position allows flexibility in evaluating the data base for each agent. The guidelines have also been modified to indicate that, whenever benign and malignant tumors have been combined, and the agent is considered a candidate for quantitative risk extrapolation, the contribution of benign tumors to the estimation of risk will be indicated.

V. Transplacental and Multigenerational Animal Bioassays

As one of its two proposals for additions to the guidelines, the SAB recommended a discussion of transplacental and multigenerational animal bioassays for carcinogenicity.

The Agency agrees that such data, when available, can provide useful information in the evaluation of a chemical's potential carcinogenicity and has stated this in the final guidelines. The Agency has also revised the guidelines to indicate that such studies may provide additional information on the metabolic and pharmacokinetic properties of the chemical. More guidance on the specific use of these studies will be considered in future revisions of these guidelines.

VI. Maximum Tolerated Dose

The proposed guidelines discussed the implications of using a maximum tolerated dose (MTD) in bioassays for carcinogenicity. Many commentors requested that EPA define MTD. The tone of the comments suggested that the commentors were concerned about the uses and interpretations of high-dose testing.

The Agency recognizes that controversy currently surrounds these issues. The appropriate text from the OSTP report has been incorporated into the final guidelines which suggests that the consequences of high-dose testing be evaluated on a case-by-case basis.

VII. Mouse Liver Tumors

A large number of commentors expressed opinions about the assessment of bioassays in which the only increase in tumor incidence was liver tumors in the mouse. Many felt that mouse liver tumors were afforded too much credence, especially given existing information that indicates that they might arise by a different mechanism, e.g., tissue damage followed by regeneration. Others felt that mouse liver tumors were but one case of a high background incidence of one particular type of tumor and that all such tumors should be treated in the same fashion.

The Agency has reviewed these comments and the OSTP principle regarding this issue. The OSTP report does not reach conclusions as to the treatment of tumors with a high spontaneous background rate, but states, as is now included in the text of the guidelines, that these data require special consideration. Although questions have been raised regarding the validity of mouse liver tumors in general, the Agency feels that mouse liver tumors cannot be ignored as an indicator of carcinogenicity. Thus, the position in the proposed guidelines has not been changed: an increased incidence of only mouse liver tumors will be regarded as "sufficient" evidence of carcinogenicity if all other criteria, e.g., replication and malignancy, are met with the understanding that this classification could be changed to "limited" if warranted. The factors that may cause this re-evaluation are indicated in the guidelines.

VIII. Weight-of-Evidence Categories

The Agency was praised by both the public and the SAB for incorporating a weight-of-evidence scheme into its evaluation of carcinogenic risk. Certain specific aspects of the scheme, however, were criticized.

1. Several commentors noted that while the text of the proposed guidelines clearly states that EPA will use all available data in its categorization of the weight of the evidence that a chemical is a carcinogen, the classification system in Part A, section IV did not indicate the manner in which EPA will use information other than data from humans and long-term animal studies in assigning a weight-of-evidence classification.

The Agency has added a discussion to Part A, section IV.C. dealing with the characterization of overall evidence for human carcinogenicity. This discussion clarifies EPA's use of supportive information to adjust, as warranted, the designation that would have been made solely on the basis of human and long-term animal studies.

2. The Agency agrees with the SAB and those commentors who felt that a simple classification of the weight of evidence, e.g., a single letter or even a descriptive title, is inadequate to describe fully the weight of evidence for each individual chemical. The final guidelines propose that a paragraph summarizing the data should accompany the numerical estimate and weight-of-evidence classification whenever possible.

3. Several commentors objected to the descriptive title E (No Evidence of Carcinogenicity for Humans) because they felt the title would be confusing to people inexperienced with the classification system. The title for Group E, No Evidence of Carcinogenicity for Humans, was thought by these commentors to suggest the absence of data. This group, however, is intended to be reserved for agents for which there exists credible data demonstrating that the agent is not carcinogenic.

Based on these comments and further discussion, the Agency has changed the

title of Group E to "Evidence of Non-Carcinogenicity for Humans."

4. Several commentors felt that the title for Group C, Possible Human Carcinogen, was not sufficiently distinctive from Group B, Probable Human Carcinogen. Other commentors felt that those agents that minimally qualified for Group C would lack sufficient data for such a label.

The Agency recognizes that Group C covers a range of chemicals and has considered whether to subdivide Group C. The consensus of the Agency's Carcinogen Risk Assessment Committee, however, is that the current groups, which are based on the IARC categories, are a reasonable stratification and should be retained at present. The structure of the groups will be reconsidered when the guidelines are reviewed in the future. The Agency also feels that the descriptive title it originally selected best conveys the meaning of the classification within the context of EPA's past and current activities.

5. Some commentors indicated a concern about the distinction between B1 and B2 on the basis of epidemiologic evidence only. This issue has been under discussion in the Agency and may be revised in future versions of the guidelines.

6. Comments were also received about the possibility of keeping the groups for animal and human data separate without reaching a combined classification. The Agency feels that a combined classification is useful; thus, the combined classification was retained in the final guidelines.

The SAB suggested that a table be added to Part A, section IV to indicate the manner in which human and animal data would be combined to obtain an overall weight-of-evidence category. The Agency realizes that a table that would present all permutations of potentially available data would be complex and possibly impossible to construct since numerous combinations of ancillary data (e.g., genetic toxicity, pharmacokinetics) could be used to raise or lower the weight-of-evidence classification. Nevertheless, the Agency decided to include a table to illustrate the most probable weight-of-evidence classification that would be assigned on the basis of standard animal and human data without consideration of the ancillary data. While it is hoped that this table will clarify the weight-of-evidence classifications, it is also important to recognize that an agent may be assigned to a final categorization different from the category which would appear appropriate from the table and still conform to the guidelines.

IX. Quantitative Estimates of Risk

The method for quantitative estimates of carcinogenic risk in the proposed guidelines received substantial comments from the public. Five issues were discussed by the Agency and have resulted in modifications of the guidelines.

1. The major criticism was the perception that EPA would use only one method for the extrapolation of carcinogenic risk and would, therefore, obtain one estimate of risk. Even commentors who concur with the procedure usually followed by EPA felt that some indication of the uncertainty of the risk estimate should be included with the risk estimate.

The Agency feels that the proposed guidelines were not intended to suggest that EPA would perform quantitative risk estimates in a rote or mechanical fashion. As indicated by the OSTP report and paraphrased in the proposed guidelines, no single mathematical procedure has been determined to be the most appropriate method for risk extrapolation. The final guidelines quote rather than paraphrase the OSTP principle. The guidelines have been revised to stress the importance of considering all available data in the risk assessment and now state, "The Agency will review each assessment as to the evidence on carcinogenic mechanisms and other biological or statistical evidence that indicates the suitability of a particular extrapolation model." Two issues are emphasized: First, the text now indicates the potential for pharmacokinetic information to contribute to the assessment of carcinogenic risk. Second, the final guidelines state that time-to-tumor risk extrapolation models may be used when longitudinal data on tumor development are available.

2. A number of commentors noted that the proposed guidelines did not indicate how the uncertainties of risk characterization would be presented. The Agency has revised the proposed guidelines to indicate that major assumptions, scientific judgments, and, to the extent possible, estimates of the uncertainties embodied in the risk assessment will be presented along with the estimation of risk.

3. The proposed guidelines stated that the appropriateness of quantifying risks for chemicals in Group C (Possible Human Carcinogen), specifically those agents that were on the boundary of Groups C and D (Not Classifiable as to Human Carcinogenicity), would be judged on a case-by-case basis. Some commentors felt that quantitative risk assessment should not be performed on any agent in Group C.

Group C includes a wide range of agents, including some for which there are positive results in one species in one good bioassay. Thus, the Agency feels that many agents in Group C will be suitable for quantitative risk assessment, but that judgments in this regard will be made on a case-by-case basis.

4. A few commentors felt that EPA intended to perform quantitative risk estimates on aggregate tumor incidence. While EPA will consider an increase in total aggregate tumors as suggestive of potential carcinogenicity, EPA does not generally intend to make quantitative estimates of carcinogenic risk based on total aggregate tumor incidence.

5. The proposed choice of body surface area as an interspecies scaling factor was criticized by several commentors who felt that body weight was also appropriate and that both methods should be used. The OSTP report recognizes that both scaling factors are in common use. The Agency feels that the choice of the body surface area scaling factor can be justified from the data on effects of drugs in various species. Thus, EPA will continue to use this scaling factor unless data on a specific agent suggest that a different scaling factor is justified. The uncertainty engendered by choice of scaling factor will be included in the summary of uncertainties associated with the assessment of risk mentioned in point 1, above.

In the second of its two proposals for additions to the proposed guidelines, the SAB suggested that a sensitivity analysis be included in EPA's quantitative estimate of a chemical's carcinogenic potency. The Agency agrees that an analysis of the assumptions and uncertainties inherent in an assessment of carcinogenic risk must be accurately portrayed. Sections of the final guidelines that deal with this issue have been strengthened to reflect the concerns of the SAB and the Agency. In particular, the last paragraph of the guidelines states that "major assumptions, scientific judgments, and, to the extent possible, estimates of the uncertainties embodied in the assessment" should be presented in the summary characterizing the risk. Since the assumptions and uncertainties will vary for each assessment, the Agency feels that a formal requirement for a particular type of sensitivity analysis would be less useful than a case-by-case evaluation of the particular assumptions and uncertainties most significant for a particular risk assessment.

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Part III

Environmental Protection Agency

Guidelines for Mutagenicity Risk Assessment

ENVIRONMENTAL PROTECTION AGENCY

[FRL-2983-9]

Guidelines for Mutagenicity Risk Assessment

AGENCY: U.S. Environmental Protection Agency (EPA).

ACTION: Final Guidelines for Mutagenicity Risk Assessment.

SUMMARY: The U.S. Environmental Protection Agency is today issuing five guidelines for assessing the health risks of environmental pollutants.

Guidelines for Carcinogen Risk Assessment
Guidelines for Estimating Exposures
Guidelines for Mutagenicity Risk Assessment
Guidelines for the Health Assessment of Suspect Developmental Toxicants
Guidelines for the Health Risk Assessment of Chemical Mixtures

This notice contains the Guidelines for Mutagenicity Risk Assessment; the other guidelines appear elsewhere in today's **Federal Register.**

The Guidelines for Mutagenicity Risk Assessment (hereafter "Guidelines") are intended to guide Agency analysis of mutagenicity data in line with the policies and procedures established in the statutes administered by the EPA. These Guidelines were developed as part of an interoffice guidelines development program under the auspices of the Office of Health and Environmental Assessment (OHEA) in the Agency's Office of Research and Development. They reflect Agency consideration of public and Science Advisory Board (SAB) comments on the Proposed Guidelines for Mutagenicity Risk Assessment published November 23, 1984 (49 FR 46314).

This publication completes the first round of risk assessment guidelines development. These Guidelines will be revised, and new guidelines will be developed, as appropriate.

EFFECTIVE DATE: The Guidelines will be effective September 24, 1986.

FOR FURTHER INFORMATION CONTACT: Dr. Lawrence R. Valcovic, Reproductive Effects Assessment Group, Office of Health and Environmental Assessment (RD-689), U.S. Environmental Protection Agency, 401 M Street, SW., Washington, DC 20460, 202-382-7303.

SUPPLEMENTARY INFORMATION: In 1983, the National Academy of Sciences (NAS) published its book entitled *Risk Assessment in the Federal Government: Managing the Process.* In that book, the NAS recommended that Federal regulatory agencies establish "inference guidelines" to ensure consistency and technical quality in risk assessments and to ensure that the risk assessment process was maintained as a scientific effort separate from risk management. A task force within EPA accepted that recommendation and requested that Agency scientists begin to develop such guidelines.

General

The guidelines published today are products of a two-year Agencywide effort, which has included many scientists from the larger scientific community. These guidelines set forth principles and procedures to guide EPA scientists in the conduct of Agency risk assessments, and to inform Agency decision makers and the public about these procedures. In particular, the guidelines emphasize that risk assessments will be conducted on a case-by-case basis, giving full consideration to all relevant scientific information. This case-by-case approach means that Agency experts review the scientific information on each agent and use the most scientifically appropriate interpretation to assess risk. The guidelines also stress that this information will be fully presented in Agency risk assessment documents, and that Agency scientists will identify the strengths and weaknesses of each assessment by describing uncertainties, assumptions, and limitations, as well as the scientific basis and rationale for each assessment.

