



WORLD HEALTH ORGANIZATION  
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

INTERNATIONAL RESEARCH PROGRAM ON CANCER  
CENTRAL OFFICE OF THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

# **DIRECTORY OF AGENTS BEING TESTED FOR CARCINOGENICITY**

**NUMBER 17**

1982, Lyon  
1982, Lyon

# Directory Of Agents Being Tested For Carcinogenicity Number 17

**IARC Working Group on the Evaluation  
of Carcinogenic Risks to  
Humans, International Agency for  
Research on Cancer**

## **Directory Of Agents Being Tested For Carcinogenicity Number 17:**

**Directory of Agents Being Tested for Carcinogenicity** A. Meneghel, J. Willbourn, 1996 A worldwide inventory of ongoing research projects involving the long term carcinogenicity testing in experimental animals of chemicals and other agents In view of the long duration and high costs of carcinogenicity testing the book aims to help avoid unnecessary duplication of research to increase communication among scientists and to provide a guide to research facilities as well as to the specific chemicals and agents being tested The 1996 directory draws together data on 533 chemicals or agents under investigation at 65 institutes in 21 countries Also included in a fully referenced index covering some 200 published studies emanating from projects described in the directory Information on current research projects is arranged alphabetically by country within each country by city and within each city by institute For each institute reporting on long term carcinogenicity testing the chemicals or complex mixtures being tested are listed in alphabetical order Reported data are given in a six column format including name of substance use categories of the substance species strain and number of animals per treated and control group exposure route dose levels and purity starting date and stage of experiment and principal investigators The directory also includes a special section giving cross references to some 270 ongoing epidemiological studies of 50 substances Use of the directory is further facilitated through the inclusion of indices of institutes investigators chemical abstracts services registry numbers and a cross index of names

**Some Thyrotropic Agents** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2001 This volume evaluates carcinogenicity of 19 chemicals to humans that are carcinogenic to the thyroid follicular cell epithelium in rodents These include anti thyroid drugs sedatives and chemicals used in agriculture in foods and cosmetics

**Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2002 This monograph evaluates the carcinogenic risks to humans posed by the use of some traditional herbal medicines fumonisin B1 and the industrial organic chemicals naphthalene and styrene and provides an update of the data on the carcinogenicity of aflatoxin

**Combined Estrogen-progestogen Contraceptives and Combined Estrogen-progestogen Menopausal Therapy** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2007 Oral contraceptives for family planning worldwide have revolutionized the reproductive lives of millions of women since their introduction in the 1960s Later on a variety of side effects including cardiovascular diseases was recognized In response to these concerns new generations of combined oral contraceptives were developed that featured lower dose of estrogen and newer more potent progestogens The effectiveness and ease of use of combined hormonal contraceptives suggest that they will continue to be used to a significant extent in the future This ninety first volume of IARC Monographs

**Some Drinking-water Disinfectants and Contaminants, Including Arsenic** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International

Agency for Research on Cancer, 2004 A working group of 23 experts from 13 countries met in Lyon to evaluate the evidence for carcinogenicity of arsenic mostly naturally occurring as a contaminant of drinking water and of the water disinfectant chloramine. The working group also evaluated or re-evaluated four chlorination by-products found in drinking water namely chloral hydrate, di- and trichloroacetic acids and 3-chloro-4-dichloromethyl-5-hydroxy-2,5H-furanone also known as MX. High level exposure to arsenic in drinking water occurs in some regions such as China, Latin America, Bangladesh and West Bengal. The Working Group reviewed epidemiological studies of human cancer mainly ecological studies in Taiwan and Chile and several case control and cohort studies in relation to arsenic in drinking water. Arsenic in drinking water primarily inorganic as arsenate and to a lesser extent arsenite was evaluated as carcinogenic to humans Group 1 on the basis of sufficient evidence for an increased risk for cancer of the urinary bladder, lung and skin. Studies on inorganic arsenic in experimental animals provided limited evidence for its carcinogenicity but sufficient evidence was found in experimental animals for the carcinogenicity of dimethylarsinic acid an organic form of arsenic which produced urinary bladder tumours in rats and lung tumours in mice after oral administration.

