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2
3 The Honorable Lisa P. Jackson
4 Administrator
5 U.S. Environmental Protection Agency
6 1200 Pennsylvania Avenue, N.W.
7 Washington, D.C. 20460
8

9 Subject: SAB Review of EPA's Reanalysis of Key Issues Related to Dioxin
10 Toxicity and Response to NAS Comments
11

12 Dear Administrator Jackson:
13

14 EPA's Office of Research and Development (ORD) requested that the Science
15 Advisory Board (SAB) review the Agency's draft report entitled *EPA's Reanalysis of*
16 *Key Issues Related to Dioxin Toxicity and Response to NAS Comments* ("Report"). The
17 Report contains EPA's technical response to key comments in the 2006 National
18 Academy of Sciences (NAS) report, *Health Risks from Dioxin and Related Compounds:*
19 *Evaluation of the EPA Reassessment*. The NAS reviewed EPA's 2003 exposure and
20 human health reassessment of dioxin and recommended that the Agency should: more
21 thoroughly justify and communicate its approaches to dose-response modeling for the
22 health effects of dioxin, taking into consideration both nonlinear and linear methods for
23 characterizing cancer risk; improve the transparency and clarity of the selection of key
24 data sets for the dioxin dose-response analysis; reevaluate its cancer weight-of-evidence
25 determination for dioxin based on the Agency's 2005 Cancer Guidelines; consider using
26 physiologically-based pharmacokinetic (PBPK) modeling in the dioxin risk assessment;
27 and improve transparency, thoroughness and clarity in quantitative uncertainty analysis.
28 The NAS also encouraged EPA to calculate a reference dose (RfD), which had not been
29 derived in the 2003 reassessment.
30

31 In response to EPA's request, the SAB convened an expert panel to review the
32 Agency's Report. The SAB Panel was asked to comment on the scientific soundness of
33 EPA's responses to the NAS recommendations. The enclosed SAB report provides the
34 consensus advice and recommendations of the Panel, with the exception of one member
35 who offered a dissenting opinion mainly on 2,3,7,8 Tetrachlorodibenzo-p-dioxin (TCDD)
36 carcinogenicity.
37

38 The SAB finds that EPA's Report is clear, logical, and responsive to many but not
39 all of the recommendations of the NAS. We have provided recommendations to further
40 enhance the transparency, clarity, and scientific integrity of the Report. The SAB has
41 identified deficiencies in EPA's Report with respect to the completeness of its
42 consideration of two critical elements of the TCDD assessment: 1) nonlinear dose-
43 response for TCDD carcinogenicity, and 2) uncertainty analysis of TCDD toxicity. Our
44 major comments and recommendations are provided below:

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- The SAB commends EPA for the comprehensive and rigorous process that was used to identify, review, and evaluate the TCDD literature. The criteria for study selection have been clearly articulated, well justified, and applied in a scientifically sound manner. To further improve clarity and transparency of the Report, we recommend that EPA include a better means of tracking and describing which studies did not satisfy inclusion criteria. Similarly, we recommend that EPA strengthen its justification for excluding studies of dioxin-like compounds. The Report can be enhanced by incorporating information from studies with dioxin-like compounds into a qualitative discussion of the weight-of-evidence for cancer and noncancer endpoints.
- EPA used the Emond physiologically-based pharmacokinetic model to evaluate the internal dose of TCDD in human and rodent tissue, and to estimate the continuous daily TCDD intake over the relevant period of exposure. The SAB agrees with EPA that this model provides the best available basis for the dose metric calculations. We also support EPA’s use of blood TCDD concentrations as the relevant dose metric. However, we recommend that EPA expand the discussion of other published models, evaluate the impact of model selection on dose metric prediction, provide a more quantitative uncertainty analysis, and conduct an external peer review of the mouse model because it has not been published in the peer-reviewed literature.
- The SAB agrees with EPA’s classification of TCDD as carcinogenic to humans in accordance with EPA’s *2005 Guidelines for Carcinogen Risk Assessment*. The SAB recommends that in the weight-of-evidence characterization EPA build upon all available data to support its decision and clearly indicate how different types of data support each other. One Panel member, however, indicated that at best, there is equivocal evidence for TCDD classification as a human carcinogen.
- The SAB agrees with EPA’s selection of the Cheng et al. (2006) study, which analyzed the National Institute for Occupational Safety and Health (NIOSH) occupational cohort, as the critical study for the quantitative cancer assessment. The SAB also agrees that it is appropriate to use all-cancer mortality as the basis of the oral slope factor because of the extensive dose-response information.
- The SAB finds that the Report did not respond adequately to the NAS recommendation to adopt both linear and nonlinear methods of extrapolation in order to account for the uncertainty of the dose-response curve for TCDD. The Report states that only a linear approach could be justified. We recommend that EPA revise the Report to provide a discussion of evidence of possible modes of action that include both linear and nonlinear alternatives for the cancer endpoint. In the absence of a definitive nonlinear mode of action, estimates based on the linear option can serve as the baseline for comparison with other estimates.

- The SAB supports EPA’s selection and use of two co-critical epidemiologic studies for the derivation of the RfD for TCDD. These studies evaluated the effects of human exposure to TCDD following accidental release at a chemical plant near Seveso, Italy. The SAB finds that the study endpoints used by EPA to determine the RfD (decrease in sperm count and motility and increased thyroid stimulating hormone in blood) are relevant to public health. The selection of these endpoints also resolves the critical issue of differing windows of susceptibility to environmental toxic agents over the course of the life cycle, with pre- and periconceptional exposures comprising the window of greatest susceptibility. We recommend, however, that EPA provide a discussion of the strengths and weaknesses of the studies and an indication of whether these weaknesses affect the RfD determination.
- The SAB also agrees with the benchmark dose modeling approaches used by EPA in the Report and the decision to use human data as preferred to animal data for the RfD determination.
- EPA’s Report discusses a broad range of philosophical and methodological issues to be considered in conducting an uncertainty analysis for TCDD toxicity. Although the SAB acknowledges the challenges of a unified quantitative uncertainty analysis, we do not agree with the position taken in the Report that such an analysis is unfeasible and we have suggested a number of methods that could be used for this purpose.
- Finally, EPA’s Report could be improved by editing and restructuring to better integrate the material presented in various sections, eliminate redundancies, and move some material into appendices to provide more succinct responses to NAS concerns. In addition, we recommend including a glossary in the Report to help minimize confusion and misinterpretation among diverse users.

The SAB appreciates the opportunity to provide EPA with advice on this important subject. We support EPA in its effort to move in a proficient and expeditious manner to finalize the IRIS document for dioxin and look forward to receiving the Agency’s response.

Sincerely,

Dr. Deborah L. Swackhamer, Chair
EPA Science Advisory Board

Dr. Timothy J. Buckley, Chair
SAB Dioxin Review Panel

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draft does not represent EPA policy.

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This report has been written as part of the activities of the EPA Science Advisory Board, a public advisory committee providing extramural scientific information and advice to the Administrator and other officials of the Environmental Protection Agency. The Board is structured to provide balanced, expert assessment of scientific matters related to problems facing the Agency. This report has not been reviewed for approval by the Agency and, hence, the contents of this report do not necessarily represent the views and policies of the Environmental Protection Agency, nor of other agencies in the Executive Branch of the Federal government, nor does mention of trade names or commercial products constitute a recommendation for use. Reports of the EPA Science Advisory Board are posted on the EPA Web site at: <http://www.epa.gov/sab>

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ABBREVIATIONS AND ACRONYMS

1		
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4	AhR	aryl hydrocarbon receptor
5	BMD	benchmark dose
6	BMDL	benchmark dose lower bound
7	BMR	benchmark response level
8	CYP	cytochrome P450
9	DLC	dioxin-like compound
10	ED	effective dose
11	EPA	U.S. Environmental Protection Agency
12	HED	human equivalent dose
13	IRIS	integrated risk information system
14	LASC	lipid-adjusted serum concentrations
15	LOAEL	lowest-observed-adverse-effect level
16	MOA	mode of action
17	NAS	National Academy of Sciences
18	NHEERL	National Health and Environmental Effects Research Laboratory
19	NIOSH	National Institute for Occupational Safety and Health
20	NOAEL	no-observed-adverse-effect level
21	NRC	National Research Council
22	OSF	oral slope factor
23	PBPK	physiologically-based pharmacokinetic
24	PCDDs	polychlorinated dibenzo- <i>p</i> -dioxin
25	PCDFs	polychlorinated dibenzofuran
26	POD	point of departure
27	RfD	reference dose
28	RR	relative risk
29	SAB	Science Advisory Board
30	T3	triiodothyronine
31	T4	thyroxine
32	TCDD	2,3,7,8-Tetrachlorodibenzo- <i>p</i> -dioxin
33	TEF	toxicity equivalence factor
34	TEQ	toxicity equivalence
35	TSH	thyroid stimulating hormone
36	UF	uncertainty factor
37	WHO	World Health Organization

1 **EXECUTIVE SUMMARY**

2
3 In 2003, EPA, along with other federal agencies, asked the National Academy of
4 Sciences (NAS) to review aspects of the science in EPA’s draft dioxin reassessment
5 entitled, *Exposure and Human Health Reassessment of 2,3,7,8-Tetrachlorodibenzo-p-*
6 *Dioxin (TCDD) and Related Compounds* and, in 2004, EPA sent the 2003 draft dioxin
7 reassessment to the NAS for review. In 2006, the NAS released the report of its review
8 entitled, *Health Risks from Dioxin and Related Compounds: Evaluation of the EPA*
9 *Reassessment*. The NAS recommended that EPA should: more thoroughly justify and
10 communicate its approaches to dose-response modeling for the health effects of dioxin,
11 taking into consideration both nonlinear and linear methods for characterizing cancer
12 risk; improve the transparency and clarity of the selection of key data sets for the dioxin
13 dose-response analysis; reevaluate its cancer weight-of-evidence determination for dioxin
14 based on the Agency’s 2005 Cancer Guidelines; consider using physiologically-based
15 pharmacokinetic (PBPK) modeling in the dioxin risk assessment; and improve
16 transparency, thoroughness and clarity in quantitative uncertainty analysis. The NAS
17 also encouraged EPA to calculate a reference dose (RfD), which had not been derived in
18 the 2003 reassessment.

19
20 EPA’s Office of Research and Development (ORD) prepared the draft report,
21 entitled *EPA’s Reanalysis of Key Issues Related to Dioxin Toxicity and Response to NAS*
22 *Comments* (EPA, 2010) (hereafter referred to as the *Report*), and requested that the EPA
23 Science Advisory Board (SAB) conduct an independent external peer review of the
24 *Report*. This Executive Summary highlights the findings and recommendations of the
25 SAB Dioxin Review Panel (the “Panel”) in response to charge questions concerning each
26 of the six sections of the *Report*.

27
28 **General Charge**

29
30 The SAB Panel was asked to comment on: whether the *Report* was clear and
31 logical, whether the Agency had objectively and clearly presented the key National
32 Academy of Sciences (NAS) recommendations, and whether there were other critical
33 studies that would make a significant impact on the conclusions of the hazard
34 characterization or dose-response assessment of the chronic noncancer and cancer health
35 effects of TCDD.

36
37 As further discussed in the responses to Charge Question 1, the Panel found that
38 EPA was effective in developing a report that was clear, logical, and responsive to many
39 but not all of the recommendations of the NAS. The Panel has provided
40 recommendations to further improve the clarity, organization, and responsiveness of
41 various parts of the *Report*. The Panel was impressed with the process that EPA used to
42 identify, review, and evaluate the relevant literature. The Panel found that EPA’s process
43 was comprehensive and rigorous and included public participation. However, the Panel
44 recommends that the *Report* be improved by: incorporating text to better integrate the
45 material presented in the individual chapters, providing greater clarity and transparency

1 in indicating which studies did not satisfy criteria for inclusion in EPA's assessment of
2 TCDD, and editing the *Report* to provide greater clarity in writing and make it more
3 concise by moving some material into appendices.
4

5 During the course of its discussion, the Panel did not identify any additional
6 studies that would make a significant impact on the conclusions of the hazard
7 characterization and dose-response assessment. The Panel recommends that EPA
8 provide an assessment of both the null studies and positive studies with more discussion
9 and clarity concerning the exclusion of null epidemiologic studies. In addition, as further
10 discussed in the responses to the relevant charge questions, the Panel has identified
11 deficiencies in the *Report* with respect to the completeness of its consideration of two
12 critical elements: 1) nonlinear dose-response for TCDD carcinogenicity, and 2)
13 uncertainty analysis. As discussed below, the Panel has provided recommendations to
14 improve the *Report* in these areas.
15

16 **Transparency and Clarity in the Selection of Key Data Sets for Dose-Response** 17 **Analyses** 18

19 The NAS proposed that EPA develop a clear and readily understandable
20 methodology for evaluating and including epidemiologic and animal bioassay data sets in
21 dose-response evaluations. The SAB Panel was asked to comment on: whether EPA had
22 been responsive to NAS concerns about transparency and clarity in data set selection,
23 whether the epidemiology and animal bioassay study criteria and considerations had been
24 scientifically justified and clearly described, and whether EPA had applied the
25 epidemiology and animal bioassay study criteria considerations in a scientifically sound
26 manner.
27

28 Section 2 of the *Report* contains a clear presentation of the process EPA used to
29 select key data sets for dose-response analysis and is thus responsive to NAS
30 recommendations in this area. The *Report* also clearly identifies the studies that were
31 used for dose-response analysis. However, the Panel has provided recommendations to
32 further enhance the overall clarity and transparency of Section 2 of the *Report*. The Panel
33 recommends careful and extensive editing to revise and consolidate Section 2.
34 Specifically, editing should include aspects of grammar and syntax, minimizing
35 redundancies, and use of more succinct language in responses to NAS concerns. The
36 Panel also recommends restructuring Section 2 to improve its integration into the overall
37 document and make it easier to follow the studies used by EPA from one section of the
38 *Report* to another. In this regard, the Panel suggests that Section 2 could be used as the
39 foundation for the entire document.
40

41 The Panel also found that EPA's epidemiology and animal bioassay study criteria
42 and considerations were scientifically justified, clearly described, and applied in a
43 scientifically sound manner. The Panel has provided recommendations to improve and
44 strengthen the scientific justification and clarity of description of EPA's study criteria and
45 considerations. The Panel recommends that EPA better justify the rationale for using

1 only studies where the exposure was primarily to TCDD for derivation of the reference
2 dose. This justification should include both scientific and practical reasons. The Panel
3 also recommends that EPA incorporate information from studies with dioxin-like
4 compounds (DLCs) into a qualitative discussion of the weight-of-evidence for cancer and
5 noncancer endpoints. In addition, the Panel has provided a number of specific
6 recommendations to further clarify the justifications for some of the study inclusion and
7 exclusion criteria.

8 9 **Use of Toxicokinetics in Dose-Response Modeling for Cancer and Noncancer** 10 **Endpoints**

11
12 In the Section 3 of the *Report*, EPA discussed the use of a physiologically-based
13 pharmacokinetic (PBPK) model (Emond et al., 2004, 2005, 2006) with blood
14 concentration as the dose metric rather than first-order body burden. The Panel was
15 asked to comment on the scientific justification for EPA's application of this model, the
16 model modifications that EPA implemented, and EPA's characterization of uncertainty in
17 the model. EPA also developed a PBPK model to estimate TCDD concentration in
18 mouse tissues. The Panel was asked to comment on the scientific rationale for
19 development of the mouse model, the performance of the mouse model, and whether
20 model uncertainty had been adequately characterized. In addition, the Panel was asked to
21 comment on the use of the Emond PBPK model to estimate human intake based on
22 internal exposure measures, EPA's sensitivity analysis of the kinetic modeling, and
23 EPA's estimate of lifetime average daily dose.