Finally, the guidelines are formulated in part to bridge gaps in risk assessment methodology and data. By identifying these gaps and the importance of the missing information to the risk assessment process, EPA wishes to encourage research and analysis that will lead to new risk assessment methods and data.

Guidelines for Mutagenicity Risk Assessment

Work on the Guidelines for Mutagenicity Risk Assessment began in January 1984. Draft guidelines were developed by Agency work groups composed of expert scientists from throughout the Agency. The drafts were peer-reviewed by expert scientists in the field of genetic toxicology from universities, environmental groups, industry, labor, and other governmental agencies. They were then proposed for public comment in the **Federal Register** (49 FR 46314). On November 9, 1984, the Administrator directed that Agency offices use the proposed guidelines in performing risk assessments until final guidelines become available.

After the close of the public comment period, Agency staff prepared summaries of the comments, analyses of the major issues presented by the commentors, and preliminary Agency responses to those comments. These analyses were presented to review panels of the SAB on March 4 and April 22-23, 1985, and to the Executive Committee of the SAB on April 25-26, 1985. The SAB meetings were announced in the **Federal Register** as follows: February 12, 1985 (50 FR 5811) and April 4, 1985 (50 FR 13420 and 13421).

In a letter to the Administrator dated June 19, 1985, the Executive Committee generally concurred on all five of the guidelines, but recommended certain revisions, and requested that any revised guidelines be submitted to the appropriate SAB review panel chairman for review and concurrence on behalf of the Executive Committee. As described in the responses to comments (see Part B: Response to the Public and Science Advisory Board Comments), each guidelines document was revised, where appropriate, consistent with the SAB recommendations, and revised draft guidelines were submitted to the panel chairmen. Revised draft Guidelines for Mutagenicity Risk Assessment were concurred on in a letter dated September 24, 1985. Copies of the letters are available at the Public Information Reference Unit, EPA Headquarters Library, as indicated elsewhere in this notice.

Following this Preamble are two parts: Part A contains the Guidelines and Part B, the Response to the Public and Science Advisory Board Comments (a summary of the major public comments, SAB comments, and Agency responses to those comments).

The Agency is continuing to study the risk assessment issues raised in the guidelines and will revise these Guidelines in line with new information as appropriate.

References, supporting documents, and comments received on the proposed guidelines, as well as copies of the final guidelines, are available for inspection and copying at the Public Information Reference Unit (202-382-5926), EPA Headquarters Library, 401 M Street, SW, Washington, DC, between the hours of 8:00 a.m. and 4:30 p.m.

I certify that these Guidelines are not major rules as defined by Executive Order 12291, because they are nonbinding policy statements and have no direct effect on the regulated community. Therefore, they will have no effect on costs or prices, and they will have no other significant adverse effects on the economy. These Guidelines were reviewed by the Office of Management

and Budget under Executive Order 12291.

Dated: August 22, 1986.

Lee M. Thomas,

Administrator.

CONTENTS

Part A: Guidelines for Mutagenicity Risk Assessment

I. Introduction

This section describes the procedures that the U.S. Environmental Protection Agency will follow in evaluating the potential genetic risk associated with human exposure to chemicals. The central purpose of the health risk assessment is to provide a judgment concerning the weight of evidence that an agent is a potential human mutagen, capable of inducing transmitted genetic changes, and, if so, to provide a judgment on how great an impact this agent is likely to have on public health. Regulatory decision making involves two components: risk assessment and risk management. Risk assessment estimates the potential adverse health consequences of exposure to toxic chemicals; risk management combines the risk assessment with the directives of the enabling regulatory legislation—together with socioeconomic, technical, political, and other considerations—to reach a decision as to whether or how much to control future exposure to the chemicals. The issue of risk management will not be dealt with in these Guidelines.

Risk assessment is comprised of the following components: hazard identification, dose-response assessment, exposure assessment, and risk characterization (1). Hazard identification is the qualitative risk assessment, dealing with the inherent toxicity of a chemical substance. The qualitative mutagenicity assessment answers the question of how likely an agent is to be a human mutagen. The three remaining components comprise quantitative risk assessment, which provides a numerical estimate of the public health consequences of exposure to an agent. The quantitative mutagenicity risk assessment deals with the question of how much mutational damage is likely to be produced by exposure to a given agent under particular exposure scenarios.

In a dose-response assessment, the relationship between the dose of a chemical and the probability of induction of an adverse effect is defined. The component generally entails an extrapolation from the high doses administered to experimental animals or noted in some epidemiologic studies to the low exposure levels expected from human contact with the chemical in the environment.

The exposure assessment identifies populations exposed to toxic chemicals, describes their composition and size, and presents the types, magnitudes, frequencies, and durations of exposure to the chemicals. This component is developed independently of the other components of the mutagenicity assessment and is addressed in separate Agency guidelines (2).

In risk characterization, the outputs of the exposure assessment and the dose-response assessment are combined to estimate quantitatively the mutation risk, which is expressed as either estimated increase of genetic disease per generation or per lifetime, or the fractional increase in the assumed background mutation rate of humans. In each step of the assessment, the strengths and weaknesses of the major assumptions need to be presented, and the nature and magnitude of uncertainties need to be characterized.

The procedures set forth in these Guidelines will ensure consistency in the Agency's scientific risk assessments for mutagenic effects. The necessity for a consistent approach to the evaluation of mutagenic risk from chemical substances arises from the authority conferred upon the Agency by a number of statutes to regulate potential mutagens. As appropriate, these Guidelines will apply to statutes administered by the Agency, including the Federal Insecticide, Fungicide, and Rodenticide Act; the Toxic Substances Control Act; the Clean Air Act; the Federal Water Pollution Control Act; the Safe Drinking Water Act; the Resource Conservation and Recovery Act; and the Comprehensive Environmental Response, Compensation, and Liability Act. Because each statute is administered by separate offices, a consistent Agency-wide approach for performing risk assessments is desirable.

The mutagenicity risk assessments prepared pursuant to these Guidelines will be utilized with the requirements and constraints of the applicable statutes to arrive at regulatory decisions concerning mutagenicity. The standards of the applicable statutes and regulations may dictate that additional considerations (e.g., the economic and social benefits associated with use of the chemical substance) will come into play in reaching appropriate regulatory decisions.

The Agency has not attempted to provide in the Guidelines a detailed discussion of the mechanisms of mutagenicity or of the various test systems that are currently in use to detect mutagenic potential. Background information on mutagenesis and mutagenicity test systems is available in "Identifying and Estimating the Genetic Impact of Chemical Mutagens", National Academy of Sciences (NAS) Committee on Chemical Environmental Mutagens (3), as well as in other recent publications (4, 5).

The Agency is concerned with the risk associated with both germ-cell mutations and somatic-cell mutations. Mutations carried in germ cells may be inherited by future generations and may contribute to genetic disease, whereas mutations occurring in somatic cells may be implicated in the etiology of several disease states, including cancer. These Guidelines, however, are only concerned with genetic damage as it relates to germ-cell mutations. The use of mutagenicity test results in the assessment of carcinogenic risk is described in the Guidelines for Carcinogen Risk Assessment (6).

As a result of the progress in the control of infectious diseases, increases in average human life span, and better procedures for identifying genetic disorders, a considerable heritable genetic disease burden has been recognized in the human population. It is estimated that at least 10% of all human disease is related to specific genetic abnormalities, such as abnormal composition, arrangement, or dosage of genes and chromosomes (3, 7, 8). Such genetic abnormalities can lead to structural or functional health impairments. These conditions may be expressed *in utero;* at the time of birth; or during infancy, childhood, adolescence, or adult life; they may be chronic or acute in nature. As a result, they often have a severe impact upon the affected individuals and their families in terms of physical and mental

suffering and economic losses, and upon society in general, which often becomes responsible for institutional care of severely affected individuals. Some examples of genetic disorders are Down and Klinefelter syndromes, cystic fibrosis, hemophilia, sickle-cell anemia, and achondroplastic dwarfism. Other commonly recognized conditions that are likely to have a genetic component include hypercholesterolemia, hypertension, pyloric stenosis, glaucoma, allergies, several types of cancer, and mental retardation. These disorders are only a few of the thousands that are at least partially genetically determined (9).

Estimation of the fraction of human genetic disorders that result from new mutations is difficult, although in certain specific cases insights are available (10). It is clear that recurring mutation is important in determining the incidence of certain genetic disorders, such as some chromosomal aberration syndromes (e.g., Down syndrome) and rare dominant and X-linked recessive diseases (e.g., achondroplasia and hemophilia A). For other single-factor disorders (e.g., sickle-cell anemia) and certain multifactorial disorders (e.g., pyloric stenosis), the contribution of new mutations to disease frequency is probably small. However, it is generally recognized that most newly-arising mutations that are phenotypically expressed are in some ways deleterious to the organism receiving them (3, 7, 8). Adverse effects may be manifested at the biochemical, cellular, or physiological levels of organization. Although mutations are the building blocks for further evolutionary change of species, it is believed that increases in the mutation rate could lead to an increased frequency of expressed genetic disorders in the first and subsequent generations.

Life in our technological society results in exposure to many natural and synthetic chemicals. Some have been shown to have mutagenic activity in mammalian and submammalian test systems, and thus may have the potential to increase genetic damage in the human population. Chemicals exhibiting mutagenic activity in various test systems have been found distributed among foods, tobacco, drugs, food additives, cosmetics, industrial compounds, pesticides, and consumer products. The extent to which exposure to natural and synthetic environmental agents may have increased the frequency of genetic disorders in the present human population and contributed to the mutational "load" that will be transmitted to future generations is unknown at this time. However, for the reasons cited above, it seems prudent to limit exposures to potential human mutagens.

A. Concepts Relating to Heritable Mutagenic Risk

These Guidelines are concerned with chemical substances or mixtures of substances that can induce alterations in the genome of either somatic or germinal cells. The mutagenicity of physical agents (e.g., radiation) is not addressed here. There are several mutagenic end points of concern to the Agency. These include point mutations (i.e., submicroscopic changes in the base sequence of DNA) and structural or numerical chromosome aberrations. Structural aberrations include deficiencies, duplications, insertions, inversions, and translocations, whereas numerical aberrations are gains or losses of whole chromosomes (e.g., trisomy, monosomy) or sets of chromosomes (haploidy, polyploidy).

Certain mutagens, such as alkylating agents, can directly induce alterations in the DNA. Mutagenic effects may also come about through mechanisms other than chemical alterations of DNA. Among these are interference with normal DNA synthesis (as caused by some metal mutagens), interference with DNA repair, abnormal DNA methylation, abnormal nuclear division processes, or lesions in non-DNA targets (e.g., protamine, tubulin).

Evidence that an agent induces heritable mutations in human beings could be derived from epidemiologic data indicating a strong association between chemical exposure and heritable effects. It is difficult to obtain such data because any specific mutation is a rare event, and only a small fraction of the estimated thousands of human genes and conditions are currently useful as markers in estimating mutation rates. Human genetic variability, small numbers of offspring per individual, and long generation times further complicate such studies. In addition, only disorders caused by dominant mutations, some sex-linked recessive mutations, and certain chromosome aberrations can be detected in the first generation after their occurrence. Conditions caused by autosomal recessive disorders (which appear to occur more frequently than dominant disorders) or by polygenic traits may go unrecognized for many generations. Therefore, in the absence of human epidemiological data, it is appropriate to rely on data from experimental animal systems as long as the limitations of using surrogate and model systems are clearly stated.