**Tobacco Smoke and Involuntary Smoking** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, World Health Organization, International Agency for Research on Cancer, 2004. The IARC Monographs series publishes authoritative independent assessments by international experts of the carcinogenic risks posed to humans by a variety of agents, mixtures and exposures. They are a resource of information for both researchers and national and international authorities. This volume is particularly significant because tobacco smoke not only causes more deaths from cancer than any other known agent it also causes more deaths from vascular and respiratory diseases. This volume contains all the relevant information on both direct and passive smoking. It is organised by first looking at the nature of agent before collecting the evidence of cancer in humans. This is followed by carcinogenicity studies on animals and then any other data relevant to an evaluation.

**Betel-quid and Areca-nut Chewing and Some Areca-nut-derived Nitrosamines** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2004. A working group of sixteen experts from seven countries re-evaluated the evidence of the carcinogenicity of betel quid and areca nut chewing and some areca nut related nitrosamines. Betel quid and areca nut chewing are widely practised in many parts of Asia and in Asian migrant communities elsewhere in the world. There are hundreds of millions of users worldwide. They evaluated betel quid with tobacco as carcinogenic to humans Group 1 on the basis of sufficient evidence of an increased risk of cancer of the oral cavity, pharynx and oesophagus. The working group reviewed epidemiological studies of human cancer mainly studies from India, Pakistan and Taiwan, China. Studies on betel quid with tobacco and areca nut with tobacco in experimental animals now also provide sufficient evidence of carcinogenicity. The working group also evaluated betel quid without tobacco as carcinogenic to humans Group 1 on the basis of sufficient evidence of an increased risk of oral cancer. Studies on betel quid without tobacco and areca nut without tobacco in

experimental animals now also provide sufficient evidence of carcinogenicity Areca nut a common ingredient of betel quid and many different chewing preparations including those available commercially has been observed to cause oral submucous fibrosis Man-made Vitreous Fibres IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, World Health Organization, 2002 At head of title World Health Organization International Agency for Research on Cancer

Smokeless Tobacco and Some Tobacco-specific N-nitrosamines IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2007 This eighty ninth volume of the IARC Monographs is the third and last of a series on tobacco related agents Volume 83 reported on the carcinogenicity of tobacco smoke and involuntary smoking second hand smoke or environmental tobacco smoke IARC 2004a Volume 85 summarized the evidence on the carcinogenic risk of chewing betel quid with and without tobacco IARC 2004b That volume explored the variety of products chewed in South Asia and other parts of the world that contain areca nut in combination with other ingredients often including tobacco In this eighty ninth volume the carcinogenic risks associated with the use of smokeless tobacco including chewing tobacco and snuff are considered in a first monograph The second monograph reviews some tobacco specific nitrosamines These agents were evaluated earlier in Volume 37 of the Monographs IARC 1985 and information gathered since that time has been summarized and evaluated *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans* International Agency for Research on Cancer, 1988

**Non-ionizing Radiation** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2002 This volume evaluates possible carcinogenic hazards from exposures to static and extremely low frequency ELF electric and magnetic fields It is the first of two IARC Monographs volumes on various kinds of non ionizing radiation Extremely low frequency ELF magnetic field exposures result from proximity to electric power transmission lines household wiring and electric appliances and are in addition to the exposure that results from the earth's magnetic field Overall extremely low frequency magnetic fields were evaluated as possibly carcinogenic to humans Group 2B Static magnetic fields and static and extremely low frequency electric fields could not be classified as to carcinogenicity to humans Group 3

**Human Papillomaviruses** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Meeting, 2007 This ninetieth volume of the IARC Monographs on the Evaluation of Carcinogenic Risks to Humans considers human papillomaviruses HPVs which were evaluated by a previous Working Group IARC 1995 The monograph in the present volume incorporates new data that have become available during the past decade HPVs represent the most common infectious agents that are transmitted sexually throughout the world the major risk factors are behaviors associated with sexual activity Although most infections are asymptomatic and are cleared within a period of 2 years genital HPV infection can lead to clinical disease including anogenital warts cervical neoplasia cervical cancer and other anogenital cancers The risk for persistence of infection and progression of the more than 40 genital HPV types to grade 3 cervical intraepithelial neoplasia CIN3 and cancer differs widely Persistent infection with carcinogenic