24
25 The Panel agrees with EPA's use of blood TCDD concentration as a surrogate for
26 tissue TCDD exposure. Blood TCDD concentration is a better choice than using body
27 burden (as in the 2003 Reassessment) because it is more closely related to the
28 biologically relevant dose metric: the free concentration of dioxin in the target tissues.
29 The Panel further agrees that the PBPK model developed by Emond et al. (2004, 2005,
30 2006) provides the best available basis for the dose metric calculations in the assessment.
31 However, the Panel recommends that EPA clarify how the model was used in studies that
32 reported the concentrations of dioxin in plasma, serum, blood, or blood fat:blood
33 measurements. The Panel also recommends additional discussion of: other published
34 models, the intended use of the Emond model in the assessment, and the basis for
35 selection of the Emond model. The Panel found that the EPA modifications to the
36 published Emond model were minor and appropriate. However, the Panel notes that the
37 use of 0.6 as the Hill coefficient in the Emond model for CYP1a2 induction is well
38 outside the confidence interval of 0.78 and 1.14 reported by Walker et al. (1999). The
39 use of a Hill coefficient value well below unity would lead to a nonlinear model behavior
40 that is biologically implausible. As a result, when the human model was used for
41 extrapolation to lower doses (in the calculation of risk-specific doses), the model would
42 estimate a lower exposure level for a given blood concentration. The Panel suggests
43 repeating the human Emond model calculations with multiple values for the Hill
44 coefficient to characterize the resulting uncertainty in the exposure estimates.

1 The Panel also recommends that a more quantitative uncertainty analysis be
2 conducted for the PBPK model. Methods that could be useful and informative for such
3 analysis are suggested in the response to Charge Question 6.2. The sensitivity analysis in
4 the *Report* left out the Hill coefficient, which is one of the most important parameters in
5 the model for low-dose extrapolation. Model sensitivities are species, dose, and dose-
6 scenario dependent, so they need to be determined under the same exposure conditions
7 that dose metrics are calculated.

8
9 The Panel found that the mouse model developed by EPA based on the published
10 rat model (Emond et al., 2004, 2005, 2006) was appropriate, but it is recommended that
11 an external peer review of the mouse model be performed. The Panel agrees with the
12 average daily dose calculation approaches described in the *Report*. However, the Panel
13 recommends that EPA carefully explain how the early life stage internal doses were
14 calculated because serum thyroid stimulating hormone (TSH) levels in newborns are used
15 as a critical effect.

16 **Reference Dose**

17
18
19 In Section 4 of the *Report* EPA discussed the use of two co-critical studies
20 (Mocarelli et al., 2008 and Baccarelli et al., 2008) for development of the reference dose
21 for TCDD. The Panel was asked to comment on the scientific justification for selection
22 and use of these studies to develop the reference dose.

23 *a. Selection of Critical Studies and Effects*

24
25
26 The Panel supports EPA's selection of the Mocarelli et al. (2008) and Baccarelli
27 et al. (2008) studies for identifying "co-critical" effects for the derivation of the reference
28 dose (RfD). The Panel found that these two human epidemiological studies were well
29 designed. The studies provided sufficient exposure information, including biological
30 concentrations that could be used to establish acceptable lifetime daily exposure levels.
31 The rationale for selecting these two studies over numerous other available studies for
32 determining the RfD was clearly described but study weaknesses were not clearly
33 delineated. The Panel recommends that EPA provide a discussion of the strengths and
34 weaknesses of these studies with an indication of whether the weaknesses affect
35 determination of the RfD. In addition, the Panel recommends that the comprehensive
36 data base of both animal and human epidemiological studies be used to demonstrate a
37 consistent and integrative signal of toxicity across species and endpoints for TCDD. The
38 collective impact of the studies should be made stronger in the *Report* by including
39 discussion of both human and experimental animal studies that have examined the effects
40 of dioxin and DLCs on other reproductive and endocrine endpoints. In this regard, dose-
41 response relationships as well as comparisons of no-observed-adverse-effect levels
42 (NOAELs) and lowest-observed-adverse-effect levels (LOAELs) should be discussed.

43
44 The Panel agrees with EPA's assertion that traditional (e.g., immune, endocrine,
45 reproductive) endpoints are more appropriate than biochemical endpoints for establishing

1 points of departure (PODs). The associations of traditional endpoints with health
2 outcomes have been well studied and they are more tightly associated with adverse
3 outcomes than biochemical endpoints. However, EPA should discuss biochemical
4 endpoints, particularly P450s, relevant to establishing and strengthening the proposed
5 reference dose.

6
7 *b. Estimation of Continuous Exposure for Mocarelli et al. (2008)*

8
9 Mocarelli et al. (2008) reported male reproductive effects (decrease in sperm
10 count and motility) observed later in life for boys with high acute exposure to TCDD
11 between the ages of 1 and 9 (average age 5 years), followed by low level background
12 dietary exposure. EPA identified a 10 year critical exposure window and estimated the
13 continuous TCDD intake as the average of the high acute exposure and the 5 year
14 average exposure during the critical exposure window. The Panel found that the pattern
15 of exposure from Seveso posed some extrapolation issues for the EPA, particularly
16 whether the same endpoints and or dose-response from high acute exposures would be
17 expected when extrapolating to low-dose chronic exposures. It would be useful for EPA
18 to provide a discussion of published examples in which dioxin studies were conducted
19 using both high-dose acute and low-dose chronic exposures in animals for the same
20 endpoint and how the outcomes compare both qualitatively and quantitatively. The life
21 stage-specific approach to hazard and dose-response characterization for children's health
22 risk assessment in EPA's *Framework for Assessing Health Risks of Environmental*
23 *Exposures to Children* (EPA, 2006) is also relevant to addressing this issue and should be
24 discussed.

25
26 *c. Designation of a 20% Decrease in Sperm Count as a LOAEL for Mocarelli et al.*
27 *(2008)*

28
29 The Panel supports the use of the change from normal sperm counts and sperm
30 motility for determining an RfD. While the shifts observed in sperm counts may or may
31 not pose a significant health effect in a single individual, such shifts on a population basis
32 could presumably lead to an increased incidence of adverse health outcomes. The Panel
33 recommends that World Health Organization (WHO) reference values for male
34 reproductive parameters and life stage differences in sperm counts in humans be
35 discussed in the *Report*.

36
37 *d. Determination of Effective Exposure Estimate for the Baccarelli et al.(2008)*
38 *Study*

39
40 EPA determined the maternal intake at the LOAEL from the maternal serum-
41 TCDD vs. neonatal TSH regression model by finding the maternal TCDD lipid-adjusted
42 serum concentrations (LASC) at which neonatal TSH exceeded 5 µU/ml. EPA then used
43 the Emond PBPK model under the human gestational scenario to estimate the continuous
44 daily oral TCDD intake that would result in a TCDD LASC corresponding to a neonatal
45 TSH of 5 µU/ml at the end of gestation. EPA estimated the effective maternal intake as

1 0.024 ng/kg-day. The Panel supports EPA's decision to use the Baccarelli et al. (2008)
2 estimates of the relevant effective doses. The Panel also suggests that since the bulk of
3 the calculations were based on zonal averages of exposed individuals in Baccarelli et al.
4 (2008), EPA should clarify how these measurements relate to ranges and variations in
5 exposure *in utero*.

6
7 *e. Designation of 5 μ -units TSH per ml blood as a LOAEL for Baccarelli et al.*
8 *(2008)*
9

10 EPA selected a LOAEL of 5 μ -units TSH per ml blood in neonates. The Panel
11 supports EPA's designation of the TSH endpoint within the context of the broader dioxin
12 literature. While the shift observed in TSH levels may or may not pose a significant
13 health effect in a single individual, such a shift on a population basis could presumably
14 lead to an increased incidence of adverse health outcomes. There is a need to better
15 describe the potential adverse health outcomes related to altered neonatal TSH levels.
16 For example, in addition to effects on growth, both cognitive and motor deficits have
17 been found in young adults with congenital hypothyroidism. The *Report* could better
18 describe the consequences of transient hypothyroidism on reproductive outcomes.

19
20 *f. Selection of Uncertainty Factors*
21

22 A composite uncertainty factor of 30 (an uncertainty factor of 10 for the lack of a
23 NOAEL, and an uncertainty factor of 3 for human interindividual variability) was applied
24 to the LOAEL of 0.020 ng/kg-day from Mocarelli et al. (2008) to obtain the RfD. The
25 Panel agrees that EPA has used the appropriate uncertainty factors for the derivation of
26 the RfD. However, a short discussion of the decision not to include an uncertainty factor
27 for data quality is needed.

28
29 *g. Benchmark Dose (BMD) Modeling of animal bioassay data and EPA's Choice of*
30 *POD from These Studies*
31

32 The Panel agrees with the BMD modeling approaches used in the *Report*. In
33 addition, the Panel agrees that the animal data have sufficient limitations that preclude
34 their use to establish a RfD.

35
36 **Cancer Assessment**
37

38 In Section 5 of the *Report* EPA has provided: a weight-of-evidence
39 characterization of TCDD as a known human carcinogen, conclusions regarding the
40 mode of carcinogenic action for TCDD, EPA's selection of data sets for cancer dose-
41 response modeling, and consideration of approaches for assessment of TCDD
42 carcinogenicity. The Panel was asked to comment on the scientific soundness of these
43 aspects of EPA's cancer assessment.
44
45

1 a. Weight-of-Evidence Cancer Descriptor

2
3 The Panel agrees with EPA’s conclusion that TCDD is “Carcinogenic to
4 Humans.” The Panel recommends that the Agency provide more discussion of the
5 power of the studies used and the difficulties involved when assessing rare tumors. The
6 Panel also recommends that EPA consider including studies with substantial DLC
7 exposure where toxicity equivalence factors (TEFs) can be calculated in the weight-of-
8 evidence discussion. EPA should also attempt to characterize the uncertainty regarding
9 the carcinogenicity of TCDD at low human exposures, since the minimum dose at which
10 carcinogenic effects would be expected to occur cannot be clearly delineated from the
11 current epidemiological human data.

12
13 b. Mode of Action

14
15 The Panel believes the mode of action for TCDD toxicity should be “reasonably
16 well known” rather than “largely unknown,” although the Panel agrees that the exact
17 mechanism of action has not been fully delineated for any distinct TCDD toxicity
18 endpoint. The Panel recommends that EPA provide a discussion of the evidence for
19 possible modes of action that include both linear and nonlinear alternatives; and that the
20 description of the nature of a receptor mediated dose-response be expanded by including
21 more evidence regarding the nonlinearity of the receptor mediated dose-response for
22 dioxin.

23
24 c. Selection of Critical Study for Cancer Endpoint

25
26 The Panel agrees with the inclusion of the Cheng et al. (2006) study in the cancer
27 assessment. This study incorporated information on gradation of exposure. However,
28 expanded discussion of several other studies would support the weight-of-evidence for
29 carcinogenicity in less common cancers such as lymphomas and soft tissue sarcoma. The
30 Panel agrees that Cheng et al. (2006) was the appropriate study for quantitative cancer
31 assessment, and that it was appropriate to use all-cancer mortality in this case, because of
32 the extensive dose-response information. The Panel also agrees that the use of the
33 Emond model to estimate risk-specific doses from Cheng et al. (2006) dose-response
34 modeling results was scientifically justified and clearly described but, as previously
35 discussed, the value of the Hill coefficient used in the model is problematic. The Panel
36 found that Cheng et al. (2006) study did not provide completely clear information
37 regarding risks below current background exposure levels. The Panel therefore suggests
38 that EPA expand the discussion to consider the possibility that mode of action
39 considerations could help indicate whether linear extrapolation of the Cheng et al. (2006)
40 data is appropriate to obtain risk estimates in this range of exposures.

41
42 d. Nonlinear Approach for Assessment of TCDD Carcinogenicity

43
44 The Panel found that the *Report* did not respond adequately to the NAS
45 recommendation to adopt “both linear and nonlinear methods of risk characterization to

1 account for the uncertainty of dose-response relationship shape below the ED01.” The
2 Panel recommends that EPA present both linear and nonlinear risk assessment
3 approaches. The nonlinear examples in the document should be formalized and
4 extended. In the absence of a definitive nonlinear mode of action, the linear option
5 results can serve as the baseline for comparison with these other estimates.

6 7 **Quantitative Uncertainty Analysis**

8
9 Section 6 of the *Report* discusses a broad range of philosophical and
10 methodological issues to be considered in conducting an uncertainty analysis for TCDD
11 toxicity. The Panel was asked to comment on: whether the discussion in this section of
12 the *Report* was clearly presented and scientifically justified, the conclusion that a
13 comprehensive quantitative uncertainty analysis (QUA) is not feasible, the discussion
14 regarding volitional uncertainty and how it limits the ability to conduct a QUA, and
15 approaches that EPA used to conduct sensitivity analyses.

16
17 The Panel found that Section 6 of EPA’s *Report* was clearly presented and
18 provided many useful insights for EPA’s dioxin reassessment, but it was not scientifically
19 justified. As further discussed in the responses to Charge Question 6, the Panel does not
20 agree with EPA’s argument that conducting a unified QUA for TCDD toxicity is
21 unfeasible. EPA’s decision to not conduct an integrated QUA may be based primarily on
22 grounds of practicality or timeliness. In particular, EPA argues that a complete
23 quantitative uncertainty analysis would require data and resources not available. We
24 disagree with this logic. More limited evaluations can, and should, be implemented to
25 inform critical issues in the dioxin reassessment. In the response to Charge Question 6.2
26 we suggest a number of methods that could be used. The Panel recommends that EPA
27 revise its argument that QUA for dioxin toxicity is unfeasible.

28
29 EPA’s document contrasted volitional uncertainty with cognitive uncertainty.
30 The Panel recommends that the term “volitional uncertainty,” which might also have
31 been called “decisional uncertainty,” be dropped from the Agency’s document. The
32 Panel recommends that EPA focus on uncertainties about the state of the world and
33 display different modeling choices and the consequences of making them. The Panel
34 recommends that EPA apply standard tools and techniques for analysis of model
35 uncertainty.

36
37 In addition, the Panel found that the sensitivity studies EPA has already
38 completed are useful. The Panel is mindful of the need to minimize further delay of the
39 finalization of EPA’s already protracted dioxin assessment and we recommend that
40 sensitivity studies that EPA has already completed be integrated into whatever overall
41 uncertainty analysis the Agency elects to undertake.

1

INTRODUCTION

2 EPA has been preparing an assessment of the potential health impacts of 2,3,7,8-
3 Tetrachlorodibenzo-p-Dioxin (TCDD) for many years. In 2003, EPA released an
4 external review draft report entitled, *Exposure and Human Health Reassessment of*
5 *2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD) and Related Compounds* (U.S. EPA, 2003)
6 (hereafter referred to as the *2003 Reassessment*) that was reviewed by the EPA Science
7 Advisory Board (SAB), and then by the National Academy of Sciences (NAS). In 2006,
8 the National Research Council (NRC) of the National Academies published their
9 evaluation of EPA's reassessment, *Health Risks from Dioxin and Related Compounds:*
10 *Evaluation of the EPA Reassessment* (NRC, 2006).

11

12 The NAS identified key recommendations that they believed would result in
13 substantial improvement to the *2003 Reassessment* and thus support a scientifically
14 robust characterization of human responses to exposures to TCDD. The NAS
15 recommended that EPA should: more thoroughly justify and communicate its approaches
16 to dose-response modeling for the health effects of dioxin, taking into consideration both
17 nonlinear and linear methods for characterizing cancer risk; improve the transparency and
18 clarity of the selection of key data sets for the dioxin dose-response analysis; reevaluate
19 its cancer weight-of-evidence determination for dioxin based on the Agency's 2005
20 Cancer Guidelines; consider using physiologically-based pharmacokinetic (PBPK)
21 modeling in the dioxin risk assessment; and improve transparency, thoroughness and
22 clarity in quantitative uncertainty analysis. The NAS also encouraged EPA to calculate a
23 reference dose (RfD), which had not been derived in the *2003 Reassessment*.