Despite species differences in metabolism, DNA repair, and other physiological processes affecting chemical mutagenesis, the virtual universality of DNA as the genetic material and of the genetic code provides a rationale for using various nonhuman test systems to predict the intrinsic mutagenicity of test chemicals. Additional support for the use of nonhuman systems is provided by the observation that chemicals causing genetic effects in one species or test system frequently cause similar effects in other species or systems. Evidence also exists that chemicals can induce genetic damage in somatic cells of exposed humans. For example, high doses of mutagenic chemotherapeutic agents have been shown to cause chromosomal abnormalities (11), sister chromatic exchange (11), and, quite probably, point mutations in human lymphocytes exposed *in vivo* (12). While these results are not in germ cells, they do indicate that it is possible to induce mutagenic events in human cells *in vivo*. Furthermore, a wide variety of different types of mutations have been observed in humans including numerical chromosome aberrations, translocations, base-pair substitutions, and frameshift mutations. Although the cause of these mutations is uncertain, it is clear from these observations that the human germ-cell DNA is subject to the same types of mutational events that are observed in other species and test systems.

Certain test systems offer notable advantages: cost; anatomical, histological, and/or metabolic similarities to humans; suitability for handling large numbers of test organisms; a large data base; or a basis for characterizing genetic events.

B. Test Systems

Many test systems are currently available that can contribute information about the mutagenic potential of a test compound with respect to various genetic end points. These tests have recently been evaluated through the EPA Gene-Tox Programs and the results of Phase I have been published (5). The Agency's Office of Pesticides and Toxic Substances has published various testing guidelines for the detection of mutagenic effects (13, 14).

Test systems for detecting point mutations include those in bacteria, eukaryotic microorganisms, higher plants, insects, mammalian somatic cells in culture, and germinal cells of intact mammals. Data from heritable, mammalian germ-cell tests provide the best experimental evidence that a

chemical is a potential human germ-cell mutagen since these tests require that mutations occur in germinal cells and that they are transmitted to the next generation. To date, the most extensively used test for the induction of heritable mutation is the mouse specific-locus test which measures the induction of recessive mutations at seven loci concerned with coat color and ear morphology. While this test has a large data base compared to other germ-cell assays, it is difficult to extrapolate results to humans since recessive mutations may occur more frequently than dominants, and the impact of recessive mutations is not seen for many generations. Information on frequencies of induced mutations resulting in health disorders in the first generation may be obtained from mouse systems designed to detect skeletal abnormalities, cataracts, or general morphological abnormalities. However, these assays have been used to a relatively limited extent, and there is a need for additional studies with known, chemical germ-cell mutagens to further characterize the test systems. Because large numbers of offspring must usually be generated in the systems described above, it is not expected that many chemicals will be tested using these systems. To obtain data on a large number of environmental chemicals, it will be necessary to rely on other tests to identify and characterize hazards from gene mutations.

Test systems for detecting structural chromosome aberrations have been developed in a variety of organisms including higher plants, insects, fish, birds, and several mammalian species. Many of these assays can be performed *in vitro* or *in vivo*, and in either germ or somatic cells. Procedures available for detecting structural chromosome aberrations in mammalian germ cells include measurement of heritable translocations or dominant lethality, as well as direct cytogenetic analyses of germ cells and early embryos in rodents.

Some chemicals may cause numerical chromosome changes (i.e., aneuploidy) as their sole mutagenic effect. These agents may not be detected as mutagens if evaluated only in tests for DNA damage, gene mutations, or chromosome breakage and rearrangement. Therefore, it is important to consider tests for changes in chromosome number in the total assessment of mutagenic hazards. Although tests for the detection of variation in the chromosome number are still at an early stage of development, systems exist in such diverse organisms as fungi, Drosophila, mammalian cells in culture, and intact mammals (e.g., mouse X-chromosome loss assay). Aneuploidy can arise from disturbances in a number of events affecting the meiotic process (15, 16). Although the mechanisms by which nondisjunction occurs are not well understood, mitotic structures other than DNA may be the target molecules for at least some mechanisms of induced nondisjunction.

Other end points that provide information bearing on the mutagenicity of a chemical can be detected by a variety of test systems. Such tests measure DNA damage in eukaryotic or prokaryotic cells, unscheduled DNA synthesis in mammalian somatic and germ cells, mitotic recombination and gene conversion in yeast, and sister-chromatid exchange in mammalian somatic and germ cells. Results in these assays are useful because the induction of these end points often correlates positively with the potential of a chemical to induce mutations.

In general, for all three end points (i.e., point mutations and numerical and structural aberrations), the Agency will place greater weight on tests conducted in germ cells than in somatic cells, on tests performed *in vivo* rather than *in vitro*, in eukaryotes rather than prokaryotes, and in mammalian species rather than in submammalian species. Formal numerical weighting systems have been developed (17); however, the Agency has concluded that these do not readily accommodate such variables as dose range, route of exposure, and magnitude of response.

The Agency anticipates that from time to time somatic cell data from chemically exposed human beings will be available (e.g., cytogenetic markers in peripheral lymphocytes). When possible, the Agency will use such data in conjunction with somatic and germ cell comparisons from *in vivo* mammalian experimental systems as a component in performing risk assessments.

The test systems mentioned previously are not the only ones that will provide evidence of mutagenicity or related DNA effects. These systems are enumerated merely to demonstrate the breadth of the available techniques for characterizing mutagenic hazards, and to indicate the types of data that the Agency will consider in its evaluation of mutagenic potential of a chemical agent. Most systems possess certain limitations that must be taken into account. The selection and performance of appropriate tests for evaluating the risks associated with human exposure to any suspected mutagen will depend on sound scientific judgment and experience, and may necessitate consultation with geneticists familiar with the sensitivity and experimental design of the test system in question. In view of the rapid advances in test methodology, the Agency expects that both the number and quality of the tools for assessing genetic risk to human beings will increase with time. The Agency will closely monitor developments in mutagenicity evaluation and will refine its risk assessment scheme as better test systems become available.

II. Qualitative Assessment (Hazard Identification)

The assessment of potential human germ-cell mutagenic risk is a multistep process. The first step is an analysis of the evidence bearing on a chemical's ability to induce mutagenic events, while the second step involves an analysis of its ability to produce these events in the mammalian gonad. All relevant information is then integrated into a weight-of-evidence scheme which presents the strength of the information bearing on the chemical's potential ability to produce mutations in human germ cells. For chemicals demonstrating this potential, one may decide to proceed with an evaluation of the quantitative consequences of mutation following expected human exposure.

For hazard identification, it is clearly desirable to have data from mammalian germ-cell tests, such as the mouse specific-locus test for point mutations and the heritable translocation or germ-cell cytogenetic tests for structural chromosome aberrations. It is recognized, however, that in most instances such data will not be available, and alternative means of evaluation will be required. In such cases the Agency will evaluate the evidence bearing on the agent's mutagenic activity and the agent's ability to interact with or affect the mammalian gonadal target. When evidence exists that an agent possesses both these attributes, it is reasonable to deduce that the agent is a potential human germ-cell mutagen.

While mammalian germ-cell assays are presently primarily performed on male animals, a chemical cannot be considered to be a non-mutagen for mammalian germ cells unless it is shown to be negative in both sexes. Furthermore, because most mammalian germ-cell assays are performed in mice, it is noteworthy that the data from ionizing radiation suggest that the female mouse immature oocyte may not be an appropriate surrogate for the same stage in the human female in mutagenicity testing. However,

mutagenicity data on the maturing and mature oocyte of the mouse may provide a useful model for human risk assessment.

A. Mutagenic Activity

In evaluating chemicals for mutagenic activity, a number of factors will be considered: (1) genetic end points (e.g., gene mutations, structural or numerical chromosomal aberrations) detected by the test systems, (2) sensitivity and predictive value of the test systems for various classes of chemical compounds, (3) number of different test systems used for detecting each genetic end point, (4) consistency of the results obtained in different test systems and different species, (5) aspects of the dose-response relationship, and (6) whether the tests are conducted in accordance with appropriate test protocols agreed upon by experts in the field.

B. Chemical Interactions in the Mammalian Gonad

Evidence for chemical interaction in the mammalian gonad spans a range of different types of findings. Each chemical under consideration needs to be extensively reviewed since this type of evidence may be part of testing exclusive of mutagenicity per se (e.g., reproduction, metabolism, and mechanistic investigations). Although it is not possible to classify clearly each type of information that may be available on a chemical, two possible groups are illustrated.

1. *Sufficient evidence* of chemical interaction is given by the demonstration that an agent interacts with germ-cell DNA or other chromatin constituents, or that it induces such end points as unscheduled DNA synthesis, sister-chromatid exchange, or chromosomal abberations in germinal cells.

2. *Suggestive evidence* will include the finding of adverse gonadal effects such as sperm abnormalities following acute, subchronic, or chronic toxicity testing, or findings of adverse reproductive effects such as decreased fertility, which are consistent with the chemical's interaction with germ cells.

C. Weight-of-Evidence Determination

The evidence for a chemical's ability to produce mutations and to interact with the germinal target are integrated into a weight-of-evidence judgment that the agent may pose a hazard as a potential human germ-cell mutagen. All information bearing on the subject, whether indicative of potential concern or not, must be evaluated. Whatever evidence may exist from humans must also be factored into the assessment.

All germ-cell stages are important in evaluating chemicals because some chemicals have been shown to be positive in postgonial stages but not in gonia (18). When human exposures occur, effects on postgonial stages should be weighted by the relative sensitivity and the duration of the stages. Chemicals may show positive effects for some end points and in some test systems, but negative responses in others. Each review must take into account the limitations in the testing and in the types of responses that may exist.

To provide guidance as to the categorization of the weight of evidence, a classification scheme is presented to illustrate, in a simplified sense, the strength of the information bearing on the potential for human germ-cell mutagenicity. It is not possible to illustrate all potential combinations of evidence, and considerable judgment must be exercised in reaching conclusions. In addition, certain responses in tests that do not measure direct mutagenic end points (e.g., SCE induction in mammalian germ cells) may provide a basis for raising the weight of evidence from one category to another. The categories are presented in decreasing order of strength of evidence.

1. Positive data derived from human germ-cell mutagenicity studies, when available, will constitute the highest level of evidence for human mutagenicity.

2. Valid positive results from studies on heritable mutational events (of any kind) in mammalian germ cells.

3. Valid positive results from mammalian germ-cell chromosome aberration studies that do not include an intergeneration test.

4. Sufficient evidence for a chemical's interaction with mammalian germ cells, together with valid positive mutagenicity test results from two assay systems, at least one of which is mammalian (*in vitro* or *in vivo*). The positive results may both be for gene mutations or both for chromosome aberrations; if one is for gene mutations and the other for chromosome aberrations, both must be from mammalian systems.

5. Suggestive evidence for a chemical's interaction with mammalian germ cells, together with valid positive mutagenicity evidence from two assay systems as described under 4, above. Alternatively, positive mutagenicity evidence of less strength than defined under 4, above, when combined with sufficient evidence for a chemical's interaction with mammalian germ cells.

6. Positive mutagenicity test results of less strength than defined under 4, combined with suggestive evidence for a chemical's interaction with mammalian germ cells.

7. Although definitive proof of non-mutagenicity is not possible, a chemical could be classified operationally as a non-mutagen for human germ cells, if it gives valid negative test results for all end points of concern.

8. Inadequate evidence bearing on either mutagenicity or chemical interaction with mammalian germ cells.

III. Quantitative Assessment

The preceding section addressed primarily the processes of hazard identification, i.e., the determination of whether a substance is a potential germ-cell mutagen. Often, no further data will be available, and judgments will need to be based mainly on qualitative criteria. Quantitative risk assessment is a two-step process: determination of the heritable effect per unit of exposure (dose-response) and the relationship between mutation rate and disease incidence. The procedures that are presently accepted for the estimation of an increase in disease resulting from increased mutation have been described (3, 7, 8). Dose-response information is combined with anticipated levels and patterns of human exposure in order to derive a quantitative assessment (risk characterization).

A. Dose Response

Dose-response assessments can presently only be performed using data from *in vivo*, heritable mammalian germ-cell tests, until such time as other approaches can be demonstrated to have equivalent predictability. The morphological specific locus and biochemical specific locus assays can provide data on the frequencies of recessive mutations induced by different chemical exposure levels, and similar data can be obtained for heritable chromosomal damage using the heritable translocation test. Data on the frequencies of induced mutations resulting in health disorders in the first generation may be obtained from mouse systems designed to detect skeletal abnormalities, cataracts, or general morphological abnormalities. Assays that directly detect heritable health effects in the first generation may provide the best basis for predicting human health risks that result from mutagen exposure. The experimental data on induced mutation frequency are usually obtained at exposure levels much higher than those that will be experienced by human beings. An assessment of human risk is obtained by extrapolating the induced mutation frequency or the observed phenotypic

effect downward to the approximate level of anticipated human exposure. In performing these extrapolations, the Agency will place greater weight on data derived from exposures and exposure rates that most closely simulate those experienced by the human population under study.