HPVs occurs in virtually all cases of cervical cancer Previous evaluations of HPVs have classified types 16 and 18 as carcinogenic to humans group 1 types 31 and 33 as probably carcinogenic to humans Group 2A and some types other than 16 18 31 and 33 as possibly carcinogenic to humans Group 2B At that time the evaluation of types 16 and 18 was based on the strong association between infection with these HPVs and cervical cancer For types 31 and 33 the association was less strong The new epidemiological data reviewed in the present volume strongly support and further confirm the previous evaluation of types 16 and 18 and provide new evidence for other HPVs This information which includes strong evidence of carcinogenicity at sites other than the cervix supports new evaluations for several other HPV types in addition to those mentioned above Since the Working Group was convened in 2005 important innovations in HPV prophylaxis have occurred and these needed to be included in this volume To date two prophylactic vaccines have been developed and used in large multicentric trials This prophylactic vaccination is expected to reduce the incidence of HPV related genital diseases However the benefits of prophylactic vaccines in a broad public health perspective will be achieved only if such vaccines can be provided to those groups of women for whom access to cervical cancer screening services is most problematic Therefore the development of second generation vaccines that are expected to be cheaper easier to deliver and to provide T cell response against pre existing HPV infections is highly desirable

Formaldehyde, 2-Butoxyethanol and 1-tert-Butoxypropan-2-ol IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2006 This volume re evaluates the available evidence on the carcinogenic potential of formaldehyde a substance that is found in the workplace and in the environment Formaldehyde is widely used in resins that bind wood products pulp and paper in glasswool and rockwool insulation in plastics and coatings textile finishing chemical manufacture and as a disinfectant and preservative Also evaluated are two glycol ethers 2 butoxyethanol and 1 tert butoxypropan 2 ol which are widely used as solvents in paints and paint thinners coatings glass and surface cleaners inks adhesives personal care products and as chemical intermediates

*Epstein-Barr Virus and Kaposi's Sarcoma Herpesvirus/human Herpesvirus 8* IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 1997 Presents the results of an expert evaluation of the carcinogenic risk to humans posed by infection with two lymphotropic herpesviruses Epstein Barr virus and Kaposi s sarcoma herpesvirus human herpesvirus 8 a new human herpesvirus detected in 1994 in Kaposi s sarcoma associated with AIDS The viruses are evaluated in separate monographs which consider the biology of the virus the epidemiology of infections related animal viruses and mechanistic studies in addition to abundant studies of cancer in humans

**Inorganic and Organic Lead Compounds** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 2006 The 87th volume of IARC monographs contains evaluations of inorganic and organic lead components Lead salts and organic lead compounds were considered by the IARC Monographs Working Groups Since 1987 new epidemiological and experimental studies have become available Lead is found at low

concentrations in the earth's crust predominantly as lead sulfide but the widespread occurrence of lead in the environment is largely the result of human activity. As a result, human exposure to lead is universal and all humans carry a body burden of lead. Lead has long been of concern for its adverse health effects other than cancer, in particular its neurodevelopmental effects on the fetus, infants, and children. These health effects are discussed in this volume in some detail. The main focus of this monograph is on the epidemiological studies and experimental investigations attempting to determine whether exposure to lead is associated with the development of some forms of cancer.

Some Antiviral and Antineoplastic Drugs, and Other Pharmaceutical Agents IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, 2000. Evaluates the carcinogenic risks to humans posed by the use of four antiretroviral agents, four DNA topoisomerase II inhibitors used in the treatment of cancer, and an additional three pharmaceutical agents: hydroxyurea, phenolphthalein, and vitamin K substances. The volume marks the first IARC evaluation of nucleoside analogs that act as antiviral agents. The evaluation responds in part to recent findings that zidovudine (AZT), an effective antiretroviral agent now being given to pregnant HIV-infected women to prevent maternal to fetal transmission of the virus, is a transplacental carcinogen in mice. The opening monograph evaluates the carcinogenicity to humans of the antiretroviral nucleoside analogs zidovudine (AZT), zalcitabine (ddC), and didanosine (ddI) and the antiherpesvirus drug aciclovir. Of these, aciclovir and didanosine could not be classified on the basis of available data. For zidovudine, transplacental administration to mice resulted in an increased incidence and multiplicity of lung and liver tumours, and in an increased incidence of female reproductive tract tumours in one study but not in another involving treatment at a lower dose. Despite observation of toxic effects in some studies of humans, human carcinogenicity data were judged to provide inadequate evidence of carcinogenicity in humans. Zidovudine was classified as possibly carcinogenic to humans. Similar weaknesses in human carcinogenicity data for zalcitabine, which consistently induces thymic lymphomas in mice, resulted in its classification as possibly carcinogenic to humans. The second monograph evaluates four DNA topoisomerase II inhibitors: etoposide, teniposide, mitoxantrone, and amsacrine. Of these, etoposide, one of the most widely used and effective cytotoxic drugs in combination therapy, was classified as probably carcinogenic to humans, and etoposide in combination with cisplatin and bleomycin was judged to be carcinogenic to humans. Teniposide was classified as probably carcinogenic to humans, and mitoxantrone and amsacrine were classified as possibly carcinogenic to humans. Of the three pharmaceutical agents evaluated in the final monograph, hydroxyurea, which is widely used in cancer treatment and increasingly in combination with didanosine in HIV infection, could not be classified. Phenolphthalein, a widely used laxative now being withdrawn from the market in many countries because of toxicological concerns, was classified as possibly carcinogenic. Vitamin K substances could not be classified on the basis of available evidence.