24

25 In 2010, EPA's Office of Research and Development (ORD) prepared the draft
26 report, *EPA's Reanalysis of Key Issues Related to Dioxin Toxicity and Responses to NAS*
27 *Comments* (EPA, 2010) (hereafter referred to as the *Report*). The *Report* includes new
28 analyses completed in response to the NAS recommendations and recently published
29 literature, as well as a discussion of topics where EPA's views differed from those of the
30 NAS. The *Report* is not an assessment per se; it was designed to supplement the
31 information provided in EPA's *2003 Reassessment*. However, the *Report* provides a
32 noncancer reference dose and updated cancer values. Detailed discussions of many of the
33 issues addressed in the *Report* are available in the *2003 Reassessment* and were not
34 reproduced in the *Report*.

35

36 ORD requested that the EPA Science Advisory Board (SAB) conduct an
37 independent external peer review of the *Report*. In its review, the SAB was asked to
38 consider the accuracy, objectivity, and transparency of EPA's reanalysis and responses.
39

40

41 In response to ORD's request, the SAB convened an expert panel to conduct the
42 review. The Panel held an initial public teleconference on June 24, 2010 to receive an
43 orientation to EPA's *Report*. The Panel then held two public face-to-face meetings (July
44 13 – 15, 2010 and October 27 – 29, 2010) to deliberate on the charge questions (see
Appendix D) and two public teleconferences (March 1 and 2, 2011) to discuss its report.

1 Public comments were provided in oral and written form to the Panel at the
2 teleconferences and face-to-face meetings. There were charge questions on the 6 sections
3 of EPA's *Report*. The questions focused on: transparency and clarity in the selection of
4 key data sets for dose-response analysis, the use of physiologically-based
5 pharmacokinetic (PBPK) modeling in dose-response modeling for cancer and noncancer
6 endpoints, derivation of a proposed oral reference dose (RfD) for noncancer endpoints,
7 cancer weight-of-evidence classification, mode of action of dioxin carcinogenicity,
8 derivation of oral slope factor (OSF) for dioxin, and quantitative uncertainty analysis.
9 This report provides the consensus advice and recommendations of the Panel, with the
10 exception of one member who offered a dissenting opinion mainly on the TCDD
11 carcinogenicity (see Appendix A).
12

1 The *Report* is long and dense with a considerable amount of jargon and in some
2 places it is quite repetitive. These features, while a necessity of this type of document, at
3 times detract from clarity or make the EPA's logic difficult to discern. The Panel found
4 some instances where the *Report* would benefit from greater clarity in writing. For
5 example, topic sentences are sometimes not easily connected to paragraph content. A
6 specific example of this is in the second paragraph on page xxvii of volume 1 where the
7 text does not clearly identify separate EPA activities to address NAS comments.
8 Another example of a *Report* section that could be edited to improve clarity is the
9 qualitative discussion of the uncertainty in the RfD (Section 4.4 of volume 1). The
10 clarity of this section could be improved by including bullet points to highlight and
11 separate key points and/or provide links to information in other sections of the document
12 (e.g., Section 6 – Feasibility of Quantitative Uncertainty Analysis). The Panel suggests a
13 careful review by a qualified technical editor. Similarly, the Panel suggests that the
14 clarity and accessibility of the *Report* could be enhanced by the inclusion of a glossary to
15 help minimize confusion and misinterpretation among the diverse users of the document.
16 At 690 pages, volume 1 is a formidable report. The Panel appreciates the dilemma of
17 preparing a report that is both complete and rigorous and at the same time succinct and
18 efficient, but it is suggested that EPA find additional efficiencies (e.g., greater use of
19 appendices and elimination of redundancies) that would yield a more approachable
20 document.

21
22 With respect to the second part of Charge Question 1.1 (i.e., objectivity and
23 clarity of presentation of the three key NAS recommendations), the Panel found that EPA
24 has been successful. The Panel found EPA's *Report* to be clear in presentation of the key
25 NAS recommendations. However, as described more fully in responses to the relevant
26 specific charge questions below, the Panel identified deficiencies in the *Report* with
27 respect to the completeness of its consideration of two critical elements: 1) nonlinear
28 dose-response for TCDD carcinogenicity and 2) uncertainty analysis.

30 ***Recommendations***

- 31
- 32 • As further discussed in the response to Charge Question 2, the Panel recommends
33 that the *Report* be revised to provide greater clarity and transparency in the
34 discussion of studies that did not satisfy inclusion criteria for use in the dioxin
35 assessment. Given the enormity of the dioxin published literature, the Panel
36 recognizes that it is not a trivial matter to characterize the studies that were not
37 considered, and therefore the Panel suggests that the *Report* be revised to
38 generally indicate how this issue was considered.
 - 39
 - 40 • The *Report* is long and dense and contains a considerable amount of jargon. It
41 would benefit from greater clarity in writing. The Panel therefore recommends
42 that the *Report* be carefully reviewed by a qualified technical editor and revised to
43 incorporate such improvements as better integration across chapters, better

1 connection between topic sentences and paragraph content, and elimination of
2 repetition.

3

4 • The Panel recommends that the clarity and accessibility of EPA's *Report* be
5 enhanced by the inclusion of a glossary to help minimize confusion and
6 misinterpretation among the diverse users of the document.

7

8 • The Panel recommends that EPA find additional efficiencies (e.g., greater use of
9 appendices and elimination of redundancies) to yield more succinct and
10 approachable document.

11

12 • As discussed in the responses to other charge questions in this report, the Panel
13 identified deficiencies in EPA's *Report* with respect to the completeness of its
14 consideration of two critical elements: 1) nonlinear dose-response for TCDD
15 carcinogenicity, and 2) uncertainty analysis. In the relevant charge question
16 responses below, the Panel has provided recommendations to improve the *Report*
17 in these areas.

18

19 *1.2. Are there other critical studies that would make a significant impact on the*
20 *conclusions of the hazard characterization and the dose-response assessment of*
21 *the chronic noncancer and cancer health effects of TCDD?*

22

23 **Response:**

24

25 During the course of its discussion, the Panel did not identify any additional
26 studies that would impact the hazard characterization or the dose-response assessment.
27 However, the Panel found that EPA's *Report* should provide more clarity on the
28 exclusion of null epidemiologic studies.

29

30 ***Recommendations***

31

32 • The Panel recommends that EPA's *Report* provide more discussion and clarity on
33 the exclusion of null epidemiologic studies.

34

35

36 **Charge Question 2. Transparency and Clarity in the Selection of Key Data Sets for**
37 **Dose-Response Analysis**

38

39 **General Comments:**

40

41 The NAS committee proposed that EPA develop a clear and readily
42 understandable methodology for evaluating and including epidemiologic and animal
43 bioassay data sets in dose-response evaluations. Section 2 of EPA's *Report* describes the
44 Agency's approach to ensuring transparency and clarity in the selection of the studies for

1 dose-response analyses. The Panel was asked to comment on: whether EPA had been
2 responsive to NAS concerns about transparency and clarity in data set selection, whether
3 the epidemiology and animal bioassay study criteria and considerations had been
4 scientifically justified and clearly described, and whether EPA had applied the
5 epidemiology and animal bioassay study criteria considerations in a scientifically sound
6 manner.

7
8 EPA developed and applied two sets of criteria for the animal bioassays and
9 epidemiologic data. The Agency collected and evaluated these studies, including studies
10 from the *2003 Reassessment* and newer studies found through literature searches and
11 through public submissions. The Panel viewed with favor all of the efforts made by EPA
12 to develop this section of the document. The Panel compliments the Agency for its
13 efforts to present the nuanced differences and complicating issues surrounding this
14 subject in a comprehensive and logical manner. The intention of the comments and
15 recommendations provided below is to assist the EPA in further improvement of Section
16 2.

17
18 *2.1. Is this section responsive to the NAS concerns about transparency and clarity in*
19 *data set selection for dose-response analysis?*

20
21 **Response:**

22
23 Members of the Panel found that Section 2 of the *Report* was responsive to NAS
24 concerns about transparency and clarity. Moreover, it was perceived and appreciated
25 that, in addressing these concerns, EPA had improved the approach in the original *2003*
26 *Reassessment*. The EPA's collaboration with Argonne National Laboratory, and
27 invitation to the public to engage in updating the literature search to identify all
28 appropriate studies for evaluation, as well as the conduct of the Dioxin Workshop in
29 February of 2009, were instrumental in enhancing the transparency and clarity regarding
30 the process of selection of studies for the dose-response analysis. The development of
31 clear criteria for study evaluation and inclusion was crucial in addressing the concerns
32 raised by the NAS.

33
34 EPA's *Report* presents a clear identification of the study selection process and the
35 studies that were used for dose-response analysis. For example, the process and criteria
36 used to select key data sets for dose-response analyses is described in Section 2.3 of the
37 *Report* and in the Executive Summary. Flow diagrams (e.g., ES-1 and ES-2) clearly
38 demonstrate how studies were chosen for inclusion. Likewise, Appendix B, which
39 includes a point-by-point evaluation of which epidemiological studies were included and
40 excluded, was useful and provides a detailed rationale explaining why the EPA used the
41 particular studies selected in the *Report*. In addition, the results of the literature search
42 performed by EPA are available online. Clarity could be improved by providing search
43 words used for the MedLine searches. A clear case for including high-quality human
44 studies over animal studies is also made.

45

1 While Section 2 of the *Report* is deemed responsive to NAS concerns, the Panel
2 found that overall clarity and transparency regarding dataset selection would be further
3 and markedly enhanced if EPA were to make Section 2 (and the document as a whole)
4 more concise. In its present form, Section 2 was viewed by the Panel as overly verbose,
5 to the detriment of overall clarity and we provide the following recommendations to
6 improve the *Report*.

7
8 ***Recommendations***
9

- 10 • The Panel strongly recommends careful and extensive editing to revise and
11 consolidate Section 2 and the *Report* as a whole. Specifically, editing should
12 include aspects of English grammar and syntax, minimizing redundancies, and
13 efforts to provide more succinct responses to NAS concerns.
- 14 • The Panel recommends restructuring Section 2 to make it easier to follow a study
15 used by EPA from one section of the *Report* to another. In other words, EPA
16 should improve overall document integration using Section 2 as the foundation
17 for this integration.

18
19 ***Charge Questions 2.2 and 2.3***
20

21 2.2. *Are the epidemiology and animal bioassay study criteria/considerations*
22 *scientifically justified and clearly described?*

23
24 2.3. *Has EPA applied the epidemiology and animal bioassay study*
25 *criteria/considerations in a scientifically sound manner? If not, please identify*
26 *and provide a rationale for alternative approaches.*
27

28 **Response:**
29

30 The Panel's discussion of Charge Questions 2.2 and 2.3 was highly integrated.
31 Therefore, comments and specific recommendations that stem from these two questions
32 are presented together.
33

34 The Panel found that EPA's study criteria and considerations were scientifically
35 justified and clearly described, and that these were presented in a scientifically sound
36 manner. Thus, Section 2 was deemed responsive to NAS concerns regarding the
37 scientific justification and clarity of description for epidemiology and animal bioassay
38 study criteria/considerations. However, several concerns were discussed by the Panel,
39 and are summarized here.
40

41 The Panel's major concern pertains to improving clarity with regard to the
42 decision to include or exclude particular studies and groups of studies from the data sets
43 to be used. The rationale for distinct criteria for epidemiological and animal studies
44 should be made stronger, and data set selection for noncancer and cancer endpoints has

1 room for further clarification and justification. There was discussion, with differences of
2 opinion among members of the Panel, regarding EPA's scientific justification and clarity
3 of description concerning the Agency's decision to exclude dioxin-like compounds.

4 There was consensus among Panel members that the following recommended
5 improvements would strengthen this section, and thus the document as a whole.

6 7 ***Recommendations***

8 9 *Rationale for excluding dioxin-like compounds*

- 10
11 • EPA should better justify the rationale for using studies where the exposure is
12 primarily to TCDD (or for animal studies only to TCDD) to calculate the
13 reference dose. This justification should include scientific and practical reasons.
- 14 • EPA should incorporate information from studies with dioxin-like chemicals into
15 a qualitative discussion of the weight-of-evidence for cancer and noncancer
16 endpoints.

17 18 *Study inclusion and exclusion criteria and considerations*

- 19
20 • EPA should further clarify the justifications for study inclusion and exclusion
21 criteria/considerations. To be clear, this recommendation does not indicate that
22 the Panel suggests that a different approach to data set selection is needed.
23 However, the approach used should be explained more effectively and clearly. In
24 this regard, the following specific recommendations are provided to address
25 points of concern raised by Panel members about the study inclusion and
26 exclusion criteria:
- 27 o EPA should remove the criterion that studies must contain an explicit
28 statement of TCDD purity. For research purposes, TCDD is available from a
29 limited set of vendors, and all sell it as a highly purified compound. Thus, for
30 the animal studies, it is highly unlikely that any study would be conducted
31 using impure TCDD. Therefore, excluding a study simply due to absence of
32 statements regarding TCDD purity runs the risk of excluding high quality
33 studies because the author or journal editorial staff did not elect to include this
34 piece of information.
- 35 o EPA should revise the explanation of the in vivo mammalian bioassay
36 evaluation indicating that the "study design is consistent with standard
37 toxicological practices." This is too vague as it likely has different meaning to
38 readers from different backgrounds. In addition to defining this more clearly,
39 it is recommended that, if possible, a reference should be provided to an EPA
40 document in which these practices are described in detail.

- 1 o EPA should consider eliminating use of the phrase “outside the range of
2 normal variability,” especially when discussing animal studies.
- 3 o EPA should define the phrase “common practices,” and if possible cite
4 appropriate Agency documents to which the reader can refer for further detail.
5 To provide further context, this recommendation refers specifically to
6 statements such as the following one on page 2-5: “The study criteria shown
7 below and in Figure 2-3 for animal bioassay data reflect EPA’s preferences
8 for TCDD-specific study inclusion, some of which are based on common
9 practices and guidance for POD selection and RfD and OSF derivation.”
- 10 o EPA should provide a more thorough (albeit concise) discussion of data set
11 limitations to educate the reader regarding Agency decisions about study
12 inclusion/exclusion criteria. For instance, consider adding an expanded
13 discussion on suitability of studies of immunological effects and/or thyroid
14 and diabetes (e.g., Baccarelli et al., 2002, 2004; Calvert, 1999; Steenland,
15 2001).

16
17 *Considerations concerning selection of epidemiology studies*
18

- 19 • The Panel recommends that EPA better justify and explain considerations relating
20 to the selection of epidemiology studies. The following specific
21 recommendations are provided. Many of these specifically address the use of
22 more standard epidemiology vocabulary and descriptors.
- 23 o EPA evaluated the available epidemiologic cohorts and studies based on five
24 considerations presented on pages 2-6 and 2-7 of the *Report*. The Panel found
25 that Consideration #2 (page 2-6) was worded awkwardly and that
26 epidemiologic terms are misspecified. The Panel therefore recommends that
27 EPA revise Consideration #2 as follows:
 - 28 ▪ Define “susceptible to important biases.” This is a non-specific term and
29 the biases should be explained.
 - 30 ▪ Clarify what is meant by “control for potential confounding exposures.”
31 Does this refer to only exposure to dioxin-like compound exposures or
32 was it meant to more broadly refer to other exposures as well (NIOSH
33 cohort studies)? Does the text “bias arising from study design” refer to
34 selection bias or is this phrase used more broadly to describe how
35 exposure and outcome are measured and covariate data collected?
 - 36 ▪ Define what is meant by the phrase “bias arising from statistical analyses.”
37 It is unclear if bias is the correct term, rather this may refer to model
38 misspecification.