The Agency will strive to use the most appropriate extrapolation models for risk analysis and will be guided by the available data and mechanistic considerations in this selection. However, it is anticipated that for tests involving germ cells of whole mammals, few dose points will be available to define dose-response functions. The Agency is aware that for at least one chemical that has been tested for mutations in mammalian germ cells, there exist departures from linearity at low exposure and exposure rates in a fashion similar to that seen for ionizing radiation that has a low linear energy transfer (19). The Agency will consider all relevant models for gene and chromosomal mutations in performing low-dose extrapolations and will choose the most appropriate model. This choice will be consistent both with the experimental data available and with current knowledge of relevant mutational mechanisms.

An experimental approach for quantitative assessment of genetic risk, which may have utility in the future, uses molecular dosimetry data from intact mammals in conjunction with mutagenicity and dosimetry data from other validated test systems (20). The intact mammal is used primarily for relating the exposure level for a given route of administration of a chemical to germ-cell dose, i.e., the level of mutagen-DNA interactions. This information is then used in conjunction with results obtained from mutagenicity test systems in which the relationship between the induction of mutations and chemical interactions with DNA can be derived. With mutagen-DNA interactions as the common denominator, a relationship can be constructed between mammalian exposure and the induced mutation frequency. The amount of DNA binding induced by a particular chemical agent may often be determined at levels of anticipated human exposure.

For some mutagenic events, DNA may not necessarily be the critical target. Interaction of chemicals with other macromolecules, such as tubulin, which is involved in the separation of chromosomes during nuclear division, can lead to chromosomal nondisjunction. At present, general approaches are not available for dose-response assessments for these types of mutations. Ongoing research should provide the means to make future assessments on chemicals causing aneuploidy.

B. Exposure Assessment

The exposure assessment identifies populations exposed to toxic chemicals; describes their composition and size; and presents the types, magnitudes, frequencies, and durations of exposure to the chemicals. This component is developed independently of the other components of the mutagenicity assessment (2).

C. Risk Characterization

In performing mutagenicity risk assessments, it is important to consider each genetic end point individually. For example, although certain chemical substances that interact with DNA may cause both point and chromosomal mutations, it is expected that the ratio of these events may differ among chemicals and between doses for a given chemical. Furthermore, transmissible chromosomal aberrations are recoverable with higher frequencies from meiotic and postmeiotic germ-cell stages, which have a brief life span, than in spermatogonial stem cells, which can accumulate genetic damage throughout the reproductive life of an individual. For these reasons, when data are available, the Agency, to the best extent possible, will assess risks associated with all genetic end points.

Any risk assessment should clearly delineate the strengths and weaknesses of the data, the assumptions made, the uncertainties in the methodology, and the rationale used in reaching the conclusions, e.g., similar or different routes of exposure and metabolic differences between humans and test animals. When possible, quantitative risk assessments should be expressed in terms of the estimated increase of genetic disease per generation, or the fractional increase in the assumed background spontaneous mutation rate of humans (7). Examples of quantitative risk estimates have been published (7, 8, 21); these examples may be of use in performing quantitative risk assessments for mutagens.

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Part B: Response to Public and Science Advisory Board Comments

This section summarizes some of the issues raised in public and Science Advisory Board (SAB) comments on the Proposed Guidelines for Mutagenicity Risk Assessment published on November 23, 1984 (49 FR 46314). Unlike the other guidelines published on the same date, the Proposed Guidelines for Mutagenicity Risk Assessment contained a detailed section dealing with public comments received in response to the original proposal of 1980 (45 FR 74984). Several of the comments received in response to the proposed guidelines of 1984 were similar to those received in response to the proposed guidelines of 1980. Those comments are not addressed here because the position of the Agency on those issues has been presented in the responses included with the 1984 proposed guidelines (49 FR 46315–46316).

A total of 44 comments were received in response to the proposed guidelines of 1984: 21 from manufacturers of regulated products, 10 from associations, 9 from government agencies, 2 from educational institutions, 1 from an individual, and 1 from a private consulting firm. The proposed guidelines and the public comments received were transmitted to the Agency's SAB prior to its public review of the proposed guidelines held April 22–23, 1985. The majority of the comments were favorable and expressed the opinion that the proposed guidelines accurately represent the existing state of knowledge in the field of mutagenesis. Several commentors offered suggestions for further clarification of particular issues, and many of the suggestions have been incorporated.

The two areas that received the most substantive comments were the sections concerning Weight-of-Evidence Determination and Dose Response. The comments on the proposed weight-of-evidence scheme ranged from suggestions for the elimination of a formal scheme to the expansion of the scheme to cover more potential data configurations. The SAB recommended an eight-level rank ordering scheme to define levels of evidence relating to human germ-cell mutagenicity. The Agency has incorporated this scheme into the Guidelines. Some commentors and the SAB suggested that the molecular dosimetry approach to dose-response data be presented as a concept that may be useful in the future rather than being available for use now. The Agency agrees that the data base at the present time is too sparse to recommend a general application of this approach to a wide range of chemical classes, and the Guidelines have been changed to reflect this. It should be noted, however, that the Agency strongly supports the development of molecular dosimetry methodologies as they relate to both an understanding of dose-response relationships and to methods for studying human exposure. A number of comments suggesting clarifications and editorial changes have been incorporated and the references have been expanded.

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September 24, 1986

Part IV

Environmental Protection Agency

Guidelines for the Health Risk Assessment of Chemical Mixtures

ENVIRONMENTAL PROTECTION AGENCY

[FRL-2984-2]

Guidelines for the Health Risk Assessment of Chemical Mixtures

AGENCY: U.S. Environmental Protection Agency (EPA).

ACTION: Final Guidelines for the Health Risk Assessment of Chemical Mixtures.

SUMMARY: The U.S. Environmental Protection Agency is today issuing five guidelines for assessing the health risks of environmental pollutants. These are:

Guidelines for Carcinogen Risk Assessment
Guidelines for Estimating Exposures
Guidelines for Mutagenicity Risk Assessment
Guidelines for the Health Assessment of Suspect Developmental Toxicants
Guidelines for the Health Risk Assessment of Chemical Mixtures

This notice contains the Guidelines for the Health Risk Assessment of Chemical Mixtures; the other guidelines appear elsewhere in today's **Federal Register.**

The Guidelines for the Health Risk Assessment of Chemical Mixtures (hereafter "Guidelines") are intended to guide Agency analysis of information relating to health effects data on chemical mixtures in line with the policies and procedures established in the statutes administered by the EPA. These Guidelines were developed as part of an interoffice guidelines development program under the auspices of the Office of Health and Environmental Assessment (OHEA) in the Agency's Office of Research and Development. They reflect Agency consideration of public and Science Advisory Board (SAB) comments on the Proposed Guidelines for the Health Risk Assessment of Chemical Mixtures published January 9, 1985 (50 FR 1170).

This publication completes the first round of risk assessment guidelines development. These Guidelines will be revised, and new guidelines will be developed, as appropriate.

EFFECTIVE DATE: The Guidelines will be effective September 24, 1986.

FOR FURTHER INFORMATION CONTACT: Dr. Richard Hertzberg, Methods Evaluation and Development Staff, Environmental Criteria and Assessment Office, U.S. Environmental Protection Agency, 26 W. St. Clair Street, Cincinnati, OH 45268, 513-569-7582.

SUPPLEMENTARY INFORMATION: In 1983, the National Academy of Sciences (NAS) published its book entitled *Risk Assessment in the Federal Government: Managing the Process.* In that book, the NAS recommended that Federal regulatory agencies establish "inference guidelines" to ensure consistency and technical quality in risk assessments and to ensure that the risk assessment process was maintained as a scientific effort separate from risk management. A task force within EPA accepted that recommendation and requested that Agency scientists begin to develop such guidelines.

General

The guidelines published today are products of a two-year Agencywide effort, which has included many scientists from the larger scientific community. These guidelines set forth principles and procedures to guide EPA scientists in the conduct of Agency risk assessments, and to inform Agency decision makers and the public about these procedures. In particular, the guidelines emphasize that risk assessments will be conducted on a case-by-case basis, giving full consideration to all relevant scientific information. This case-by-case approach means that Agency experts review the scientific information on each agent and use the most scientifically appropriate interpretation to assess risk. The guidelines also stress that this information will be fully presented in Agency risk assessment documents, and that Agency scientists will identify the strengths and weaknesses of each assessment by describing uncertainties, assumptions, and limitations, as well as the scientific basis and rationale for each assessment.

Finally, the guidelines are formulated in part to bridge gaps in risk assessment methodology and data. By identifying these gaps and the importance of the missing information to the risk assessment process, EPA wishes to encourage research and analysis that will lead to new risk assessment methods and data.

Guidelines for Health Risk Assessment of Chemical Mixtures

Work on the Guidelines for the Health Risk Assessment of Chemical Mixtures began in January 1984. Draft guidelines were developed by Agency work groups composed of expert scientists from throughout the Agency. The drafts were peer-reviewed by expert scientists in the fields of toxicology, pharmacokinetics, and statistics from universities, environmental groups, industry, labor, and other governmental agencies. They were then proposed for public comment in the **Federal Register** (50 FR 1170). On November 9, 1984, the Administrator directed that Agency offices use the proposed guidelines in performing risk assessments until final guidelines become available.

After the close of the public comment period, Agency staff prepared summaries of the comments, analyses of the major issues presented by the commentors, and preliminary Agency responses to those comments. These analyses were presented to review panels of the SAB on March 4 and April 22-23, 1985, and to the Executive Committee of the SAB on April 25-26, 1985. The SAB meetings were announced in the **Federal Register** as follows: February 12, 1985 (50 FR 5811) and April 4, 1985 (50 FR 13420 and 13421).

In a letter to the Administrator dated June 19, 1985, the Executive Committee generally concurred on all five of the guidelines, but recommended certain revisions, and requested that any revised guidelines be submitted to the appropriate SAB review panel chairman for review and concurrence on behalf of the Executive Committee. As described in the responses to comments (see Part B: Response to the Public and Science Advisory Board Comments), each guidelines document was revised, where appropriate, consistent with the SAB recommendations, and revised draft guidelines were submitted to the panel chairmen. Revised draft Guidelines for the Health Risk Assessment of chemical mixtures were concurred on in a letter dated August 16, 1985. Copies of the letters are available at the Public Information Reference Unit, EPA Headquarters Library, as indicated elsewhere in this notice.

Following this Preamble are two parts: Part A contains the Guidelines and Part B, the Response to the Public and Science Advisory Board Comments (a summary of the major public comments, SAB comments, and Agency responses to those comments).

The SAB requested that the Agency develop a technical support document for these Guidelines. The SAB identified the need for this type of document due to the limited knowledge on interactions of chemicals in biological systems. Because of this, the SAB commented that progress in improving risk assessment will be particularly dependent upon progress in the science of interactions.

Agency staff have begun preliminary work on the technical support document and expect it to be completed by early 1987. The Agency is continuing to study the risk assessment issues raised in the guidelines and will revise these Guidelines in line with new information as appropriate.

References, supporting documents, and comments received on the proposed guidelines, as well as copies of the final guidelines, are available for inspection and copying at the Public Information Reference Unit (202–382–5926), EPA Headquarters Library, 401 M Street, SW, Washington, DC, between the hours of 8:00 a.m. and 4:30 p.m.

I certify that these Guidelines are not major rules as defined by Executive Order 12291, because they are nonbinding policy statements and have no direct effect on the regulated community. Therefore, they will have no effect on costs or prices, and they will have no other significant adverse effects on the economy. These Guidelines were reviewed by the Office of Management and Budget under Executive Order 12291.

Dated: August 22, 1986.

Lee M. Thomas,

Administrator.