**World Health Organization Publications Catalogue** World Health Organization, 1997. *Re-evaluation of Some Organic Chemicals, Hydrazine and Hydrogen Peroxide* IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, 1999.

**Polychlorinated Dibenzo-para-dioxins and Polychlorinated Dibenzofurans** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, World Health Organization, International Agency for Research on Cancer, 1997 Evaluates the carcinogenic risks to humans posed by exposure to polychlorinated dibenzo para dioxins PCDDs and polychlorinated dibenzofurans PCDFs PCDDs are formed as inadvertent by products sometimes in combination with PCDFs during the production of chlorophenols and chlorophenoxy herbicides and have been detected as contaminants in these products PCDDs and PCDFs may also be produced in thermal processes such as incineration and metal processing and in the bleaching of paper pulp with free chlorine Of the PCDDs 2 3 7 8 tetrachlorodibenzo para dioxin 2 3 7 8 TCDD or dioxin has attracted the greatest concern PCDDs and PCDFs are ubiquitous in soil sediment and air persist in the environment and accumulate in animal fat Excluding occupational and accidental exposures most human exposure to these compounds occurs from the consumption of meat milk eggs fish and related products Occupational exposures at higher levels have occurred since the 1940s as a result of the production and use of chlorophenols and chlorophenoxy herbicides and for PCDFs in metal production and recycling Even higher exposures have occurred in sporadic industrial accidents and following incidents of rice oil contamination The evaluation which considered abundant human and animal carcinogenicity data found strong evidence from epidemiological studies in humans that exposure to 2 3 7 8 TCDD produces increased risks for all cancer combined rather than for any specific site suggesting that 2 3 7 8 TCDD is an unprecedented multi site carcinogen with no single site predominating Citing data from animal studies and other lines of evidence the monograph concludes that 2 3 7 8 TCDD is carcinogenic to humans Other polychlorinated dibenzo para dioxins and dibenzo para dioxin could not be classified as to their carcinogenicity to humans For PCDFs the evaluation considered evidence from two large poisoning incidents involving rice oil contamination in Japan and Taiwan Although excessive mortality from liver cancer was observed in long term follow up of the Japanese cases the report cited other factors including a high prevalence of chronic hepatitis B infection in the geographical area concerned as possible explanations Evidence of carcinogenicity to human was judged inadequate In the absence of convincing data from experimental animals PCDFs could not be classified as to their carcinogenicity to humans

***Silica, Some Silicates, Coal Dust and Para-aramid Fibrils*** IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, 1997 Evaluates the carcinogenic risks to humans posed by exposure to crystalline and amorphous silica some silicates palygorskite sepiolite wollastonite and zeolites other than erionite coal dust and para aramid fibrils The volume opens with a discussion of the many complexities involved in assessing the cancer risks associated with occupational exposure to inhaled mineral dusts and the special toxicological considerations required when evaluating the results of experimental studies Against this background the first and most extensive monograph evaluates human and animal carcinogenicity data on silica concentrating on evidence of an increased risk for lung cancer On the basis of this evaluation crystalline silica inhaled in the form of quartz or cristobalite



from occupational sources was classified as carcinogenic to humans For amorphous silica evidence from both epidemiological and experimental studies was judged inadequate and amorphous silica could not be classified For palygorskite the evaluation found sufficient evidence from studies in rats that long fibres were carcinogenic studies of exposure to short fibres showed no significant increase in the incidence of tumours The few studies in humans were judged inadequate Long palygorskite fibres were classified as possibly carcinogenic to humans Short fibres could not be classified For coal dust several limitations in human studies largely concerned with excessive mortality from lung and stomach cancer hindered interpretation of the epidemiological literature The few adequate experimental studies showed no increase in tumours Coal dust therefore could not be classified para Aramid fibrils likewise could not be classified in view of inadequates in both the epidemiological and experimental data

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