- 1 o With regard to scientific justification and application of Consideration #3
2 (listed on page 2-7), the Panel recommends that EPA provide more discussion
3 and clarity on the exclusion of null epidemiologic studies.
- 4 o In Exclusion Criterion #3 (listed on page 2-7) EPA should define “reported
5 dose.”
- 6 o The Panel recommends that the discussion in Section 2 of the consideration of
7 “confounding and other potential sources of bias” be clarified. The
8 differences between males and females with regard to TCDD half-life are
9 discussed, but the description of the number of males and females in each
10 study population were often missing or very difficult to determine. Also, in
11 the occupational cohort studies, the possibility of men and women performing
12 different job tasks also increased the possibility that the men and women were
13 exposed at different levels. However, when the job categories with assigned
14 TCDD exposure levels were presented, there was often no discussion of the
15 numbers by gender in the categories. For example, the Manz et al. study
16 (1991) of the Hamburg cohort (1,583 men and 399 women) does not describe
17 the TCDD categories by gender. In addition, the validity of the TCDD
18 exposure levels assigned to the categories was examined “in a group of 48
19 workers who provided adipose tissue samples” (Page 2-41, lines 18-19).
20 How were these workers selected? How many were approached but refused
21 to provide a sample? Assessment of selection bias in this and other similar
22 circumstances was lacking in some of the studies. This is particularly notable
23 in the lack of overall response rates reported for several of these studies.
24 Inclusion of these factors in the study review would be very helpful.
- 25 o The Panel recommends that discussion of the consideration that “statistical
26 precision, power, and study follow-up are sufficient” be clarified. These
27 metrics can be difficult to determine with the smaller sample size populations,
28 but there are studies that can be very useful even given the small samples. For
29 example, the relative risks calculated for increasing TCDD exposure and risk
30 of breast cancer in the Seveso study were greatly increased in the 3rd and 4th
31 highest exposure categories, but the relative risks were not statistically
32 significant (page 2-56, lines 1-8).

33
34

35 **Charge Question 3. The Use of Toxicokinetics in the Dose-Response Modeling for**
36 **Cancer and Noncancer Endpoints**

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41

In its *Report*, EPA used a physiologically-based pharmacokinetic (PBPK) model (Emond et al., 2004, 2005, 2006) with blood concentration as the dose metric rather than first-order body burden. The Panel was asked to comment on the scientific justification for EPA’s application of this model, the model modifications that EPA implemented, and

1 EPA's characterization of uncertainty in the model. EPA also developed a PBPK model
2 to estimate TCDD concentration in mouse tissues. The Panel was asked to comment on
3 the scientific rationale for development of the mouse model, the performance of the
4 mouse model, and whether model uncertainty had been adequately characterized. In
5 addition, the Panel was asked to comment on the use of the Emond PBPK model to
6 estimate human intake based on internal exposure measures, EPA's sensitivity analysis of
7 the kinetic modeling, and EPA's estimate of lifetime average daily dose.

8
9 *3.1. The 2003 Reassessment utilized first-order body burden as the dose metric. In the*
10 *draft Response to Comments document, EPA used a physiologically-based*
11 *pharmacokinetic (PBPK) model (Emond et al., 2004, 2005, 2006) with whole*
12 *blood concentration as the dose metric rather than first-order body burden. This*
13 *PBPK model was chosen, in part, because it includes a biological description of*
14 *the dose-dependent elimination rate of TCDD. EPA made specific modifications*
15 *to the published model based on more recent data. Although lipid-adjusted*
16 *serum concentrations (LASC) for TCDD are commonly used as a dose metric in*
17 *the literature, EPA chose whole blood TCDD concentrations as the relevant dose*
18 *metric because serum and serum lipid are not true compartments in the Emond*
19 *PBPK models (LASC is a side calculation proportional to blood concentration).*
20

21 *Please comment on the following:*
22

23 *3.1.a. Please comment on the justification of applying a PBPK model with whole blood*
24 *TCDD concentration as a surrogate for tissue TCDD exposure in lieu of using*
25 *first-order body burden for the dose-response assessment of TCDD.*
26

27 **Response:**
28

29 The use of body burden in the *2003 Reassessment* represents an improvement
30 over the usual default metric of administered dose (mg/kg/d) because the default metric
31 would not properly reflect the accumulation of dioxin in the tissues over time. However,
32 because the accumulation of dioxin in liver is dose-dependent, body burden would not
33 serve as a direct surrogate for tissue exposure. The use of blood concentration is a better
34 choice than body burden because it is more closely related to the biologically relevant
35 dose metric: the free concentration of dioxin in the target tissues (liver, fetus, etc.).
36 Blood concentrations are routinely used to estimate biologically effective exposures for
37 pharmaceuticals.
38

39 The rationale for the use of blood concentration rather than lipid adjusted serum
40 concentration (LASC) should not be based on the Emond model structure. It would be
41 trivial to change the model so that LASC could be predicted. Indeed, the model is
42 apparently used to estimate LASCs in the RfD calculations (e.g., page xli, line 21 in the
43 Executive Summary of the *Report*). The question that should be addressed is only
44 whether blood concentrations or LASCs provide better surrogates for cross-species and

1 cross-study comparisons of free dioxin concentration in the target tissues. LASC is the
2 preferred measure for reporting dioxin biomonitoring data, and is the measurement
3 reported in most of the human epidemiological studies. A metric that considers blood
4 lipid content is also more likely to reflect free dioxin concentration in the plasma, and
5 hence free concentration in the target tissue. The EPA pointed out (page xxxiv in the
6 Executive Summary of the *Report*) that the LASC was related to the blood concentration
7 by a scalar; however, EPA incorrectly concluded that the metrics are equivalent and later
8 (page 3-511, line 6 of the *Report*) discussed the fact that the relationship between them
9 was subject to inter-individual and inter-species variation. If the LASC were used to
10 drive the distribution of TCDD to tissues, the pharmacokinetic outcome would be
11 different from using blood as the driver because the tissue:blood ratio would differ. If the
12 blood fat:blood and tissue:blood values were accounted for in the model, the use of blood
13 and LASC would be similar. It's not clear at this point how this issue was addressed in
14 the dose metric calculations. Consideration of this issue is unlikely to drastically affect
15 the outcome of the risk calculations, but it would be important for a quantitative
16 uncertainty analysis.

17 **Recommendations**

- 18 • The use of the blood metric is acceptable for the PBPK model. EPA should
19 clarify how the model deals with studies that report the concentration of dioxin in
20 plasma, serum, blood or blood fat:blood measurements.

21
22
23
24 *3.1.b. Please comment on the scientific justification for using the Emond et al. model as*
25 *opposed to other available TCDD kinetic models.*

26 **Response:**

27
28
29 The Emond model provided the best available basis for the dose metric
30 calculations in the assessment. It is the product of a high-caliber, multi-year research
31 effort at EPA's National Health and Environmental Effects Research Laboratory, and
32 represents a significant effort in terms of data collection. This model builds on prior
33 PBPK modeling efforts conducted by Andersen et al. (1997). However, additional
34 discussion of other published models and quantitative evaluation of the impact of model
35 selection on dose metric predictions should also be provided.

36 **Recommendations**

- 37 • The *Report* should discuss how the model was intended to be used in the
38 assessment, which would then dictate why a particular model was selected. That
39 is, for the intended purposes, was the Emond model more robust and/or simpler
40 than other models, and did it contain sufficient details for biological determinants
41 deemed important by the Agency?
42
43
44

1 3.1.c. *Please comment on the modifications implemented by EPA to the published*
2 *Emond et al. model.*

3
4 **Response:**

5
6 The EPA modifications to the published Emond model (modifications described
7 on page 3-44 of the *Report* account for volume of plasma and describe urinary clearance
8 using blood concentration and not a lumped compartment) are minor and appropriate.
9 The model changes are scientifically appropriate and well supported.

10
11 3.1.d. *Please comment on whether EPA adequately characterized the uncertainty in the*
12 *kinetic models.*

13
14 **Response:**

15
16 The *Report* presents a reasonably thorough qualitative characterization of the
17 uncertainty in the kinetic models that is sufficient to support their use in the assessment.
18 A more quantitative uncertainty analysis is needed. Methods that could be useful and
19 informative for such an analysis are suggested in the response to Charge Question 6.2. It
20 is critical to demonstrate the dependence of human equivalent dose (HED) and risk
21 predictions on uncertainty and variability in the model parameters, particularly those with
22 high sensitivity (Evans and Andersen, 2000). Moreover, dose metric uncertainty needs to
23 be determined under the same exposure conditions that dose metrics are calculated: both
24 for the various studies that serve as the basis for the dose-response assessments and for
25 human exposures at the corresponding HEDs and risk specific doses.

26
27 The Hill coefficients for CYP1a1 and CYP1a2 induction used in the Emond
28 model were 1.0 and 0.6, respectively, based on fitting of kinetic data from single doses of
29 dioxin (Wang et al., 1997; Santostefano et al., 1998). However, Walker et al. (1999)
30 subsequently estimated a Hill coefficient of 0.94 for both CYP1a1 and CYP1a2 induction
31 using chronic exposures which were more relevant to the use of the Emond model in the
32 dioxin risk assessment. The value of 0.6 used in the Emond model was well outside the
33 confidence interval of 0.78 to 1.14 reported by Walker et al. (1999). The use of a Hill
34 coefficient value well below unity would lead to a nonlinear model behavior that is
35 biologically implausible (hypersensitivity to induction at doses near zero). As a result,
36 when the human model was used for extrapolation to lower doses (as in the calculation of
37 risk-specific doses) the model would tend to estimate a lower exposure level for a given
38 blood concentration. This effect could be seen in Table ES-1 of the *Report*, where a 5
39 order-of-magnitude change in risk was associated with a 6 order-of-magnitude change in
40 risk specific dose. That is, the model-estimated risk specific doses in the vicinity of 10^{-6}
41 risk were about a factor of 10 lower (more conservative) than linear extrapolation. The
42 evidence for this parameter needs to be carefully reviewed and the reasonable range of
43 values determined. At the least, the human Emond model calculations will need to be
44 repeated with multiple values to characterize the resulting uncertainty in the estimates.

1 When this is done, the Agency should also consider increasing the fat:blood partition in
2 the human model from 100 to 200 to be more consistent with the human data (Patterson
3 et al., 1988; Schechter and Ryan, 1989; Schechter et al., 1989; Iida et al., 1999; Maruyama
4 et al., 2002). The Hill coefficient is not likely to have as significant an effect on
5 calculations with the animal models, since low-dose extrapolation was not performed in
6 the animals, but this should also be verified by sensitivity/uncertainty analysis of the
7 animal models. Public comments were submitted to the Panel recommending
8 consideration of a Hill coefficient value of 1.0 and pointing out why lower values are
9 inappropriate (comments from Drs. Thomas Starr, July 7, 2010 and October 26, 2010 and
10 Melvin E. Andersen, November 4, 2010).

11 **Recommendations**

- 12 • The Panel recommends additional efforts to fully characterize the uncertainty in
13 the models with special consideration of the Hill coefficient value.

14 3.2. *Several of the critical studies for both noncancer and cancer dose-response*
15 *assessment were conducted in mice. A mouse PBPK model was developed from*
16 *an existing rat model in order to estimate TCDD concentrations in mouse tissues,*
17 *including whole blood.*

18 *Please comment on the following:*

19 3.2.a. *Please comment on the scientific rationale for the development of EPA's mouse*
20 *model based on the published rat model (Emond et al., 2004, 2005, 2006).*

21 **Response:**

22 The Panel agrees that an appropriate approach was used to develop the mouse
23 model on the basis of the published rat model and the available mouse kinetic data. It
24 should be noted that the NAS recommendation to use human data for dose metric could
25 be accomplished because dose-dependent elimination of TCDD has been described in
26 humans, albeit in just a few cases. Dose-dependent elimination has been reported
27 repeatedly in animals and the PBPK model reflected this dose-dependence. Using
28 CYP1A2 data from humans (caffeine metabolism) and mice would offer an opportunity
29 to validate and/or adjust the mouse model.

30 **Recommendations**

- 31 • An external peer review of the mouse model should be conducted because this
32 model has not been published in the peer-reviewed literature. This is typically a
33 requirement for models to be used by the Agency.

1 3.2.b. *Please comment on the performance of the mouse model in reference to the*
2 *available data.*

3
4 **Response:**

5
6 The Panel found that the mouse model performed reasonably well, apart from
7 under-prediction of urinary excretion data. The urinary excretion data can be improved
8 by taking into account the fact that urine contains metabolites only, which partition
9 differently from the parent compound. The model appeared to be adequate for use in
10 estimating dose metrics for the assessment, but with greater uncertainty than the rat and
11 human models. This was considered a reasonable approach to solve a deficiency in
12 published PPBK models to meet the needs of this assessment.

13
14 The EPA's suggestion in the RfD chapter that the clustering of mouse points of
15 departure (PODs) at the lowest doses was due to mouse model failure was inappropriate
16 and should be rewritten.

17
18 **Recommendations**

- 19
20 • EPA should use the mouse model. The scientific credibility of the model will be
21 enhanced by its publication in an appropriate peer reviewed journal.

22
23 3.2.c. *Please comment on whether EPA adequately characterized the uncertainty in the*
24 *mouse and rat kinetic models. Please comment specifically on the scientific*
25 *justification of the kinetic extrapolation factor from rodents to humans.*

26
27 **Response:**

28
29 EPA provided an adequate characterization of the qualitative uncertainty in the
30 mouse and rat kinetic models sufficient to justify their use, together with the human
31 model, to estimate rodent-to-human extrapolation factors. On the other hand, formal
32 recalibration of the PBPK model parameters using a Hierarchical Bayesian approach such
33 as Markov chain Monte Carlo analysis was not considered necessary or particularly
34 useful. However, a more quantitative uncertainty analysis is needed.

35
36 **Recommendations**

- 37
38 • A more quantitative uncertainty analysis is recommended. Methods that could be
39 useful and informative for such an analysis are suggested in the response to
40 charge question 6.2 in this report.

41
42 3.3. *Please comment on the use of Emond et al. PBPK model to estimate human*
43 *intakes based on internal exposure measures.*

1 **Response:**

2
3 The modified Emond model is the best available approach for estimating
4 exposures on the basis of internal exposure measurements. Nevertheless, there is
5 considerable uncertainty associated with attempting to reconstruct prior exposures in a
6 human population (e.g., Seveso).

7
8 **Recommendations**

- 9
10 • The modeling of the Cheng et al. (2006), Moccarelli et al. (2008), and Bacarelli et
11 al. (2008) studies needs to be described in more detail and the impact of model
12 parameter uncertainty and exposure uncertainty in these studies should be
13 evaluated quantitatively.

14
15 3.4. *Please comment on the sensitivity analysis of the kinetic modeling (see Section*
16 *3.3.5).*

17
18 **Response:**

19
20 The *Report* only presented the sensitivity analysis published by Emond et al.
21 (2006), which was not entirely adequate for the purposes of this assessment. The analysis
22 left out the Hill coefficient, which was one of the most important parameters in the model
23 for low dose extrapolation (Evans and Andersen, 2000). Moreover, model sensitivities
24 were species, dose, and dose-scenario dependent, so they need to be determined under the
25 same exposure conditions as those for which dose metrics were calculated: both for the
26 various studies that serve as the basis for the dose-response assessments and for human
27 exposures at the corresponding HEDs and risk specific doses. This represents the most
28 pragmatic path forward for an evaluation of model sensitivity as it relates to potential
29 environmental regulation.

30
31 **Recommendations**

- 32
33 • EPA should provide a sensitivity analysis of the model to authenticate the model
34 for its intended purpose.