Contents

Part A: Guidelines for the Health Risk Assessment of Chemical Mixtures

I. Introduction

The primary purpose of this document is to generate a consistent Agency approach for evaluating data on the chronic and subchronic effects of chemical mixtures. It is a procedural guide that emphasizes broad underlying principles of the various science disciplines (toxicology, pharmacology, statistics) necessary for assessing health risk from chemical mixture exposure. Approaches to be used with respect to the analysis and evaluation of the various data are also discussed.

It is not the intent of these Guidelines to regulate any social or economic aspects concerning risk of injury to human health or the environment caused by exposure to a chemical agent(s). All such action is addressed in specific statutes and federal legislation and is independent of these Guidelines.

While some potential environmental hazards involve significant exposure to only a single compound, most instances of environmental contamination involve concurrent or sequential exposures to a mixture of compounds that may induce similar or dissimilar effects over exposure periods ranging from short-term to lifetime. For the purposes of these Guidelines, mixtures will be defined as any combination of two or more chemical substances regardless of source or of spatial or temporal proximity. In some instances, the mixtures are highly complex consisting of scores of compounds that are generated simultaneously as by-products from a single source or process (e.g., coke oven emissions and diesel exhaust). In other cases, complex mixtures of related compounds are produced as commercial products (e.g., PCBs, gasoline and pesticide formulations) and eventually released to the environment. Another class of mixtures consists of compounds, often unrelated chemically or commercially, which are placed in the same area for disposal or storage, eventually come into contact with each other, and are released as a mixture to the environment. The quality and quantity of pertinent information available for risk assessment varies considerably for different mixtures. Occasionally, the chemical composition of a mixture is well characterized, levels of exposure to the population are known, and detailed toxicologic data on the mixture are available. Most frequently, not all components of the mixture are known, exposure data are uncertain, and toxicologic data on the known components of the mixture are limited. Nonetheless, the Agency may be required to take action because of the number of individuals at potential risk or because of the known toxicologic effects of these compounds that have been identified in the mixture.

The prediction of how specific mixtures of toxicants will interact must be based on an understanding of the mechanisms of such interactions. Most reviews and texts that discuss toxicant interactions attempt to discuss the biological or chemical bases of the interactions (e.g., Klaassen and Doull, 1980; Levine, 1973; Goldstein et al., 1974; NRC, 1980a; Veldstra, 1956; Withey, 1981). Although different authors use somewhat different classification schemes when discussing the ways in which toxicants interact, it generally is recognized that toxicant interactions may occur during any of the toxicologic processes that take place with a single compound: absorption, distribution, metabolism, excretion, and activity at the receptor site(s). Compounds may interact chemically, yielding a new toxic component or causing a change in the biological availability of the existing component. They may also interact by causing different effects at different receptor sites.

Because of the uncertainties inherent in predicting the magnitude and nature of toxicant interactions, the assessment of health risk from chemical mixtures must include a thorough discussion of all assumptions. No single approach is recommended in these Guidelines. Instead, guidance is given for the use of several approaches depending on the nature and quality of the data. Additional mathematical details are presented in section IV.

In addition to these Guidelines, a supplemental technical support document is being developed which will contain a thorough review of all available information on the toxicity of chemical mixtures and a discussion of research needs.

II. Proposed Approach

No single approach can be recommended to risk assessments for multiple chemical exposures. Nonetheless, general guidelines can be recommended depending on the type of mixture, the known toxic effects of its components, the availability of toxicity data on the mixture or similar mixtures,

the known or anticipated interactions among components of the mixture, and the quality of the exposure data. Given the complexity of this issue and the relative paucity of empirical data from which sound generalizations can be constructed, emphasis must be placed on flexibility, judgment, and a clear articulation of the assumptions and limitations in any risk assessment that is developed. The proposed approach is summarized in Table 1 and Figure 1 and is detailed below. An alphanumeric scheme for ranking the quality of the data used in the risk assessment is given in Table 2.

A. Data Available on the Mixture of Concern

For predicting the effects of subchronic or chronic exposure to mixtures, the preferred approach usually will be to use subchronic or chronic health effects data on the mixture of concern and adopt procedures similar to those used for single compounds, either systemic toxicants or carcinogens (see U.S. EPA, 1986a–c). The risk assessor must recognize, however, that dose-response models used for single compounds are often based on biological mechanisms of the toxicity of single compounds, and may not be as well justified when applied to the mixture as a whole. Such data are most likely to be available on highly complex mixtures, such as coke oven emissions or diesel exhaust, which are generated in large quantities and associated with or suspected of causing adverse health effects. Attention should also be given to the persistence of the mixture in the environment as well as to the variability of the mixture composition over time or from different sources of emissions. If the components of the mixture are known to partition into different environmental compartments or to degrade or transform at different rates in the environment, then those factors must also be taken into account, or the confidence in and applicability of the risk assessment is diminished.

Table 1.—Risk Assessment Approach for Chemical Mixtures

1. Assess the quality of the data on interactions, health effects, and exposure (see Table 2).
   a. If adequate, proceed to Step 2.
   b. If inadequate, proceed to Step 14.
2. Health effects information is available on the chemical mixture of concern.
   a. If yes, proceed to Step 3.
   b. If no, proceed to Step 4.
3. Conduct risk assessment on the mixture of concern based on health effects data on the mixture. Use the same procedures as those for single compounds. Proceed to Step 7 (optional) and Step 12.
4. Health effects information is available on a mixture that is similar to the mixture of concern.
   a. If yes, proceed to Step 5.
   b. If no, proceed to Step 7.
5. Assess the similarity of the mixture on which health effects data are available to the mixture of concern, with emphasis on any differences in components or proportions of components, as well as the effects that such differences would have on biological activity.
   a. If sufficiently similar, proceed to Step 6.
   b. If not sufficiently similar, proceed to Step 7.
6. Conduct risk assessment on the mixture of concern based on health effects data on the similar mixture. Use the same procedures as those for single compounds. Proceed to Step 7 (optional) and Step 12.
7. Compile health effects and exposure information on the components of the mixture.
8. Derive appropriate indices of acceptable exposure and/or risk on the individual components in the mixture. Proceed to Step 9.
9. Assess data on interactions of components in the mixtures.
   a. If sufficient quantitative data are available on the interactions of two or more components in the mixture, proceed to Step 10.
   b. If sufficient quantitative data are not available, use whatever information is available to qualitatively indicate the nature of potential interactions. Proceed to Step 11.
10. Use an appropriate interaction model to combine risk assessments on compounds for which data are adequate, and use an additivity assumption for the remaining compounds. Proceed to Step 11 (optional) and Step 12.
11. Develop a risk assessment based on an additivity approach for all compounds in the mixture. Proceed to Step 12.
12. Compare risk assessments conducted in Steps 5, 8, and 9. Identify and justify the preferred assessment, and quantify uncertainty, if possible. Proceed to Step 13.
13. Develop an integrated summary of the qualitative and quantitative assessments with special emphasis on uncertainties and assumptions. Classify the overall quality of the risk assessment, as indicated in Table 2. Stop.
14. No risk assessment can be conducted because of inadequate data on interactions, health effects, or exposure. Qualitatively assess the nature of any potential hazard and detail the types of additional data necessary to support a risk assessment. Stop.

Note.—Several decisions used here, especially those concerning adequacy of data and similarity between two mixtures, are not precisely characterized and will require considerable judgment. See text.

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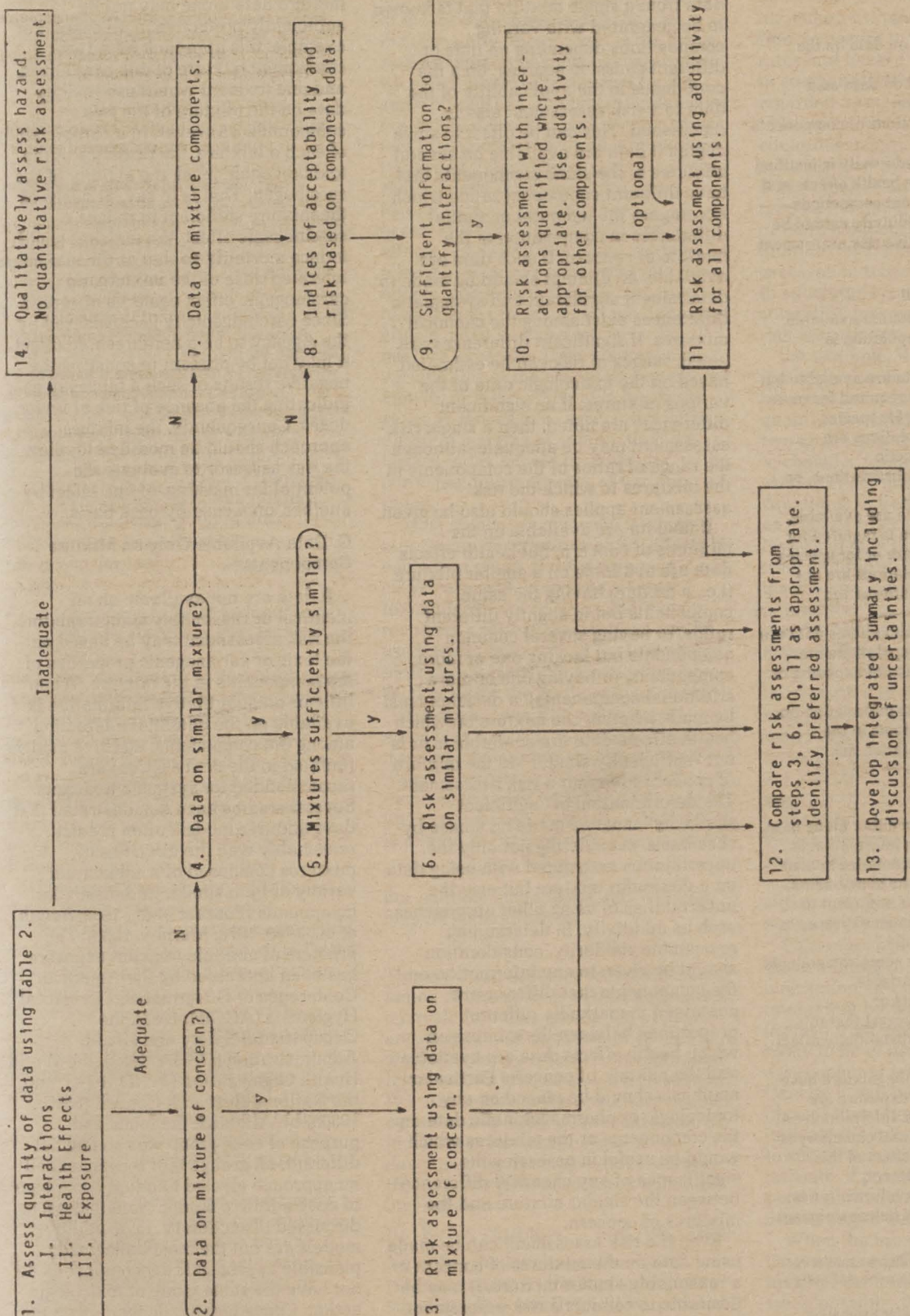

Figure 1. Flow chart of the risk assessment approach in Table 1. Note that it may be desirable to conduct all three assessments when possible (i.e., using data on the mixture, a similar mixture, or the components) in order to make the fullest use of the available data. See text for further discussion.

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Table 2.—Classification Scheme for the Quality of the Risk Assessment of the Mixture [a]

Information on Interactions

I. Assessment is based on data on the mixture of concern.

II. Assessment is based on data on a sufficiently similar mixture.

III. Quantitative interactions of components are well characterized.

IV. The assumption of additivity is justified based on the nature of the health effects and on the number of component compounds.

V. An assumption of additivity cannot be justified, and no quantitative risk assessment can be conducted.

Health Effects Information

A. Full health effects data are available and relatively minor extrapolation is required.

B. Full health effects data are available but extensive extrapolation is required for route or duration of exposure or for species differences. These extrapolations are supported by pharmacokinetic considerations, empirical observations, or other relevant information.

C. Full health effects data are available, but extensive extrapolation is required for route or duration of exposure or for species differences. These extrapolations are not directly supported by the information available.

D. Certain important health effects data are lacking and extensive extrapolations are required for route or duration of exposure or for species differences.

E. A lack of health effects information on the mixture and its components in the mixture precludes a quantitative risk assessment.

Exposure Information[b]

1. Monitoring information either alone or in combination with modeling information is sufficient to accurately characterize human exposure to the mixture or its components.

2. Modeling information is sufficient to reasonably characterize human exposure to the mixture or its components.

3. Exposure estimates for some components are lacking, uncertain, or variable. Information on health effects or environmental chemistry suggest that this limitation is not likely to substantially affect the risk assessment.

4. Not all components in the mixture have been identified or levels of exposure are highly uncertain or variable. Information on health effects or environmental chemistry is not sufficient to assess the effect of this limitation on the risk assessment.

5. The available exposure information is insufficient for conducting a risk assessment.

[a] See text for discussion of sufficient similarity, adequacy of data, and justification for additivity assumptions.

[b] See the Agency's Guidelines for Estimating Exposures (U.S. EPA, 1986d) for more complete information on performing exposure assessments and evaluating the quality of exposure data.

B. Data Available on Similar Mixtures

If the risk assessment is based on data from a single mixture that is known to be generated with varying compositions depending on time or different emission sources, then the confidence in the applicability of the data to a risk assessment also is diminished. This can be offset to some degree if data are available on several mixtures of the same components that have different component ratios which encompass the temporal or spatial differences in composition of the mixture of concern. If such data are available, an attempt should be made to determine if significant and systematic differences exist among the chemical mixtures. If significant differences are noted, ranges of risk can be estimated based on the toxicologic data of the various mixtures. If no significant differences are noted, then a single risk assessment may be adequate, although the range of ratios of the components in the mixtures to which the risk assessment applies should also be given.

If no data are available on the mixtures of concern, but health effects data are available on a similar mixture (i.e., a mixture having the same components but in slightly different ratios, or having several common components but lacking one or more components, or having one or more additional components), a decision must be made whether the mixture on which health effects data are available is or is not "sufficiently similar" to the mixture of concern to permit a risk assessment. The determination of "sufficient similarity" must be made on a case-by-case basis, considering not only the uncertainties associated with using data on a dissimilar mixture but also the uncertainties of using other approaches such as additivity. In determining reasonable similarity, consideration should be given to any information on the components that differ or are contained in markedly different proportions between the mixture on which health effects data are available and the mixture of concern. Particular emphasis should be placed on any toxicologic or pharmacokinetic data on the components or the mixtures which would be useful in assessing the significance of any chemical difference between the similar mixture and the mixtures of concern.

Even if a risk assessment can be made using data on the mixtures of concern or a reasonably similar mixture, it may be desirable to conduct a risk assessment based on toxicity data on the components in the mixture using the procedure outlined in section II.B. In the case of a mixture containing carcinogens and toxicants, an approach based on the mixture data alone may not be sufficiently protective in all cases. For example, this approach for a two-component mixture of one carcinogen and one toxicant would use toxicity data on the mixture of the two compounds. However, in a chronic study of such a mixture, the presence of the toxicant could mask the activity of the carcinogen. That is to say, at doses of the mixture sufficient to induce a carcinogenic effect, the toxicant could induce mortality so that at the maximum tolerated dose of the mixture, no carcinogenic effect could be observed. Since carcinogenicity is considered by the Agency to be a nonthreshold effect, it may not be prudent to construe the negative results of such a bioassay as indicating the absence of risk at lower doses. Consequently, the mixture approach should be modified to allow the risk assessor to evaluate the potential for masking, of one effect by another, on a case-by-case basis.

C. Data Available Only on Mixture Components

If data are not available on an identical or reasonably similar mixture, the risk assessment may be based on the toxic or carcinogenic properties of the components in the mixture. When little or no quantitative information is available on the potential interaction among the components, additive models (defined in the next section) are recommended for systemic toxicants. Several studies have demonstrated that dose additive models often predict reasonably well the toxicities of mixtures composed of a substantial variety of both similar and dissimilar compounds (Pozzani et al., 1959; Smyth et al., 1969, 1970; Murphy, 1980). The problem of multiple toxicant exposure has been addressed by the American Conference of Governmental Industrial Hygienists (ACGIH, 1983), the Occupational Safety and Health Administration (OSHA, 1983), the World Health Organization (WHO, 1981), and the National Research Council (NRC, 1980a, b). Although the focus and purpose of each group was somewhat different, all groups that recommended an approach elected to adopt some type of dose additive model. Nonetheless, as discussed in section IV, dose additive models are not the most biologically plausible approach if the compounds do not have the same mode of toxicologic action. Consequently, depending on the nature of the risk assessment and the available information on modes of action and patterns of joint action, the

most reasonable additive model should be used.

1. *Systemic Toxicants.* For systemic toxicants, the current risk assessment methodology used by the Agency for single compounds most often results in the derivation of an exposure level which is not anticipated to cause significant adverse effects. Depending on the route of exposure, media of concern, and the legislative mandate guiding the risk assessments, these exposure levels may be expressed in a variety of ways such as acceptable daily intakes (ADIs) or reference doses (RfDs), levels associated with various margins of safety (MOS), or acceptable concentrations in various media. For the purpose of this discussion, the term "acceptable level" (AL) will be used to indicate any such criteria or advisories derived by the Agency. Levels of exposure (E) will be estimates obtained following the most current Agency Guidelines for Estimating Exposures (U.S. EPA, 1986d). For such estimates, the "hazard index" (HI) of a mixture based on the assumption of dose addition may be defined as:

$$HI = E_1/AL_1 + E_2/AL_2 + \ldots + E_i/AL_i \quad (II\text{–}1)$$

where:

E_i = exposure level to the i^{th} toxicant* and
AL_i = maximum acceptable level for the i^{th} toxicant.

Since the assumption of dose addition is most properly applied to compounds that induce the same effect by similar modes of action, a separate hazard index should be generated for each end point of concern. Dose addition for dissimilar effects does not have strong scientific support, and, if done, should be justified on a case-by-case basis in terms of biological plausibility.

The assumption of dose addition is most clearly justified when the mechanisms of action of the compounds under consideration are known to be the same. Since the mechanisms of action for most compounds are not well understood, the justification of the assumption of dose addition will often be limited to similarities in pharmacokinetic and toxicologic characteristics. In any event, if a hazard index is generated, the quality of the experimental evidence supporting the assumption of dose addition must be clearly articulated.

The hazard index provides a rough measure of likely toxicity and requires cautious interpretation. The hazard index is only a numerical indication of the nearness to acceptable limits of exposure or the degree to which acceptable exposure levels are exceeded. As this index approaches unity, concern for the potential hazard of the mixture increases. If the index exceeds unity, the concern is the same as if an individual chemical exposure exceeded its acceptable level by the same proportion. The hazard index does not define dose-response relationships, and its numerical value should not be construed to be a direct estimate of risk. Nonetheless, if sufficient data are available to derive individual acceptable levels for a spectrum of effects (e.g., MFO induction, minimal effects in several organs, reproductive effects, and behavioral effects), the hazard index may suggest what types of effects might be expected from the mixture exposure. If the components' variabilities of the acceptable levels are known, or if the acceptable levels are given as ranges (e.g., associated with different margins of safety), then the hazard index should be presented with corresponding estimates of variation or range.

Most studies on systemic toxicity report only descriptions of the effects in each dose group. If dose-response curves are estimated for systemic toxicants, however, dose-additive or response-additive assumptions can be used, with preference given to the most biologically plausible assumption (see section IV for the mathematical details).

2. *Carcinogens.* For carcinogens, whenever linearity of the individual dose-response curves has been assumed (usually restricted to low doses), the increase in risk P (also called excess or incremental risk), caused by exposure d, is related to carcinogenic potency B, as:

$$P = d\,B \quad (II\text{–}2)$$

For multiple compounds, this equation may be generalized to:

$$P = \Sigma\, d_i B_i \quad (II\text{–}3)$$

This equation assumes independence of action by the several carcinogens and is equivalent to the assumption of dose addition as well as to response addition with completely negative correlation of tolerance, as long as $P < 1$ (see section IV). Analogous to the procedure used in equation II–1 for systemic toxicants, an index for n carcinogens can be developed by dividing exposure levels (E) by doses (DR) associated with a set level of risk:

$$HI = E_1/DR_1 + E_2/DR_2 + \ldots + E_n/DR_n \quad (II\text{–}4)$$

Note that the less linear the dose-response curve is, the less appropriate equations II–3 and II–4 will be, perhaps even at low doses. It should be emphasized that because of the uncertainties in estimating dose-response relationships for single compounds, and the additional uncertainties in combining the individual estimate to assess response from exposure to mixtures, response rates and hazard indices may have merit in comparing risks but should not be regarded as measures of absolute risk.

3. *Interactions.* None of the above equations incorporates any form of synergistic or antagonistic interaction. Some types of information, however, may be available that suggest that two or more components in the mixture may interact. Such information must be assessed in terms of both its relevance to subchronic or chronic hazard and its suitability for quantitatively altering the risk assessment.

For example, if chronic or subchronic toxicity or carcinogenicity studies have been conducted that permit a quantitative estimation of interaction for two chemicals, then it may be desirable to consider using equations detailed in section IV, or modifications of these equations, to treat the two compounds as a single toxicant with greater or lesser potency than would be predicted from additivity. Other components of the mixture, on which no such interaction data are available, could then be separately treated in an additive manner. Before such a procedure is adopted, however, a discussion should be presented of the likelihood that other compounds in the mixture may interfere with the interaction of the two toxicants on which quantitative interaction data are available. If the weight of evidence suggests that interference is likely, then a quantitative alteration of the risk assessment may not be justified. In such cases, the risk assessment may only indicate the likely nature of interactions, either synergistic or antagonistic, and not quantify their magnitudes.

Other types of information, such as those relating to mechanisms of toxicant interaction, or quantitative estimates of interaction between two chemicals derived from acute studies, are even less likely to be of use in the quantitative assessment of long-term health risks. Usually it will be appropriate only to discuss these types of information, indicate the relevance of the information to subchronic or chronic exposure, and indicate, if possible, the nature of potential interactions, without attempting to quantify their magnitudes.

When the interactions are expected to have a minor influence on the mixture's toxicity, the assessment should indicate, when possible, the compounds most responsible for the predicted toxicity. This judgment should be based on predicted toxicity of each component,

* See the Agency's guidelines (U.S. EPA, 1986d) for information on how to estimate this value.

based on exposure and toxic or carcinogenic potential. This potential alone should not be used as an indicator of the chemicals posing the most hazard.

4. *Uncertainties.* For each risk assessment, the uncertainties should be clearly discussed and the overall quality of the risk assessment should be characterized. The scheme outlined in Table 2 should be used to express the degree of confidence in the quality of the data on interaction, health effects, and exposure.

a. Health Effects—In some cases, when health effects data are incomplete, it may be possible to argue by analogy or quantitative structure-activity relationships that the compounds on which no health effects data are available are not likely to significantly affect the toxicity of the mixture. If a risk assessment includes such an argument, the limitations of the approach must be clearly articulated. Since a methodology has not been adopted for estimating an acceptable level (e.g., ADI) or carcinogenic potential for single compounds based either on quantitative structure-activity relationships or on the results of short-term screening tests, such methods are not at present recommended as the sole basis of a risk assessment on chemical mixtures.

b. Exposure Uncertainties—The general uncertainties in exposure assessment have been addressed in the Agency's Guidelines for Estimating Exposures (U.S. EPA, 1986d). The risk assessor should discuss these exposure uncertainties in terms of the strength of the evidence used to quantify the exposure. When appropriate, the assessor should also compare monitoring and modeling data and discuss any inconsistencies as a source of uncertainty. For mixtures, these uncertainties may be increased as the number of compounds of concern increases.