35
36 3.5. *Both EPA's noncancer and cancer dose-response assessments are based on a*
37 *lifetime average daily dose. Did EPA appropriately estimate lifetime average*
38 *daily dose? If not, please suggest alternative approaches that could be readily*
39 *developed based on existing data.*

40
41 **Response:**

42
43 The Panel agrees with the average daily dose calculation approaches described in
44 the *Report*. It was not clear to some Panel members how the computational estimates of

1 internal dose for newborns were carried out since a lactation model was not used. This is
2 important because of the use of TSH in newborns as a critical effect. EPA, and
3 Baccarelli et al. (2008), developed an empirical description of the relationship between
4 maternal TCDD levels (lipid adjusted) in serum at birth of neonate and the measured
5 serum TSH in the newborns up to 3 days of age. The Emond et al. model was run in an
6 iterative fashion by adjusting chronic daily intake (ng/kg/day) in the human gestation
7 model to predict maternal serum level of TCDD at term that was associated with infant
8 serum thyroid stimulating hormone (TSH) concentration of 5 uU/ml (by using the
9 regression equation). The result was 0.024 ng/kg bw/day.

10 **Recommendations**

- 11 • EPA should carefully explain how the early life stage internal doses are
12 calculated.

13 **Charge Question 4. Reference dose**

14 EPA selected two co-critical studies (Mocarelli et al., 2008 and Baccarelli et al.,
15 2008) for development of the reference dose for TCDD. The Panel was asked to
16 comment on the scientific justification for selection and use of these studies to develop
17 the reference dose.

18 *4.1. The Mocarelli et al. (2008) and Baccarelli et al. (2008) studies were selected as
19 co-critical studies for the derivation of the RfD. Is the rationale for the choice of
20 Mocarelli and Baccarelli scientifically justified and clearly described? Please
21 identify and provide the rationale for any other studies that should be selected,
22 including the rationale for why the study would be considered a superior
23 candidate for the derivation of the RfD. Also comment on whether the selection of
24 male reproductive effects and changes in neonatal thyroid hormone levels was
25 scientifically justified and clearly described.*

26 **Response:**

27 The Panel found that use of the Mocarelli et al. (2008) and Baccarelli et al. (2008)
28 studies was appropriate for identifying “co-critical” effects for the RfD calculation.
29 These are human epidemiological studies that were well designed and executed. The
30 studies provided sufficient exposure information, including biological concentrations that
31 could be used to help establish acceptable life-time daily exposure levels. Some of the
32 strengths of the human studies included the use of a well-characterized human cohort,
33 conducted by dioxin epidemiology experts, and the fact that similar PODs were found
34 across a broad spectrum of other reported dioxin toxicities in multiple species. The
35 rationale for selecting these two studies over numerous other available studies was clearly
36 described and the Panel believed that, overall, EPA provided a well-considered and
37 rational discussion of why these two human studies were selected for determining the
38

1 RfD. However, one issue discussed by the Panel was that, while the strengths of the two
2 human studies were well-described, the study weaknesses were not always clearly
3 delineated. For example, in the Baccarelli (2008) study there was limited discussion of
4 how the presence of polychlorinated dibenzo-*p*-dioxins (PCDDs), polychlorinated
5 dibenzofurans (PCDFs) and coplanar polychlorinated biphenyls (PCBs) that were also
6 found in the blood might confound the interpretation of TCDD association with elevated
7 TSH levels. In addition there was no discussion of the potential impact of residential
8 histories (e.g., individuals who may have moved in and out of Zone A after the accident).
9 The Panel believes that more discussion of the strengths and weaknesses of these two
10 studies is needed.

11
12 As indicated above, the Panel agreed that the major strengths of the human studies
13 were the use of a well-characterized dioxin-exposed human cohort, conducted by dioxin
14 epidemiology experts, and the fact that similar PODs were found across a broad spectrum
15 of other reported dioxin toxicities in multiple species. However, in isolation from each
16 other, and lacking a description of supportive animal and epidemiological studies, the
17 studies were less useful for setting the RfD. The Panel emphasizes the need to consider
18 these other supportive studies within the context of the weight of the dioxin and dioxin-
19 like compound (DLC) database. The strength of the RfD should not be based solely on
20 these two human epidemiology studies, but rather should be supported by integration
21 with other similar supporting dioxin and DLC studies. A strong voice from the
22 committee was given for looking at the comprehensive data base of both animal and
23 human epidemiological studies together to demonstrate a consistent and integrative signal
24 of toxicity across species and endpoints for TCDD. It was suggested that similar studies
25 with DLCs should also be included as these would be supportive, at least for a semi-
26 quantitative comparative analysis. This “collective” impact of the studies was stated in
27 the *Report* but needs to be made stronger as it represents the contextual framing for
28 understanding dioxin health impacts. This response would include discussions of both
29 human and experimental animal studies that have examined the effects of dioxin or DLCs
30 on other reproductive and endocrine endpoints and should, for example, include
31 discussion of dose-response relationships as well as comparisons of no-observed-adverse
32 effect levels (NOAELs) and lowest-observed-adverse effect levels (LOAELs).

33
34 The Panel notes that Figures 4.3 and 4.4 in the *Report* show quantitative
35 comparisons across the RfDs and benchmark dose lower bounds (BMDLs) calculated
36 from the animal and epidemiological studies. These figures are useful in understanding
37 the quantitative similarities (to the PODs in the chosen studies) in these calculations. The
38 Panel also notes that since the figures did not have an indication of endpoints being
39 measured, just the reference to the publications, the consistency in signal (i.e., the
40 similarities in PODs determined) was not as readily apparent as it could be.

41
42 Although it has been addressed in the *Report*, the Panel recommends expanding
43 the discussion of the known human age-specific variability in endpoints such as sperm
44 counts, though the data from Moccarelli et al. (2008) do show ranges and variance (in
45 Figure 3/Table 2), and neonatal TSH levels.

1
2 **Recommendations**

- 3
4 • EPA should provide a discussion of the strengths and weaknesses of the Mocarelli et al. (2008) and Baccarelli et al. (2008) studies with an indication of whether the weaknesses affect determination of the RfD.
5
6
7
8 • EPA should label the endpoints for studies included in Figures 4.3 and 4.4.
9
10 • The comprehensive data base of both animal and human epidemiological studies, including studies with DLCs (e.g., studies cited in Goodman et al., 2010), should be discussed together to demonstrate a consistent and integrative signal of toxicity across species and endpoints for TCDD.
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15 4.2. *In the Seveso cohort, the pattern of exposure to TCDD is different from the average daily exposure experienced by the general population. The explosion in Seveso created a high dose pulse of TCDD followed by low level background dietary exposure in the exposed population. In the population, this high dose pulse of TCDD was slowly eliminated from body tissues over time. There is uncertainty regarding the influence of the high-dose pulse exposure on the effects observed later in life.*

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23 4.2.a. *Mocarelli et al. (2008) reported male reproductive effects observed later in life for boys exposed to the high dose pulse of TCDD between the ages of 1 and 10. EPA identified a 10 year critical exposure window. In the development of the candidate RfD, EPA used an exposure averaging approach that differs from the typical approach utilized for animal bioassays. EPA determined that the relevant exposure should be calculated as the mean of the pulse exposure and the 10-year critical exposure window average. Please comment on the following:*

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31 4.2.a.i. *Please comment on EPA's approach for identifying the exposure window and calculating average exposure for this study*
32
33

34 **Response:**

35
36 The Panel discussed extensively, both as part of the deliberations on Section 4 of the *Report* and also as part of the discussion on Section 3, extrapolation issues posed by the pattern of exposure from Seveso. Issues raised included the question of whether the same endpoints and or dose-response would be expected from such exposure scenarios with high acute exposures when extrapolating to low-dose chronic exposures. It would be useful for EPA to provide a discussion of published examples in which dioxin studies were conducted using both high-dose acute and low-dose chronic exposures in animals for the same endpoint and how the outcomes compare both qualitatively and quantitatively. It would be important to determine whether similar results were observed
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1 for similar endpoints. Several Panel members thought there were sufficient data in the
2 immunological or reproductive areas that may allow such a comparison. Several chronic
3 dioxin animal studies may be useful in this regard (Yoshizawa et al., 2009; Sand et al.,
4 2010; Yoshizawa et al., 2010). The life stage-specific approach to hazard and dose-
5 response characterization for children's health risk assessment found in EPA's
6 *Framework for Assessing Health Risks of Environmental Exposures to Children* (EPA,
7 2006), is also relevant to addressing this issue and should be discussed. The Panel also
8 recommends that the publication of Bell et al., (2010), which summarized and presented
9 data on some differences about chronic vs. acute exposure in maternal transfer, be
10 considered in this discussion.

11
12 *4.2a.ii. Please comment on EPA's designation of a 20% decrease in sperm count (and*
13 *an 11% decrease in sperm motility) as a LOAEL for Mocarrelli et al. (2008).*
14

15 **Response:**

16
17 The Panel found that changes from normal sperm counts and sperm motility are
18 of public health relevance and therefore of interest for determining an RfD.
19 Collectively, there was support for these endpoints within the context of the broader
20 dioxin literature. The Panel discussed whether the magnitude of these changes would
21 represent an adverse health effect. While the shifts observed in sperm counts may or
22 may not pose a significant health effect in a single individual, such shifts on a population
23 basis could presumably lead to an increased incidence of adverse health outcomes.
24 Although there was concern expressed about the sample size used for sperm number and
25 known variability in the biological endpoint, the Panel found that sample collection was
26 conducted consistently across subjects and the differences in groups were apparent.
27

28 The Panel supports EPA's approach of using the World Health Organization
29 (WHO) reference value for determining relevant TSH levels, and the Panel strongly
30 suggests that further discussion of WHO reference values for male reproductive
31 parameters be included in the *Report*. Several references were available which provided
32 background information and current values recommended by WHO regarding sperm
33 counts (e.g., Skakkebaek, 2010). The Panel suggests that the standard deviations or range
34 of changes from Mocarrelli et al. (2008) be discussed in the *Report* because this provides a
35 better understanding of the potential magnitude of effect.
36

37 Life stage differences in sperm counts were discussed by the Panel. Members of
38 the public also provided comments on this issue. It would be appropriate to indicate in
39 the *Report* that life stage differences clearly exist in sperm counts in humans and to cite
40 and discuss the EPA life stage document (EPA, 2006).
41
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1 **Recommendations**

- 2
- 3 • Discussion on WHO reference values for male reproductive parameters should be
4 included in the *Report* (e.g., Skakkebaek, 2010).
 - 5
 - 6 • The standard deviations or range of changes from the Mocarelli (2008) study should
7 be discussed in the *Report* to provide a better understanding of the potential
8 magnitude of effect.
 - 9

10 4.2.b. *For Baccarelli et al. (2008), the critical exposure window occurs long after the*
11 *high-dose pulse exposure. Therefore, the variability in the exposure over the*
12 *critical exposure window is likely to be less than the variability in the Mocarelli et*
13 *al. subjects. EPA concluded that the reported maternal exposures from the*
14 *regression model developed by Baccarelli et al. provide an appropriate estimate*
15 *of the relevant effective dose as opposed to extrapolating from the measured*
16 *infant TCDD concentrations to maternal exposure. Additionally, EPA selected a*
17 *LOAEL of 5 μ -units TSH per ml blood in neonates; as this was established by*
18 *World Health Organization (WHO) as a level above which there was concern*
19 *about abnormal thyroid development later in life. Please comment on the*
20 *following:*

21

22 4.2.b.i. *Please comment on EPA's decision to use the reported maternal levels and the*
23 *appropriateness of this exposure estimate for the Baccarelli et al. study.*

24

25 **Response:**

26

27 The Panel discussed and supports EPA's decision to use the Baccarelli et al.
28 (2008) estimates of the relevant effective doses. Since the bulk of the calculations were
29 based on zonal averages, it should be made clearer how these measurements relate to
30 ranges and variations in exposure *in utero*.

31

32 4.2.b.ii. *Please comment on EPA's designation of 5 u-units TSH per ml blood as a*
33 *LOAEL for Baccarelli et al.,(2008.)*

34

35 **Response:**

36

37 The change in TSH levels reported by Baccarelli et al. (2008) was of public health
38 relevance and therefore of interest for determining an RfD. Collectively, there was
39 support for this endpoint within the context of the broader dioxin literature. There was
40 discussion on whether the magnitude of these changes would represent an adverse health
41 effect. The Panel notes that the shift observed in TSH levels may or may not pose a
42 significant health effect in a single individual, but such a shift on a population basis could
43 presumably lead to an increased incidence of adverse health outcomes. The Panel also
44 discussed the variability in neonatal TSH levels but concerns about this issue were

1 minimized by the fact that samples were all collected on the same postnatal day. The
2 Panel suggests that if any follow-up data on thyroid hormone levels, such as T3, T4 or
3 TSH levels, are available from the population studied, then these results should be
4 discussed in the *Report*. The Panel discussed several studies describing health effects
5 associated with elevated neonatal TSH levels not always recognized as associated with
6 congenital hyperthyroidism (CH). There is a need to better describe the potential adverse
7 health outcomes related to altered neonatal TSH levels. For example, in addition to
8 effects on growth, both cognitive and motor deficits have been found in young adults
9 with congenital hypothyroidism (Oerbeck et al., 2003; Oerbeck et al., 2007). The *Report*
10 could better describe the consequences of transient hypothyroidism on reproductive
11 outcomes e.g., see Anbalagan et al. (2010). Other references that relate to this question
12 include: Chevrier et al. (2007), Dimitropoulos et al. (2009), and Yr (2008).

13 14 **Recommendations**

- 15
16 • EPA should better describe the potential adverse health outcomes related to altered
17 neonatal TSH levels (e.g., effects on both cognitive and motor deficits).

18
19 4.3. *Please comment on the rationale for the selection of the uncertainty factors (UFs)*
20 *for the RfD. If changes to the selected UF's are proposed, please identify and*
21 *provide a rationale.*
22

23 **Response:**

24
25 A composite uncertainty factor of 30 (an uncertainty factor of 10 for the lack of a
26 NOAEL, and an uncertainty factor of 3 for human interindividual variability) was applied
27 to the LOAEL of 0.020 ng/kg-day from Mocarelli et al. (2008) to obtain the RfD. The
28 Panel agrees that the appropriate uncertainty factors (UFs) were included. The exclusion
29 or inclusion of the UF's in the *Report* is obvious, clearly discussed, and adequately
30 rationalized. The *Report* would be more transparent if EPA included a short discussion
31 of the basis for the decision not to include a UF for data quality.
32

33 4.4. *EPA did not consider biochemical endpoints (such as CYP induction, oxidative*
34 *stress, etc.) as potential critical effects for derivation of the RfD for TCDD due to*
35 *the uncertainties in the qualitative determination of adversity associated with*
36 *such endpoints and quantitative determination of adversity associated with such*
37 *endpoints and quantitative determination of appropriate response levels for these*
38 *types of endpoints in relation to TCDD exposure. Please comment on whether the*
39 *decision not to consider biochemical endpoints is scientifically justified and*
40 *clearly described.*
41

42 **Response:**

43
44 Biochemical endpoints such as P450 activation, increased oxidative stress, etc.
45 may be acceptable endpoints to establish PODs, particularly when the quantitative

1 relationship between the biochemical endpoint and an adverse health outcome is clearly
2 evident. However, with respect to TCDD, the Panel agrees that more traditional
3 endpoints (e.g., immune, endocrine, reproductive) are more appropriate because
4 associations of these endpoints with health outcomes are well studied and provide a
5 stronger association to an adverse outcome than biochemical endpoints. However,
6 because of the wealth of data on P450s and their importance in disease development,
7 normal development, and chemical response to exogenous agents, EPA should discuss
8 biochemical endpoints, particularly P450s, relevant to establishing and strengthening the
9 proposed reference dose.

10
11 4.5. *In using the animal bioassays, EPA averaged internal blood TCDD*
12 *concentrations over the entire dosing period, including 24 hours following the*
13 *last exposure. Please comment on EPA's approach for averaging exposures*
14 *including intermittent and one-day gestation exposure protocols.*

15
16 **Response:**

17
18 For animal studies it has been shown that for some effects acute exposure could
19 give different results than chronic exposure. For TCDD, however, its persistence might
20 suggest that such differences would be partly negated. In Baccarelli et al., (2008), there
21 was extensive discussion regarding the use of the exposure average time for the TCDD
22 concentrations. This is of biological significance as several papers have indicated the
23 unique aspects of high peak exposure of TCDD as occurred in Seveso and in several of
24 the animal studies. The endpoints affected as a result of these peaks do not always
25 translate to impacts from lower chronic exposures. As stated earlier in this section, it
26 would be helpful to discuss any available animal studies comparing high-dose acute vs.
27 low-dose chronic effects on similar endpoints for dioxin or DLCs. By returning to the
28 broader animal literature and using time and dose-response studies from the dioxin and
29 DLC studies, biological support for the two critical endpoints might be found.

30
31 4.6. *Please comment on the benchmark dose (BMD) modeling conducted by EPA to*
32 *analyze the animal bioassay data and EPA's choice of points of departure*
33 *(PODs) from these studies.*

34
35 **Response:**

36
37 The Panel agrees with the BMD modeling approaches used in Section 4 of the
38 *Report*. EPA conclusions that the animal data had sufficient limitations that precluded
39 their use to establish a RfD are adequately justified. The reasons provided, however, are
40 quite diverse, (e.g., no NOAEL, not considered an adverse effect, the effect at the
41 LOAEL is too divergent from the control group, insufficient dose groups at the low-end
42 of the dose-response curve, monotonic responses) and there is no way for the reader to
43 determine which study has particular deficiencies without going back to the original
44 paper. To help address this gap, the Panel suggests that several of the best animal studies
45 be discussed in some detail so these limitations are more apparent to the reader. As

1 indicated previously, the EPA authors need to better cite the endpoint guidance that is
2 present within EPA documents for defending these approaches and application of BMD
3 models for the critical effects. This is especially necessary given public comments that
4 EPA was not following its own guidelines
5

6 *4.7. For the animal bioassay modeling, EPA applied the kinetic extrapolation at the*
7 *level of the POD prior to applying the uncertainty factors because EPA has less*
8 *confidence in the kinetic model output at lower doses reflective of the RfD.*
9 *Please comment on whether the kinetic extrapolation at the level of the POD*
10 *prior to applying the uncertainty factors was scientifically justified and clearly*
11 *described.*
12

13 **Response:**
14

15 The EPA approach of applying the kinetics on the actual data present at the POD
16 is preferred in this assessment (see additional discussion in the response to Charge
17 Question 3 - The use of toxicokinetics in the dose-response modeling for cancer and
18 noncancer endpoints).
19

20 *4.8. Please comment as to whether EPA's qualitative discussion of uncertainty in the*
21 *RfD is justified and clearly described.*
22

23 **Response:**
24

25 The Panel agrees that EPA provided a clear and justified discussion of the
26 uncertainties in deriving the RfD using the Seveso cohort. Section 4 of the *Report*
27 discussed study limitations regarding the need to adjust from acute exposure to average
28 daily dose, the issue of critical windows, co-exposure to DLCs, and the
29 strength/weaknesses of the animal data. The Panel agrees with EPA that the major
30 limitation of the Seveso cohort is the uncertainty arising from how well the effects
31 resulting from high-dose acute exposure translate to low-dose daily exposures. Again, it
32 might be useful to re-review the animal studies to identify whether there are any studies
33 where dioxin or DLCs were administered by acute as well as chronic (or even
34 subchronic) exposure and comparable endpoints were examined. If so, the information
35 can be used to help confirm or refute the accuracy of the "average daily dose"
36 adjustment. This is of particular concern in the Mocarelli study as "time periods of
37 susceptibility" appear in male reproductive development and these periods (windows)
38 may be very short. Again, animal studies, particularly those involving male reproduction,
39 may be helpful.
40

41 It would also be useful to include a discussion of potential uncertainty in the
42 exposure estimates from the Baccarelli study. Serum dioxin levels were only established
43 in a subset of the cohort (approximately 51) at the time of the study while dioxin levels
44 from the main cohort were estimated from data collected from zone of residence (A or B)
45 at a much earlier time.

1
2 The discussion in the *Report* of whether the background DLC exposure may have
3 a significant impact, particularly at the lower TCDD exposure levels, is important. While
4 the Panel agrees that the true DLC impact can't be determined, it might be helpful to
5 provide some general estimates of the variability that may occur at the proposed RfD.
6

7
8 **Charge Question 5. Cancer assessment**
9

10 In the *Report* EPA has provided: a weight-of-evidence characterization of TCDD
11 as a known human carcinogen, conclusions regarding the mode of carcinogenic action for
12 TCDD, EPA's selection of data sets for cancer dose-response modeling, and
13 consideration of approaches for assessment of TCDD carcinogenicity. The Panel was
14 asked to comment on the scientific soundness of these aspects of EPA's cancer
15 assessment.

16
17 **General Comment:**
18

19 The Panel was impressed by the extensive work performed by EPA in its response
20 to the NAS comments on cancer assessment. The comments below are intended to
21 support the Agency in further developing Section 5 of the *Report*.
22

23 *5.1. Weight-of-Evidence Cancer Descriptor: The 2003 Reassessment concluded that*
24 *TCDD is a "known human carcinogen." In the current draft Response to*
25 *Comments document, EPA concluded that under the 2005 Guidelines for*
26 *Carcinogen Risk Assessment (U.S. EPA, 2005) TCDD is "carcinogenic to*
27 *humans." Is the weight-of-evidence characterization scientifically justified and*
28 *clearly described?*
29

30 **Response:**
31

32 The Panel agrees on the classification that "TCDD is carcinogenic to humans"
33 under EPA's 2005 *Guidelines for Carcinogen Risk Assessment*. Available occupational
34 epidemiologic studies provide convincing evidence of an association between TCDD and
35 human cancer that cannot be reasonably attributed to chance or confounding and other
36 types of bias, and with a demonstration of temporality, strength of association,
37 consistency, biological plausibility, and a biological gradient. Additional evidence from
38 animal studies and from mechanistic studies provides additional support for the
39 classification of TCDD as carcinogenic to humans. A dissenting opinion (see Appendix
40 A of this report) was expressed by one Panel member who indicated that at best, there is
41 equivocal evidence for the carcinogenicity of TCDD in the occupational setting where
42 body burdens were much higher than current or previous background levels. The Panel
43 provides the following recommendations to strengthen the *Report*.
44

1 **Recommendations**

- 2
- 3 • EPA should provide more discussion of the power of studies used and the
4 difficulties involved when assessing rare tumors. Thoroughly addressing these
5 aspects will make the weight-of-evidence characterization in Section 5 of the
6 *Report* more clear and transparent.
 - 7
 - 8 • In the weight-of-evidence characterization, the Agency should build on all the
9 available data to support the decision. It needs to be made clear how different
10 types of data (in vitro, in vivo, human) support each other; or not.
 - 11
 - 12 • EPA should consider including studies with substantial DLC exposure where
13 TEFs can be calculated. Specific experimental studies include Li and Rozman
14 (1995), Rozman et al. (1993, 2005), and Viluksela et al. (1994, 1997a,b, 1998a,b).
 - 15
 - 16 • EPA should attempt to characterize the uncertainty regarding the carcinogenicity
17 of TCDD at low human exposures, since the minimum dose at which
18 carcinogenic effects would be expected to occur cannot be clearly delineated from
19 the current epidemiological human data. The agency has concluded that AhR
20 activation is a necessary but not sufficient precursor event in the carcinogenic
21 activity of TCDD. Therefore, it would be beneficial if the Agency could evaluate
22 available data on AhR activation and related effects in human cells and animal
23 models to help inform the doses at which these precursor events are observed for
24 comparison with the epidemiological data.
 - 25

26 5.2. *Mode of Action: The mode of action of a carcinogen can inform identification of*
27 *hazards and approaches used for a dose-response assessment. The mode of*
28 *carcinogenic action for TCDD has not been elucidated for any tumor type. EPA*
29 *concluded that, while interaction with the Ah receptor is likely to be a necessary*
30 *early event in TCDD carcinogenicity in experimental animals, the downstream*
31 *events involved are unknown.*

32

33 5.2.a. *Are the available data related to mode(s) of action for the carcinogenicity of*
34 *TCDD appropriately characterized and clearly presented?*

35

36 **Response:**

37

38 The Panel appreciates the attempts by the Agency to further develop cancer mode
39 of action concepts based on available dioxin liver, lung, and thyroid toxicity data. Such
40 innovative and explorative work is clearly fundamental to the continued need to further
41 develop risk assessment sciences and make more detailed and integrated use of already
42 existing and published data.

1 The Panel complements the Agency for providing an up-to-date dioxin cancer
2 mode of action section in its response to NAS comments. It could, however, be improved
3 by incorporating additional data on linear and nonlinear modes of action in different
4 target tissues and life stages. A large amount of data related to the mode of action for the
5 carcinogenicity of TCDD is described in the *Report*, but the focus appears to be on
6 presenting evidence that supports the use of a default linear approach rather than
7 providing a balanced evaluation of alternative mode of action hypotheses.

8
9 The discussion of the likely dose-response for receptor mediated processes
10 focuses only on the first step, binding of the agonist to the receptor, which is ultimately
11 linear at low concentrations. However, no discussion is given to the nature of the dose-
12 response for the down-stream sequelae of receptor activation, for which there is evidence
13 of nonlinearity. It is, in fact, the fundamentally nonlinear nature of the dose-response for
14 receptor mediated processes that underlies the conviction of a large segment of the
15 scientific community that a nonlinear approach should be preferred for the risk
16 assessment for dioxin.

17 **Recommendations**

- 18 • EPA should further expand the discussion of mode of action data available to
19 delineate linear versus nonlinear modes of action and effects in different target
20 tissues at different life stages.

21
22
23
24 *5.2.b. Do the available data support EPA's conclusion that the overall mode(s) of action*
25 *for TCDD-induced carcinogenesis is largely unknown? Please comment on*
26 *whether this evaluation is clearly described.*

27 **Response:**

28 The Panel notes that much is known about TCDD toxicity and mode of action.
29 Some Panel members indicated that the characterization of the mode of action should be
30 "reasonably well known" rather than "largely unknown." Nevertheless, the Panel agrees
31 that the exact mechanism-of-action has not been fully delineated for any distinct TCDD-
32 toxicity end-point. For example, it was pointed out that most TCDD toxicities are
33 mediated by activation of the AhR. Many studies have demonstrated that TCDD can
34 activate or interfere with the activity of estrogen receptors, as well as other steroid
35 receptors. Such interference can disrupt the regulation of cell proliferation, cell death and
36 tissue differentiation. By disrupting these cell functions, TCDD can have profound and
37 lasting effects as demonstrated by studies showing that TCDD exposure during
38 development produces adult neural dysfunctions.
39
40
41
42
43
44
45

1 **Recommendations**

- 2
- 3 • EPA should provide a discussion of the evidence for possible modes of action that
4 include both linear and nonlinear alternatives.
 - 5
 - 6 • EPA should describe the receptor mediated nonlinear mode of action for dioxin
7 (e.g., Van den Heuvel et al., 1994; Li and Rozman 1995; Andersen et al., 1997;
8 Bhattacharya et al 2010; Gim et al., 2010) and DLCs (e.g., Rozman et al., 1993;
9 2005, Stahl et al., 1994; Viluksela et al., 1994, 1997a,b, 1998a,b), as well as
10 evidence regarding the fundamentally nonlinear nature of receptor mediated
11 cellular responses (e.g., Andersen et al., 1999; Louis and Becskei, 2002; Zhang et
12 al., 2010).

13

14 5.3. *Is EPA's approach for selecting data sets from the key epidemiologic studies and*
15 *animal bioassays identified for cancer dose response modeling scientifically*
16 *justified and clearly described?*

17

18 **Response:**

19

20 The Panel agrees with the inclusion of the Cheng study in the cancer assessment.
21 The study incorporated information on gradation of exposure. Expanded discussion of
22 several other studies would support the weight-of-evidence for carcinogenicity in less
23 common cancers such as lymphomas and soft tissue sarcoma. The Panel discussed the
24 possible value of including studies with DLCs in the evaluation of the weight-of-
25 evidence, in light of the small number of studies involving primarily exposure to TCDD.
26 There are a numerous studies in the literature involving the health effects of DLCs.
27 These include rice oil poisoning incidents in Japan and Taiwan. These incidents have
28 been described, and additional references have been provided, in Schecter and Gasiewicz
29 (2003).

30

31 **Recommendations**

- 32
- 33 • EPA should present in a clear and visible format, for example in a table, which
34 studies were carried forward or not, and the reasons for the decisions made. The
35 weight-of-evidence discussion should be expanded to include evidence from
36 studies of individual cancers for which precise gradation of exposure data is
37 lacking.

38

39 5.4 . *For the animal bioassay data, potential cancer oral slope factors (OSFs) were*
40 *calculated by linear extrapolation (using a linear, non threshold cancer*
41 *approach) from the point of departure (POD). EPA also estimated the composite*
42 *risk of the occurrence of several tumor types from the animal cancer bioassay*
43 *data.*

44

1 5.4.a. *Please comment on whether the approach for estimating cancer risk, including*
2 *the use of tumor modeling of the TCDD animal cancer bioassay data, is*
3 *scientifically justified and clearly described.*
4

5 **Response:**
6

7 The Panel agrees that the approach for estimating cancer risk from animal studies
8 was scientifically justified and clearly described.
9

10 5.4.b. *Please comment on the choice of using a BMDL01 as the POD for the*
11 *development of candidate oral slope factors derived from the TCDD animal*
12 *cancer bioassays.*
13

14 **Response:**
15

16 The Panel notes the consistency of the selection of the BMDL01 as the POD with
17 Agency guidelines and has no further comments.
18

19 5.5. *EPA selected Cheng et al. (2006) – an analysis of the NIOSH occupational*
20 *cohort – as the critical study for oral slope factor (OSF) development. This study*
21 *was chosen because it considers dose-dependent elimination of TCDD rather than*
22 *first-order kinetics.*
23

24 5.5.a. *Please comment on whether the rationale for this selection is scientifically*
25 *justified and clearly described. Please identify and provide the rationale for any*
26 *other studies that should be considered and provide a critical evaluation of the*
27 *study and of its suitability for meeting the goals of a quantitative cancer*
28 *assessment.*
29

30 **Response:**
31

32 The Panel agrees that Cheng et al (2006) is the appropriate study for OSF
33 development. The selection of this study is well described.
34

35 5.5.b. *Cheng et al. (2006) analyzed all-cancer mortality. Please comment on the use of*
36 *all-cancer mortality as the basis of the OSF.*
37

38 **Response:**
39

40 The Panel agrees that it is appropriate to use all-cancer mortality in this case
41 because of the extensive dose-response information.
42

43 5.5.c. *Please comment on whether the use of the Emond PBPK model in the estimation*
44 *of risk-specific doses from the Cheng et al. dose-response modeling results is*
45 *scientifically justified and clearly described.*

1
2 **Response:**

3
4 The Panel agrees that the use of the Emond model to estimate risk-specific doses
5 from the Cheng et al. (2006) dose-response modeling results is scientifically justified and
6 clearly described. This is because the “concentration-and-age-dependent elimination
7 model” (CADM) used in Cheng et al. (2006) did not facilitate this process. Also, the
8 dose conversions were consistent with those used in the derivation of the RfD. However,
9 as discussed in the response to charge question 3.1.d, the Panel is concerned about the
10 value of the Hill coefficient used.