If levels of exposure to certain compounds known to be in the mixture are not available, but information on health effects and environmental persistence and transport suggest that these compounds are not likely to be significant in affecting the toxicity of the mixture, then a risk assessment can be conducted based on the remaining compounds in the mixture, with appropriate caveats. If such an argument cannot be supported, no final risk assessment can be performed until adequate monitoring data are available. As an interim procedure, a risk assessment may be conducted for those components in the mixture for which adequate exposure and health effects data are available. If the interim risk assessment does not suggest a hazard, there is still concern about the risk from such a mixture because not all components in the mixture have been considered.

c. Uncertainties Regarding Composition of the Mixture—In perhaps a worst case scenario, information may be lacking not only on health effects and levels of exposure, but also on the identity of some components of the mixture. Analogous to the procedure described in the previous paragraph, an interim risk assessment can be conducted on those components of the mixture for which adequate health effects and exposure information are available. If the risk is considered unacceptable, a conservative approach is to present the quantitative estimates of risk, along with appropriate qualifications regarding the incompleteness of the data. If no hazard is indicated by this partial assessment, the risk assessment should not be quantified until better health effects and monitoring data are available to adequately characterize the mixture exposure and potential hazards.

III. Assumptions and Limitations

A. Information on Interactions

Most of the data available on toxicant interactions are derived from acute toxicity studies using experimental animals in which mixtures of two compounds were tested, often in only a single combination. Major areas of uncertainty with the use of such data involve the appropriateness of interaction data from an acute toxicity study for quantitatively altering a risk assessment for subchronic or chronic exposure, the appropriateness of interaction data on two component mixtures for quantitatively altering a risk assessment on a mixture of several compounds, and the accuracy of interaction data on experimental animals for quantitatively predicting interactions in humans.

The use of interaction data from acute toxicity studies to assess the potential interactions on chronic exposure is highly questionable unless the mechanism(s) of the interaction on acute exposure were known to apply to low-dose chronic exposure. Most known biological mechanisms for toxicant interactions, however, involve some form of competition between the chemicals or phenomena involving saturation of a receptor site or metabolic pathway. As the doses of the toxicants are decreased, it is likely that these mechanisms either no longer will exert a significant effect or will be decreased to an extent that cannot be measured or approximated.

The use of information from two-component mixtures to assess the interactions in a mixture containing more than two compounds also is questionable from a mechanistic perspective. For example, if two compounds are known to interact, either synergistically or antagonistically, because of the effects of one compound on the metabolism or excretion of the other, the addition of a third compound which either chemically alters or affects the absorption of one of the first two compounds could substantially alter the degree of the toxicologic interaction. Usually, detailed studies quantifying toxicant interactions are not available on multicomponent mixtures, and the few studies that are available on such mixtures (e.g., Gullino et al., 1956) do not provide sufficient information to assess the effects of interactive interference.

Concerns with the use of interaction data on experimental mammals to assess interactions in humans is based on the increasing appreciation for systematic differences among species in their response to individual chemicals. If systematic differences in toxic sensitivity to single chemicals exist among species, then it seems reasonable to suggest that the magnitude of toxicant interactions among species also may vary in a systematic manner. Consequently, even if excellent chronic data are available on the magnitude of toxicant interactions in a species of experimental mammal, there is uncertainty that the magnitude of the interaction will be the same in humans. Again, data are not available to properly assess the significance of this uncertainty.

Last, it should be emphasized that none of the models for toxicant interaction can predict the magnitude of toxicant interactions in the absence of extensive data. If sufficient data are available to estimate interaction coefficients as described in section IV, then the magnitude of the toxicant interactions for various proportions of the same components can be predicted. The availability of an interaction ratio (observed response divided by predicted response) is useful only in assessing the magnitude of the toxicant interaction for the specific proportions of the mixture which was used to generate the interaction ratio.

The basic assumption in the recommended approach is that risk assessments on chemical mixtures are best conducted using toxicologic data on the mixture of concern or a reasonably similar mixture. While such risk

assessments do not formally consider toxicologic interactions as part of a mathematical model, it is assumed that responses in experimental mammals or human populations noted after exposure to the chemical mixture can be used to conduct risk assessments on human populations. In bioassays of chemical mixtures using experimental mammals, the same limitations inherent in species-to-species extrapolation for single compounds apply to mixtures. When using health effects data on chemical mixtures from studies on exposed human populations, the limitations of epidemiologic studies in the risk assessment of single compounds also apply to mixtures. Additional limitations may be involved when using health effects data on chemical mixtures if the components in the mixture are not constant or if the components partition in the environment.

B. Additivity Models

If sufficient data are not available on the effects of the chemical mixture of concern or a reasonably similar mixture, the proposed approach is to assume additivity. Dose additivity is based on the assumption that the components in the mixture have the same mode of action and elicit the same effects. This assumption will not hold true in most cases, at least for mixtures of systemic toxicants. For systemic toxicants, however, most single compound risk assessments will result in the derivation of acceptable levels, which, as currently defined, cannot be adapted to the different forms of response additivity as described in section IV.

Additivity models can be modified to incorporate quantitative data on toxicant interactions from subchronic or chronic studies using the models given in section IV or modifications of these models. If this approach is taken, however, it will be under the assumption that other components in the mixture do not interfere with the measured interaction. In practice, such subchronic or chronic interactions data seldom will be available. Consequently, most risk assessments (on mixtures) will be based on an assumption of additivity, as long as the components elicit similar effects.

Dose-additive and response-additive assumptions can lead to substantial errors in risk estimates if synergistic or antagonistic interactions occur. Although dose additivity has been shown to predict the acute toxicities of many mixtures of similar and dissimilar compounds (e.g., Pozzani et al., 1959; Smyth et al., 1969, 1970; Murphy, 1980), some marked exceptions have been noted. For example, Smyth et al. (1970) tested the interaction of 53 pairs of industrial chemicals based on acute lethality in rats. For most pairs of compounds, the ratio of the predicted LD_{50} to observed LD_{50} did not vary by more than a factor of 2. The greatest variation was seen with an equivolume mixture of morpholine and toluene, in which the observed LD_{50} was about fives times less than the LD_{50} predicted by dose addition. In a study by Hammond et al. (1979), the relative risk of lung cancer attributable to smoking was 11, while the relative risk associated with asbestos exposure was 5. The relative risk of lung cancer from both smoking and asbestos exposure was 53, indicating a substantial synergistic effect. Consequently, in some cases, additivity assumptions may substantially underestimate risk. In other cases, risk may be overestimated. While this is certainly an unsatisfactory situation, the available data on mixtures are insufficient for estimating the magnitude of these errors. Based on current information, additivity assumptions are expected to yield generally neutral risk estimates (i.e., neither conservative nor lenient) and are plausible for component compounds that induce similar types of effects at the same sites of action.

IV. Mathematical Models and the Measurement of Joint Action

The simplest mathematical models for joint action assume no interaction in any mathematical sense. They describe either dose addition or response addition and are motivated by data on acute lethal effects of mixtures of two compounds.

A. Dose Addition

Dose addition assumes that the toxicants in a mixture behave as if they were dilutions or concentrations of each other, thus the true slopes of the dose-response curves for the individual compounds are identical, and the response elicited by the mixture can be predicted by summing the individual doses after adjusting for differences in potency; this is defined as the ratio of equitoxic doses. Probit transformation typically makes this ratio constant at all doses when parallel straight lines are obtained. Although this assumption can be applied to any model (e.g., the one-hit model in NRC, 1980b), it has been most often used in toxicology with the log-dose probit response model, which will be used to illustrate the assumption of dose addition. Suppose that two toxicants show the following log-dose probit response equations:

$$Y_1 = 0.3 + 3 \log Z_1 \qquad \text{(IV-1)}$$
$$Y_2 = 1.2 + 3 \log Z_2 \qquad \text{(IV-2)}$$

where Y_i is the probit response associated with a dose of Z_i ($i=1, 2$). The potency, p, of toxicant #2 with respect to toxicant #1 is defined by the quantity Z_1/Z_2 when $Y_1 = Y_2$ (that is what is meant by equitoxic doses). In this example, the potency, p, is approximately 2. Dose addition assumes that the response, Y, to any mixture of these two toxicants can be predicted by:

$$Y = 0.3 + 3 \log (Z_1 + pZ_2) \qquad \text{(IV-3)}$$

Thus, since p is defined as Z_1/Z_2, equation IV-3 essentially converts Z_2 into an equivalent dose of Z_1 by adjusting for the difference in potency. A more generalized form of this equation for any number of toxicants is:

$$Y = a_1 + b \log (f_1 + \Sigma f_i p_i) + b \log Z \qquad \text{(IV-4)}$$

where:

a_1 = the y-intercept of the dose-response equation for toxicant #1
b = the slope of the dose-response lines for the toxicants
f_i = the proportion of the i^{th} toxicant in the mixture
p_i = the potency of the i^{th} toxicant with respect to toxicant #1 (i.e., Z_1/Z_i), and
Z = the sum of the individual doses in the mixture.

A more detailed discussion of the derivation of the equations for dose addition is presented by Finney (1971).

B. Response Addition

The other form of additivity is referred to as response addition. As detailed by Bliss (1939), this type of joint action assumes that the two toxicants act on different receptor systems and that the correlation of individual tolerances may range from completely negative ($r=-1$) to completely positive ($r=+1$). Response addition assumes that the response to a given concentration of a mixture of toxicants is completely determined by the responses to the components and the pairwise correlation coefficient. Taking P as the proportion of organisms responding to a mixture of two toxicants which evoke individual responses of P_1 and P_2, then

$P = P_1$ if $r=1$ and $P_1 > P_2$ (IV-5)
$P = P_2$ if $r=1$ and $P_1 < P_2$ (IV-6)
$P = P_1 + P_2 (1-P_1)$ if $r=0$ (IV-7)
$P = P_1 + P_2$ if $r=-1$ and $P<1$. (IV-8)

More generalized mathematical models for this form of joint action have been given by Plackett and Hewlett (1948).

C. Interactions

All of the above models assume no interactions and therefore do not incorporate measurements of synergistic or antagonistic effects. For measuring toxicant interactions for mixtures of two compounds, Finney (1942) proposed the

following modification of equation IV–4 for dose addition:

$$Y = a_1 + b \log (f_1 + pf_2 + K [pf_1f_2]^{0.5}) + b \log Z \quad \text{(IV–9)}$$

where a_1, b, f_1, f_2, p, and Z are defined as before, and K is the coefficient of interaction. A positive value of K indicates synergism, a negative value indicates antagonism, and a value of zero corresponds to dose addition as in equation IV–4. Like other proposed modifications of dose addition (Hewlett, 1969), the equation assumes a consistent interaction throughout the entire range of proportions of individual components. To account for such asymmetric patterns of interaction as those observed by Alstott et al. (1973), Durkin (1981) proposed the following modification to equation IV–9:

$$Y = a_1 + b \log (f_1 + pf_2 + K_1f_1 [pf_1f_2]^{0.5} + K_2f_2 [pf_1f_2]^{0.5}) + b \log Z \quad \text{(IV–10)}$$

in which $K(pf_1f_2)^{0.5}$ is divided into two components, $K_1f_1(pf_1f_2)^{0.5}$ and $K_2f_2(pf_1f_2)^{0.5}$. Since K_1 and K_2 need not have the same sign, apparent instances of antagonism at one receptor site and synergism at another receptor site can be estimated. When K_1 and K_2 are equal, equation IV–10 reduces to Equation IV–9.

It should be noted that to obtain a reasonable number of degrees of freedom in the estimation of K in equation IV–9 or K_1 and K_2 in equation IV–10, the toxicity of several different combinations of the two components must be assayed along with assays of the toxicity of the individual components. Since this requires experiments with large numbers of animals, such analyses have been restricted for the most part to data from acute bioassays using insects (e.g., Finney, 1971) or aquatic organisms (Durkin, 1979). Also, because of the complexity of experimental design and the need for large numbers of animals, neither equation IV–9 nor equation IV–10 has been generalized or applied to mixtures of more than two toxicants. Modifications of response-additive models to include interactive terms have also been proposed, along with appropriate statistical tests for the assumption of additivity (Korn and Liu, 1983; Wahrendorf et al., 1981).