11
12 *5.5.d. EPA elected to use the log linear relationship of fat concentration and rate ratio*
13 *to estimate risk-specific doses at all risk levels. EPA could have estimated a POD*
14 *for cancer risk itself at a single risk level (BMR) for extrapolation to the origin.*
15 *Please comment on EPA’s choice of extrapolation approach.*

16
17 **Response:**

18
19 Since the fat concentrations generated by CADM were not linear with the oral
20 exposure at higher doses, a single oral slope factor to be used for all risk levels could not
21 be obtained. EPA used the upper 95% bound on the slope (from Cheng et al., 2006) of
22 the linear relationship between the natural logarithm of the rate ratio and the cumulative
23 fat TCDD concentration (fat-AUC) to estimate risk-specific doses for TCDD at all risk
24 levels. The Panel agrees that the Agency has chosen the appropriate extrapolation
25 approach.

26
27 *5.5.e. The slope factor derived from Cheng et al. (2006) was extrapolated below the*
28 *background TCDD exposure levels experienced by the NIOSH cohort. Please*
29 *comment on this extrapolation.*

30
31 **Response:**

32
33 The ability of the Cheng study to be informative regarding risks below current
34 background exposure levels is not completely clear.

35
36 **Recommendations**

- 37
38 • EPA should expand the discussion in the *Report* to consider the possibility that
39 mode of action considerations could help to inform whether linear extrapolation
40 of the Cheng data to obtain risk estimates in this range of exposures is
41 appropriate.

42
43 *5.6. Please comment on whether EPA has clearly described the major qualitative*
44 *uncertainties in the derivation of the OSF.*

1 **Response:**

2
3 The Panel found the description of qualitative uncertainties in the derivation of
4 the OSF to be clear and adequate.
5

6 5.7. *EPA did not consider dioxin-like compounds (DLCs) in the cancer dose-response*
7 *modeling because the occupational exposures in the available cohorts were*
8 *primarily to TCDD. Background DLC exposures were not incorporated in the*
9 *dose-response modeling because EPA judged that it was not possible to*
10 *disaggregate the responses from background exposure to DLCs and occupational*
11 *exposure to TCDD. Please comment on whether this approach is scientifically*
12 *justified and clearly described.*
13

14 **Response:**

15
16 While the Panel found that it was important to include DLC studies in the weight-
17 of-evidence analysis, we are conflicted on their use as a source of dose-response
18 estimates for TCDD. The Panel notes the scientific importance and regulatory relevance
19 of including a coordinated TEQ/DLC discussion in the *Report*. Including TEQ/DLC
20 aspects in the evaluation would allow for the use of additional studies with dose-response
21 information that more closely mirror environmental exposures. On the other hand, the
22 Panel recognizes the complications associated with developing a TCDD risk estimate that
23 is dependent on current TEF values.
24

25 **Recommendations**

- 26
27 • DLC studies should be considered in the weight-of-evidence discussion.
28

29 5.8. *The NRC suggested that EPA consider nonlinear approaches for the assessment*
30 *of TCDD carcinogenicity. In the Response to Comments, EPA presents two*
31 *illustrative nonlinear approaches for cancer, but considers both inappropriate to*
32 *use because lack of MOA information.*
33

34 5.8.a. *Please comment on these two illustrative nonlinear approaches including EPA's*
35 *conclusions regarding the limitations of these approaches.*
36

37 **Response:**

38
39 EPA's *Report* did not respond adequately to the NAS recommendation to adopt
40 "both linear and nonlinear methods of risk characterization to account for the uncertainty
41 of dose-response relationship shape below the ED01." Instead of adopting both linear
42 and nonlinear methods, the EPA argued that only a linear approach could be justified, and
43 derived two examples of RfD development using a nonlinear approach that they
44 characterized as an illustrative exercise only. The choice not to include both linear and

1 nonlinear risk assessment approaches for TCDD was inconsistent with the EPA (2005)
2 cancer guidelines (page 3-23/24):

3
4 “Nonlinear extrapolation having a significant biological support may be presented
5 in addition to a linear approach when the available data and a weight-of-evidence
6 evaluation support a nonlinear approach, but the data are not strong enough to
7 ascertain the mode of action applying the Agency’s mode of action framework.”

8
9 “In the absence of data supporting a biologically based model for extrapolation
10 outside of the observed range, the choice of approach is based on the view of
11 mode of action of the agent arrived at in the hazard assessment. If more than one
12 approach (e.g., both a nonlinear and linear approach) are supported by the data,
13 they should be used and presented to the decision maker.”

14
15 ***Recommendations***

- 16
17 • EPA should present both linear and nonlinear risk assessment approaches. In the
18 absence of a definitive nonlinear mode of action, the linear option results can
19 serve as the baseline for comparison with other estimates. The examples in the
20 current document should be formalized and extended to allow for such a
21 comparison.

22
23 5.8.b. *Are there other nonlinear approaches that could be readily developed based on*
24 *existing data for the assessment of TCDD carcinogenicity? If so, please suggest*
25 *alternative approaches and describe their utility and suitability for meeting the*
26 *goals of a quantitative cancer assessment.*

27
28 ***Recommendations***

- 29
30 • Since the EPA nonlinear analysis only used studies in S-D rats that were
31 identified in Section 2 of the *Report* for potential noncancer dose-response
32 modeling, additional alternative PODs should be added. For example, Simon et
33 al. (2010), which was cited in EPA’s *Report*, provided a number of alternative
34 PODs for a nonlinear approach that should be included in the EPA risk
35 assessment.

36
37
38 **Charge Question 6. Feasibility of Quantitative Uncertainty Analysis**

39
40 In its evaluation of EPA’s *2003 Reassessment*, the NAS committee recommended
41 that EPA improve the transparency, thoroughness, and clarity in quantitative uncertainty
42 analysis (QUA). Section 6 of EPA’s Response to NAS Comments document addresses
43 NAS comments regarding QUA. The Panel was asked to comment on: whether Section 6
44 of EPA’s *Report* was clearly presented and scientifically justified; EPA’s conclusion that

1 a QUA is not feasible; the discussion of volitional uncertainty, and the utility of the
2 limited sensitivity studies presented by EPA.

3
4 6.1. *Please comment on the discussion in this Section. Is the response clearly*
5 *presented and scientifically justified?*

6
7 **Response:**

8
9 As discussed below, the Panel found that Section 6 of EPA's *Report* is clearly
10 presented, but it is not scientifically justified. In particular, the Panel disagrees with
11 EPA's argument that, since the most detailed and complete available methods for
12 conducting a quantitative uncertainty analysis (QUA) are unfeasible, no analysis can be
13 conducted at all. There are a number of approaches for conducting a QUA, some of
14 which are feasible given current knowledge and data. Specific methods that can be
15 implemented in a timely manner using available data and knowledge are suggested.

16
17 *Clarity of the EPA response to the NAS presented in Section 6 of the Report*

18
19 The EPA response is clearly presented. The *Report* addresses a broad range of
20 philosophical and methodological issues in conducting an uncertainty analysis for TCDD
21 toxicity, specifically for estimates of cancer oral slope factors and noncancer reference
22 doses. Section 6 is successful in identifying the challenges involved in assessing
23 uncertainty in toxicity estimates based on a small set of available models for
24 toxicokinetics, dose-response relationships, and low dose extrapolation, with limited
25 application, testing, and verification; and a small set of animal bioassay, epidemiological
26 or clinical/case studies, many with differing endpoints, dose metrics, and (in the case of
27 the human studies) uncertain exposure and subject data.

28
29 Section 6 of the *Report* provides many useful insights for the Agency's dioxin
30 reassessment. However, in its discussion of available methods, the *Report* is somewhat
31 biased in its treatment of certain statistical methods (discussed below) which could
32 address some of these issues (though the *Report* does note the potential contribution of
33 the methods at the end of Section 6, as part of ongoing or future studies) and overly
34 pessimistic regarding our ability provide improved quantitative estimates for certain
35 portions of the toxicity assessment.

36
37 Some Panel members indicated that the whole section should be rewritten to make
38 it more accessible to non-statisticians. As further discussed in the editorial comments on
39 Section 6 in Appendix C of this report, some phrasing and word choices in the text
40 should be reconsidered, in particular "exotic methods," "volitional uncertainty," and
41 "epistemic uncertainty." The Panel found that the definition of "quantitative uncertainty
42 analysis" was overly narrow and should be expanded to embrace other common and
43 useful methods discussed below. In a few other places, the *Report's* wording in Section 6
44 is strongly at variance with the literature on uncertainty analysis (see editorial comments
45 in Appendix C of this report).

1
2 *Scientific justification of the arguments presented in Section 6*
3

4 The Panel found that the arguments in Section 6 are not scientifically justified. In
5 Section 6, EPA’s decision to not do an integrated quantitative uncertainty analysis is
6 presented and a variety of theoretical issues are discussed, but EPA’s decision may be
7 based primarily on grounds of practicality or timeliness. EPA indicates that a complete
8 quantitative uncertainty analysis would require data and resources not available. We
9 disagree with this logic. More limited evaluations can, and should, still be implemented
10 to inform critical issues in the dioxin reassessment. EPA should be methodical in
11 considering what variables and components of the assessment would be included in the
12 analysis. The Panel found that the uncertainty narratives and sensitivity analyses already
13 in the document are an excellent beginning and may constitute the lion’s share of the
14 work necessary to implement quantitative uncertain analysis based on simple bounding.
15

16 The Panel does not concur with the specific argument EPA used to justify not
17 doing a unified QUA. If the answer to the question of why EPA did not undertake one is
18 that it was not possible to specify precise marginal distributions and dependence
19 functions from existing data, then the conclusion would be that EPA has not been
20 responsive to the NAS criticism, because there are many possible approaches that could
21 be used that do not depend on such specifications. If the argument is that EPA guidance
22 doesn’t require a QUA, then one might agree that the NAS criticism is perhaps itself
23 unreasonable. If EPA had asserted that it actually had done an uncertainty analysis in the
24 form of uncertainty factors (UFs) and the limited sensitivity studies that were performed,
25 then that might be understandable, though not consistent with the current state-of-the-art
26 in risk and uncertainty analysis. Even if the argument had been that mounting a QUA is a
27 significant and controversial undertaking itself and that doing one shouldn’t delay the
28 finalization of the *Report*, then such a practicality argument would be understandable
29 given the protracted delay in completing the dioxin reassessment.
30

31 Instead, EPA asserts that “Data are the ultimate arbiter of whether quantitative
32 uncertainty analysis ... has sufficient evidentiary support.” This flies in the face of how
33 uncertainty analyses are normally conceived. Of course, the absence of data is never a
34 substantive reason *not* to conduct an uncertainty analysis; it is the reason *to* do one.
35

36 In its *Report*, EPA indicates that it needs an “underlying distribution from which
37 to sample” in order to conduct a quantitative uncertainty analysis. The Panel notes that
38 this is not necessarily true, and it is facile to shrug off a call to characterize and account
39 for important uncertainties in the assessment process on these grounds alone. If one can
40 *estimate* the value of a quantity, then one should be able to express the uncertainty about
41 the value, otherwise one does not really have a scientific measurement in the first place.
42 One is not forced to identify precise probability distributions and dependence functions
43 for everything that is to be characterized as uncertain. Even when the uncertainty is
44 volitional (or decisional or just model uncertainty), there can be relevant ranges that are
45 interesting to decision makers and stakeholders. In some cases, the analysis may be

1 formally closer to a sensitivity analysis, but some appropriate response is usually
2 possible, if not always practicable. To its credit, EPA has acknowledged the legitimacy
3 of the call for QUA by NAS and undertaken some efforts in this direction.
4

5 In the *Report*, EPA calls uncertainty analysis an “emerging area in science” and
6 this is inarguably true, but it does not seem reasonable to hold that methodological
7 research is necessary for EPA to do anything more comprehensive to respond to NAS’s
8 criticism, even if we disallow the use of expert elicitation. Under a commitment to the
9 idea that analyses be *data-driven*, it is possible to do something that’s useful, even if it is
10 not predicated on precise distributions. There are a variety of ways to conduct a
11 quantitative uncertainty analysis, even an entirely probabilistic one that obeys the
12 Kolmogorov axioms (Gillies, 2000) that require neither extensive data nor expert
13 elicitation. The response to Charge Question 6.2 below provides a list of various ways
14 (with references) to accomplish this. The list includes probability trees or model choice
15 trees that articulate the structure of the model and dependencies, sensitivity analyses,
16 simple interval analysis that just propagates the plausible ranges, and the supervaluation
17 approach that uses nested inner and outer intervals (with the inner range representing the
18 values that most everyone considers to be plausible values and the outer range
19 representing conservatively broad ranges). There is also a continuous and unbounded
20 version of nesting intervals in an approach known as info-gap analysis that would be
21 useful if one cannot develop finite bounds on some of the inputs. One can also propagate
22 *bounds* on distribution functions, so whatever imperfect information about each input
23 variable’s distribution is available, one can fashion bounds on distribution functions and
24 propagate them through the calculations, with or without assumptions or information
25 about the dependencies among variables.
26

27 The Panel notes that the approaches mentioned above require EPA to make
28 certain modeling judgments, in the same way that developing any analysis requires
29 judgments. However, this does not mean that analysts would be required to make up
30 numbers or elicit any expert opinion. Such an analysis does not necessarily require a lot
31 of extra work by EPA. These methods can be simple to develop, and they are mostly
32 computationally trivial. Of course, the more comprehensive the analysis is, the harder it
33 is to complete. But the analysis does not have to be fully comprehensive to provide
34 useful insights.
35

36 We note that there was not perfect consensus among Panel members about the
37 value of a quantitative uncertainty analysis. Some on the Panel agree that an uncertainty
38 analysis is not an absolute good. For instance, if the final answer is already clear, an
39 uncertainty analysis can be a waste of time and resources. It would not be reasonable to
40 insist on another analysis which would merely waste time and resources. Likewise, if the
41 analysis is done poorly, or without appeal to available evidence from the real world, it
42 can be misleading. For instance, the idea, mentioned in footnote 66 on page 6-20 of
43 EPA’s *Report*, of arbitrarily converting uncertainty factors to independent lognormal
44 random variables in a scattered attempt to mount a QUA would entail a suite of
45 unjustified and probably untenable assumptions rendering the exercise nearly pointless.

1 Finally, if the analysis is used *strategically* to avoid rendering or finalizing a decision that
2 is proper, it can be counterproductive. However, most members of the Panel felt that
3 quantitative uncertainty analysis is an integral part of any good assessment, and that one
4 is essential to address the many empirically unresolved questions and issues that have
5 arisen in this assessment which beg for explicit consideration in the context of an
6 uncertainty analysis. In its discussion of the other charge questions, the Panel has
7 identified a number of important issues that should be addressed in an eventual
8 uncertainty analysis.

9 10 *Other methods to be considered*

11
12 The Panel found that relevant Bayesian methods have been inadequately
13 addressed and improperly dismissed in Section 6. In particular, methods that should be
14 given a more extensive and balanced discussion with more citations to the literature
15 include: 1) Bayesian hierarchical modeling (Axelrad et al., 2007; Choi et al., 2010; Coull
16 et al., 2003; Ryan, 2008) which is used for combining information from multiple studies,
17 and 2) Bayesian model averaging (Morales et al., 2006; Viallefont et al., 2011; Wheeler
18 and Bailer 2007, 2009) which would be useful for considering more than one dose-
19 response equation, while allowing the data to weight their *relative* likelihood and
20 contribution to the estimate. These Bayesian methods should not be referred to as
21 “exotic.” For example, in agreeing with the Section 6 authors that these methods should
22 be pursued in ongoing and future case studies, White et al. (2009) refer to them as
23 “advanced,” rather than exotic. Specifically, they recommend that health scientists
24 should explore statistical approaches to model selection and suggest that “improvements
25 to statistical approaches for model selection, such as model averaging, should be pursued.
26 Case study applications of these advanced statistical approaches will identify potential
27 strengths and weaknesses of the approaches and their significance for risk
28 characterization” (White et al., 2009).