In the epidemiologic literature, measurements of the extent of toxicant interactions, S. can be expressed as the ratio of observed relative risk to relative risk predicted by some form of additivity assumption. Analogous to the ratio of interaction in classical toxiocology studies, $S = 1$ indicates no interaction, $S > 1$ indicates synergism, and $S < 1$ indicates anagonism. Several models for both additive and multiplicative risks have been proposed (e.g., Hogan et al., 1978; NRC, 1980b; Walter, 1976). For instance, Rothman (1976) has discussed the use of the following measurement of toxicant interaction based on the assumption of risk additivity:

$$S = (R_{11}-1)/(R_{10}+R_{01}-2) \quad \text{(IV–11)}$$

where R_{10} is the relative risk from compound #1 in the absence of compound #2, R_{01} is the relative risk from compound #2 in the absence of compound #1, and R_{11} is the relative risk from exposure to both compounds. A multiplicative risk model adapted from Walter and Holford (1978, equation 4) can be stated as:

$$S = R_{11}/(R_{10}R_{01}) \quad \text{(IV–12)}$$

As discussed by both Walter and Holford (1978) and Rothman (1976), the risk-additive model is generally applied to agents causing diseases while the multiplicative model is more appropriate to agents that prevent disease. The relative merits of these and other indices have been the subject of considerable discussion in the epidemiologic literature (Hogan et al., 1978; Kupper and Hogan, 1978; Rothman, 1978; Rothman et al., 1980; Walter and Holford, 1978). There seems to be a consensus that for public health concerns regarding causative (toxic) agents, the additive model is more appropriate.

Both the additive and multiplicative models assume statistical independence in that the risk associated with exposure to both compounds in combination can be predicted by the risks associated with separate exposure to the individual compounds. As illustrated by Siemiatycki and Thomas (1981) for multistage carcinogenesis, the better fitting statistical model will depend not only upon actual biological interactions, but also upon the stages of the disease process which the compounds affect. Consequently, there is no *a priori* basis for selecting either type of model in a risk assessment. As discussed by Stara et al. (1983), the concepts of multistage carcinogenesis and the effects of promoters and cocarcinogens on risk are extremely complex issues. Although risk models for promoters have been proposed (e.g., Burns et al., 1983), no single approach can be recommended at this time.

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Part B. Response to Public and Science Advisory Board Comments

I. Introduction

This section summarizes some of the major issues raised in public comments on the Proposed Guidelines for the Health Risk Assessment of Chemical Mixtures published on January 9, 1985 (50 FR 1170). Comments were received from 14 individuals or organizations. An issue paper reflecting public and external review comments was presented to the Chemical Mixtures Guidelines Panel of the Science Advisory Board (SAB) on March 4, 1985. At its April 22–23, 1985, meeting, the SAB Panel provided the Agency with additional suggestions and recommendations concerning the Guidelines. This section also summarizes the issues raised by the SAB.

The SAB and public commentors expressed diverse opinions and addressed issues from a variety of perspectives. In response to comments, the Agency has modified or clarified many sections of the Guidelines, and is planning to develop a technical support document in line with the SAB recommendations. The discussion that follows highlights significant issues raised in the comments, and the Agency's response to them. Also, many minor recommendations, which do not warrant discussion here, were adopted by the Agency.

II. Recommended Procedures

A. Definitions

Several comments were received concerning the lack of definitions for certain key items and the general understandability of certain sections. Definitions have been rewritten for several terms and the text has been significantly rewritten to clarify the Agency's intent and meaning.

Several commentors noted the lack of a precise definition of "mixture," even though several classes of mixtures are discussed. In the field of chemistry, the term "mixture" is usually differentiated from true solutions, with the former defined as nonhomogeneous multicomponent systems. For these Guidelines, the term "mixture" is defined as ". . . any combination of two or more chemicals regardless of spatial or temporal homogeneity of source" (section 1). These Guidelines are intended to cover risk assessments for any situation where the population is exposed or potentially exposed to two or more compounds of concern. Consequently, the introduction has been revised to clarify the intended breadth of application.

Several commentors expressed concern that "sufficient similarity" was difficult to define and that the Guidelines should give more details concerning similar mixtures. The Agency agrees and is planning research projects to improve on the definition. Characteristics such as composition and toxic end-effects are certainly important, but the best indicators of similarity in terms of risk assessment have yet to be determined. The discussion in the Guidelines emphasizes case-by-case judgment until the necessary research can be performed. The Agency considered but rejected adding an example, because it is not likely that any single example would be adequate to illustrate the variety in the data and types of judgments that will be required in applying this concept. Inclusion of examples is being considered for the technical support document.

B. Mixtures of Carcinogens and Systemic Toxicants

The applicability of the preferred approach for a mixture of carcinogens and systemic (noncarcinogenic) toxicants was a concern of several public commentors as well as the SAB. The Agency realizes that the preferred approach of using test data on the mixture itself may not be sufficiently protective in all cases. For example, take a simple two-component mixture of one carcinogen and one toxicant. The preferred approach would lead to using toxicity data on the mixture of the two compounds. However, it is possible to set the proportions of each component so that in a chronic bioassay of such a mixture, the presence of the toxicant could mask the activity of the carcinogen. That is to say, at doses of the mixture sufficient for the carcinogen to induce tumors in the small

experimental group, the toxicant could induce mortality. At a lower dose in the same study, no adverse effects would be observed, including no carcinogenic effects. The data would then suggest use of a threshold approach. Since carcinogenicity is considered by the Agency to be a nonthreshold effect, it may not be prudent to construe the negative results of such a bioassay as indicating the absence of risk at lower doses. Consequently, the Agency has revised the discussion of the preferred approach to allow the risk assessor to evaluate the potential for masking of carcinogenicity or other effects on a case-by-case basis.

Another difficulty occurs with such a mixture when the risk assessment needs to be based on data for the mixture components. Carcinogens and systemic toxicants are evaluated by the Agency using different approaches and generally are described by different types of data: response rates for carcinogens vs. effect descriptions for toxicants. The Agency recognizes this difficulty and recommends research to develop a new assessment model for combining these dissimilar data sets into one risk estimate. One suggestion in the interim is to present separate risk estimates for the dissimilar end points, including carcinogenic, teratogenic, mutagenic, and systemic toxicant components.

III. Additivity Assumption

Numerous comments were received concerning the assumption of additivity, including:

a. the applicability of additivity to "complex" mixtures;

b. the use of dose additivity for compounds that induce different effects;

c. the intepretation of the Hazard Index; and

d. the use of interaction data.

Parts of the discussion in the proposed guidelines concerning the use of additivity assumptions were vague and have been revised in the final Guidelines to clarify the Agency's intent and position.

A. Complex Mixtures

The issue of the applicability of an assumption of additivity to complex mixtures containing tens or hundreds of components was raised in several of the public comments. The Agency and its reviewers agree that as the number of compounds in the mixture increases, an assumption of additivity will become less reliable in estimating risk. This is based on the fact that each component estimate of risk or an acceptable level is associated with some error and uncertainty. With current knowledge, the uncertainty will increase as the number of components increases. In any event, little experimental data are available to determine the general change in the error as the mixture contains more components. The Agency has decided that a limit to the number of components should not be set in these Guidelines. However, the Guidelines do explicitly state that as the number of compounds in the mixture increases, the uncertainty associated with the risk assessment is also likely to increase.

B. Dose Additivity

Commentors were concerned about what appeared to be a recommendation of the use of dose additivity for compounds that induce different effects. The discussion following the dose additivity equation was clarified to indicate that the act of combining all compounds, even if they induce dissimilar effects, is a screening procedure and not the preferred procedure in developing a hazard index. The Guidelines were further clarified to state that dose (or response) additivity is theoretically sound, and therefore best applied for assessing mixtures of similar acting components that do not interact.

C. Interpretation of the Hazard Index

Several comments addressed the potential for misinterpretation of the hazard index, and some questioned its validity, suggesting that it mixes science and value judgments by using "acceptable" levels in the calculation. The Agency agrees with the possible confusion regarding its use and has revised the Guidelines for clarification. The hazard index is an easily derived restatement of dose additivity, and is, therefore, most accurate when used with mixture components that have similar toxic action. When used with components of unknown or dissimilar action, the hazard index is less accurate and should be interpreted only as a rough indication of concern. As with dose addition, the uncertainty associated with the hazard index increases as the number of components increases, so that it is less appropriate for evaluating the toxicity of complex mixtures.

D. Use of Interaction Data

A few commentors suggested that any interaction data should be used to quantitatively alter the risk assessment. The Agency disagrees. The current information on interactions is meager, with only a few studies comparing response to the mixture with that predicted by studies on components. Additional uncertainties include exposure variations due to changes in composition, mixture dose, and species differences in the extent of the interaction. The Agency is constructing an interaction data base in an attempt to answer some of these issues. Other comments concerned the use of different types of interaction data. The Guidelines restrict the use of interaction data to that obtained from whole animal bioassays of a duration appropriate to the risk assessment. Since such data are frequently lacking, at least for chronic or subchronic effects, the issue is whether to allow for the use of other information such as acute data, *in vitro* data, or structure-activity relationships to quantitatively alter the risk assessment, perhaps by use of a safety factor. The Agency believes that sufficient scientific support does not exist for the use of such data in any but a qualitative discussion of possible synergistic or antagonistic effects.

IV. Uncertainties and the Sufficiency of the Data Base

In the last two paragraphs of section II of the Guidelines, situations are discussed in which the risk assessor is presented with incomplete toxicity, monitoring, or exposure data. The SAB, as well as several public commentors, recommended that the "risk management" tone of this section be modified and that the option of the risk assessor to decline to conduct a risk assessment be made more explicit.

This is a difficult issue that must consider not only the quality of the available data for risk assessment, but also the needs of the Agency in risk management. Given the types of poor data often available, the risk assessor may indicate that the risk assessment is based on limited information and thus contains no quantification of risk. Nonetheless, in any risk assessment, substantial uncertainties exist. It is the obligation of the risk assessor to provide an assessment, but also to ensure that all the assumptions and uncertainties are articulated clearly and quantified whenever possible.

The SAB articulated several other recommendations related to uncertainties, all of which have been followed in the revision of the Guidelines. One recommendation was that the summary procedure table also be presented as a flow chart so that all options are clearly displayed. The SAB further recommended the development of a system to express the level of confidence in the various steps of the risk assessment.

The Agency has revised the summary table to present four major options: risk assessment using data on the mixture

itself, data on a similar mixture, data on the mixture's components, or declining to quantify the risk when the data are inadequate. A flow chart of this table has also been added to more clearly depict the various options and to suggest the combining of the several options to indicate the variability and uncertainties in the risk assessment.

To determine the adequacy of the data, the SAB also recommended the development of a system to express the level of confidence associated with various steps in the risk assessment process. The Agency has developed a rating scheme to describe data quality in three areas: interaction, health effects, and exposure. This classification provides a range of five levels of data quality for each of the three areas. Choosing the last level in any area results in declining to perform a quantitative risk assessment due to inadequate data. These last levels are described as follows:

Interactions:

An assumption of additivity cannot be justified, and no quantitative risk assessment can be conducted.

Health effects:

A lack of health effects information on the mixture and its components precludes a quantitative risk assessment.

Exposure:

The available exposure information is insufficient for conducting a risk assessment.

Several commentors, including the SAB, emphasized the importance of not losing these classifications and uncertainties farther along in the risk management process. The discussion of uncertainties has been expanded in the final Guidelines and includes the recommendation that a discussion of uncertainties and assumptions be included at every step of the regulatory process that uses risk assessment.

Another SAB comment was that the Guidelines should include additional procedures for mixtures with more than one end point or effect. The Agency agrees that these are concerns and revised the Guidelines to emphasize these as additional uncertainties worthy of further research.

V. Need for a Technical Support Document

The third major SAB comment concerned the necessity for a separate technical support document for these Guidelines. The SAB pointed out that the scientific and technical background from which these Guidelines must draw their validity is so broad and varied that it cannot reasonably be synthesized within the framework of a brief set of guidelines. The Agency is developing a technical support document that will summarize the available information on health effects from chemical mixtures, and on interaction mechanisms, as well as identify and develop mathematical models and statistical techniques to support these Guidelines. This document will also identify critical gaps and research needs.

Several comments addressed the need for examples on the use of the Guidelines. The Agency has decided to include examples in the technical support document.

Another issue raised by the SAB concerned the identification of research needs. Because little emphasis has been placed on the toxicology of mixtures until recently, the information on mixtures is limited. The SAB pointed out that identifying research needs is critical to the risk assessment process, and the EPA should ensure that these needs are considered in the research planning process. The Agency will include a section in the technical support document that identifies research needs regarding both methodology and data.

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