29 30 *Recommendations*

- 31
- 32 • The Panel recommends that EPA revise Section 6 of the *Report* because, as
33 discussed above, the arguments in this section are not scientifically justified. In
34 particular, EPA should consider revising its argument that quantitative uncertainty
35 analysis is unfeasible for the dioxin assessment. Specific suggestions regarding
36 feasible methods for quantitative uncertainty analysis are provided herein.

37
38 6.2. *Please comment on EPA’s overall conclusion that a comprehensive quantitative*
39 *uncertainty analysis is not feasible.*

40 41 **Response:**

42
43 The Panel rejects EPA’s argument that a quantitative uncertainty analysis is
44 unfeasible. Although a quantitative uncertainty analysis is challenging, the Panel does
45 not agree that it is impossible or even impractical to undertake one. While it may well be

1 true that we lack an adequate empirical basis for full Monte-Carlo propagation of input
2 distributions, there are many other options available. Many on the Panel indicated that
3 the present circumstances warrant a compromise approach that would be simple and
4 achievable with modest effort by the Agency. Various bounding approaches, sensitivity
5 studies, uncertainty set analyses, and event trees (probability trees without the
6 probabilities) are suggested as possible approaches that could be used. With such
7 methods, legitimate and comprehensive uncertainty analyses (including even fully
8 probabilistic analyses) are possible. They would be useful and sufficient to respond to
9 NAS' criticism.

10
11 The Panel agrees with EPA's assertion that expert elicitation would be
12 problematic and should be "off the table." However, many on the Panel further
13 suggested that value-of-information methods would also be very useful, although
14 feedback from EPA included reservations about this idea. A discussion of value of
15 information methods is provided in Appendix B of this report.

16
17 The Panel considered the use of bounding approaches for quantitative uncertainty
18 analysis and asked EPA to provide information about the limitations of bounding
19 approaches. In response, EPA asked Dr. Roger Cooke to send the Panel a document on
20 bounding analysis. The short bounding analysis document provided to the Panel by Dr.
21 Cooke focused on the features of interval analysis, although this is not by any means the
22 only approach that might be useful in the context of the dioxin assessment. The bounding
23 analysis document mentions one issue that could be construed as a disadvantage of this
24 simplest bounding approach. It is the idea that the ranges are supposed to be absolute
25 bounds on the possible values of each input variable. So, for instance, the only thing one
26 can say about a percentage is that it is between zero and 100%, or the only thing one can
27 say about a dispersal distance is that it is between zero and the circumference of the Earth
28 (these are Dr. Cooke's examples). But the Panel finds that this criticism seems to
29 represent a misunderstanding of the word "absolute." Vacuous (e.g., physically limiting)
30 bounds are not the only bounds that can be used in interval analysis. In fact, they are
31 meant to be informed by observed study results. Furthermore, one is not necessarily
32 limited to interval ranges and interval analysis.

33
34 The Panel suggests that there are in fact a variety of methods that, with proper
35 application, could be useful and informative, including:

- 36
37
- **Sensitivity analysis studies** (even if not completely comprehensive) (Saltelli et al., 2000a,b; Frey and Patil, 2002),
 - **Interval analysis** (Moore 1966; Neumaier, 1990) which has been widely used for decades and can be applied to complex models and even blackbox models (Trejo and Kreinovich, 2001),
 - **Nesting of intervals**, e.g., two levels, wide and narrow can give conservative and optimistic characterizations of overall uncertainty (van Frassen, 1966, 1980),
- 40
41
42
43

- 1 • **Probability bounds analysis** (Ferson and Long, 1995; Ferson et al., 2003)
2 including Bayesian p-boxes (Montgomery, 2009), which has been used in a
3 variety of applications (Aughenbaugh and Paredis, 2007; Dixon, 2007; Karanki et
4 al., 2009; Minnery et al., 2009; Regan et al., 2002a,b), including assessments at
5 two Superfund sites (EPA, 2007, 2002-2005),
- 6 • **Info-gap decision theory** (Ben-Haim, 2006) which has been used in several
7 applications, (Davidovitch et al., 2009; Hall and Harvey, 2009; Regan et al., 2005;
8 Rout et al., 2009; Yokomizo, 2009),
- 9 • **Robust optimization** (Bertsimas and Brown, 2009; Bertsimas et al., 2009;
10 Bertsimas et al., 2010; Ben-Tal et al., 2010), and
- 11 • **Probability trees**, which are distributional methods for considering alternative
12 assumptions and models at various stages of the toxicity assessment. Small
13 (2008) explains that the distributional approach for characterizing uncertainty in
14 cancer risk assessment was developed by Evans, Sielken, and co-workers
15 beginning in the 1990s (Holland and Sielken, 1993; Evans et al., 1994a,b, 1995;
16 Sielken, 1990, 1993; Sielken and Valdez-Flores, 1996, 1999; Sielken et al., 1995)
17 and has also been referred to as information analysis, weight-of-evidence analysis,
18 the comprehensive methodology, and comprehensive realism (Sielken, 1990;
19 Sielken et al., 1995, 1996). The method has since been acknowledged in a number
20 of reviews of cancer risk assessment practice and research needs (Boyce, 1998;
21 Moschandreas and Karuchit, 2002; Zeise et al., 2002), and applied in various
22 forms for risk assessment of different chemical compounds (Humphreys et al.,
23 2001; Rai et al., 2002; Kirman et al., 2004; Starr et al., 2006; David et al., 2006;
24 Crump, 1994). The distributional approach enables consideration of a “portfolio-
25 of-mechanisms” that may contribute to carcinogenesis (Cox, 2006).

26
27 These methods are nontrivial and potentially valuable alternatives to traditional
28 probabilistic uncertainty analysis, and they are able to provide insights on critical
29 uncertainties in the assessment endpoints and the ongoing and future research needed to
30 achieve their resolution. The motivation for all of these approaches is the recognition
31 that the use of a single set of assumptions for the components of a cancer risk assessment,
32 whether default, conservative, or otherwise, fails to capture the full range of plausible or
33 likely relationships, how these relationships depend upon our current state of knowledge,
34 the implications for computed values of potency or unit risk, and the opportunities for
35 improved estimates. The methods require modeling judgment as any analysis does, but
36 they can provide a basis for ongoing integration and value of information assessment as
37 new studies and knowledge accumulate over time (Brusick et al., 2008). These methods
38 can at least provide useful bounds on the plausible risks and on the value of information
39 (VOI) of reducing uncertainties further (especially, perhaps, on whether the dose-
40 response relation has a threshold).

41
42 There are, of course, many significant benefits to undertaking a quantitative
43 uncertainty analysis. Although a completely comprehensive analysis might indeed be too
44 much to expect, it is possible and practical to provide readers with much more useful

1 information about uncertainty. A policy maker might reasonably expect the *Report* to
2 provide insight into major uncertainties and questions such as the following:
3

- 4 • How likely is it that TCDD is not a human carcinogen at current exposure levels?
5 Full discussion of this uncertainty may help to overcome probability neglect and
6 action bias (Patt and Zeckhauser, 2000).
- 7 • How likely is it that TCDD at current exposure levels has health effects that have
8 not yet been identified in the toxicological or epidemiological literature
9 (Diamanti-Kandarakis et al., 2009; Soto and Sonnenschein, 2010)?
- 10 • What is the probability that reducing TCDD exposures would not reduce cancer
11 risk at all, or only by amounts that would not be measurable, based on recent
12 epidemiological studies and updates such as Pesatori et al. (2009)?
- 13 • What is the probability that reducing TCDD exposures would reduce cancer risk
14 in the whole U.S. population, or targeted subpopulations, by amounts significantly
15 greater than a prediction derived from the cancer slope factor estimated by EPA?
- 16 • What is the probability that reducing TCDD exposures would increase cancer risk
17 (e.g., if the dose-response relation is J-shaped or U-shaped)?
- 18 • What is the decision-analytic value of information (VoI) from collecting more
19 information on AhR kinetics and dose-response before making risk management
20 decisions?
- 21 • What is the probability that TCDD interacts with other compounds to which U.S.
22 or targeted subpopulations are exposed, increasing cumulative risk for cancer or
23 other health effects (Carpenter et al., 2002)?
24

25 Although many members of the public believe that it is imprudent or even
26 morally wrong to delay tighter regulation of TCDD exposures (perhaps reflecting beliefs
27 that TCDD is a potent carcinogen, developmental toxin, etc.) many on the Panel felt that
28 EPA should provide a thorough quantitative decision analysis that makes explicit the
29 current uncertainties and trade-offs and that shows the conditions under which acting now
30 or postponing action are the optimal actions. Without such quantitative analysis, risk
31 management decisions for TCDD will not be adequately informed, and principles other
32 than those of rational decision making (e.g., the biases discussed in Sunstein and
33 Zeckhauser, 2010) may dominate risk management decisions for TCDD. EPA's
34 uncertainty analysis should provide the scientific basis for improved decision making.
35 The current decision, in effect, to "punt" on quantitative uncertainty analysis is not
36 adequate for informing responsible risk management decision and policy-making, and is
37 not justified.
38

39 ***Recommendations***

- 40
- 41 • The Panel recommends that EPA reconsider the argument for not doing a
42 quantitative uncertainty analysis, or undertake one. EPA could follow the
43 recommendation of the NAS on this point by using one or more of the techniques
44 suggested above.

1
2 6.2a. *Please comment on the discussion in Section 6 regarding volitional uncertainty*
3 *and how this type of uncertainty limits the ability to conduct a quantitative*
4 *uncertainty analysis.*

5
6 **Response:**

7
8 In the *Report*, EPA contrasts volitional uncertainty with cognitive uncertainty.
9 The Panel recommends that the term “volitional uncertainty,” which might also have
10 been called “decisional uncertainty,” should be dropped from the *Report*. EPA should
11 focus instead on uncertainties about the state of world and display the different modeling
12 choices and the consequences of making them. The decisions mentioned in the
13 discussion in Section 6 of volitional uncertainty are modeling choices, and they should be
14 dealt with using techniques for model uncertainty. Standard tools and techniques for
15 analysis of model uncertainty can be applied.

16
17 **Recommendations**

- 18
19 • The Panel recommends that EPA delete from the *Report* the notion of “volitional
20 uncertainty.” EPA should display the different modeling choices and the
21 consequences of making them.

22
23 6.3. *Throughout the document (including the Appendices), EPA presents a number of*
24 *limited sensitivity analyses (e.g., toxicokinetic modeling, RfD ranges, cancer OSF*
25 *ranges, cancer RfD development). Please comment on the approaches used, and*
26 *the utility of these sensitivity analyses in clarifying potential significant*
27 *uncertainties.*

28
29 **Response:**

30
31 The Panel congratulates EPA on the sensitivity studies that it has already done
32 and considers them to be very useful. The Panel felt these studies should be integrated
33 and unified in an overall uncertainty analysis. The Panel emphasizes that EPA has
34 already done the lion’s share of the effort needed in their considerations described in the
35 uncertainty narratives. The Panel feels the agency should take credit for this hard work
36 and extend the sensitivity studies to respond fully to the NAS criticism.

37
38 The Panel is mindful of the need to minimize further delay of the finalization of
39 this already protracted dioxin assessment. The work the EPA has already done in the
40 sensitivity studies should be leveraged to hasten the completion of whatever uncertainty
41 analysis EPA elects to undertake.

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1 ***Recommendations***

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- The Panel recommends that sensitivity studies that have already been completed be integrated into whatever overall uncertainty analysis EPA elects to undertake.

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1 **Appendix A: Dissenting Opinion from Karl Rozman, Ph.D.**
2

The University of Kansas Medical Center

Karl K. Rozman, Ph.D.
Professor
School of Medicine
Department of Pharmacology,
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December 9, 2010

Thomas Armitage, Ph.D.
Designated Federal Officer
USEPA Science Advisory Board (1400R)
1200 Pennsylvania Ave., N.W.
Washington, D.C. 20460

RE: A Dissenting Opinion

Dear Tom,

As I have indicated in my previous written and oral opinions to this panel, I disagree with the panel conclusions regarding the carcinogenicity of TCDD and the adequacy of the EPA response to the criticisms of the NAS report.

There is at best equivocal evidence (statistically not significant) for the carcinogenicity of TCDD (or DLCs) in the occupational setting where the body burdens were at least 100 or 1000 times higher than the current or previous background levels. Therefore, the consideration of a practical threshold for any defined population requires acceptance of the compelling scientific conclusion that there is negligible (essentially zero) carcinogenic risk at current background levels which are much lower than past levels. Any other conclusion is incompatible with sound science and no amount of modeling or data manipulation will transform a non-existing effect at occupational exposure levels into a risk at current background levels other than the non-scientific, policy-driven, non-threshold extrapolation by EPA.

Further, it is my opinion that the EPA document (2010 Reanalysis of Key Issues Related to Dioxin Toxicity and Response to NAS Comments, 600/-10/038A) is deliberately non-responsive to the recommendations of the NAS report.

Respectfully,



Karl K. Rozman, Ph.D., D.A.B.T.
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1 **Appendix B: Value of Information**

2
3 When human health risk assessments include an explicit representation of
4 uncertainty, the potential value of new information (VOI) can be estimated by its ability
5 to reduce uncertainties that matter most to the assessment target. While methods for
6 determining VOI are most commonly associated with the decision analysis literature in
7 the context of informing management or regulatory decisions (Raiffa, 1968; Keeney,
8 1982; Winkler and Murphy, 1985; Finkel and Evans, 1987; Taylor et al., 1993; Clemen,
9 1996; Chao and Hobbs, 1997), there are many steps in a scientific assessment well before
10 (or even without subsequent) decision support and decision making where VOI
11 evaluations can be of benefit in characterizing current scientific knowledge and the
12 potential for its improvement. EPA should integrate these methods into their current and
13 ongoing assessments of dioxin toxicity.

14 When uncertainty in a scientific assessment is measured by the variance of model
15 predictions, a first measure of VOI is the extent to which this variance might be reduced
16 by new or additional data (e.g., Patwardhan and Small, 1992; Brand and Small, 1995;
17 Abbaspour et al., 1996; Chao and Hobbs, 1997; Sohn et al., 2000; Bosgra et al., 2005;
18 Cooke, 2009). The relative contribution of different model assumptions and parameter
19 uncertainties to the variance of the estimated effect (e.g., the BMD), or the cancer slope
20 factor) provides an indication of which of these uncertainties would be most beneficial to
21 address. In addition, a VOI assessment considers the potential for the component
22 uncertainties to be reduced, based on the feasibility, resource requirements (time and
23 funding), and likelihood of success of the studies that would be needed to achieve the
24 necessary improvement in scientific knowledge.

25
26 A scientific VOI study may also target a key classification inference that results
27 from a risk assessment, for example, whether a compound is genotoxic. Assuming the
28 current assessment leads one to assign an inconclusive probability to this outcome (e.g.,
29 between 10% and 90%, so that neither inference can be rejected with a high degree of
30 confidence), then potentially valuable studies are those able to shift subsequent
31 probabilities to high values (e.g., above 90, 95, or 99%) with a positive result (e.g.,
32 providing support for genotoxicity) and/or to low values (below 10, 5, or 1%) with a
33 negative result.

34
35 To illustrate, Small (2008) presents a simple probability tree model (a
36 “distributional approach”) for assessing genotoxicity based on studies of DNA damage
37 response caused by naphthalene and its metabolites. In the proposed studies a series of
38 isogenic cell lines deficient in various DNA metabolism pathways are used to
39 characterize the DNA damage responses caused by the targeted compounds. Following
40 results from the cultured cells, mice deficient in the specific DNA damage responses
41 would be exposed to naphthalene. Possible inferences are identified based on the
42 assessed sensitivity and selectivity of study results to the genotoxicity of naphthalene.
43 Study outcomes considered include: i) DNA damage responses in the isogenic cells; ii)
44 increased numbers of stable DNA adducts in the DNA repair deficient mouse lung; and

1 iii) heightened Clara cell toxicity in the DNA repair deficient mouse lung. Illustrative
 2 results using Netica are presented as follows:
 3

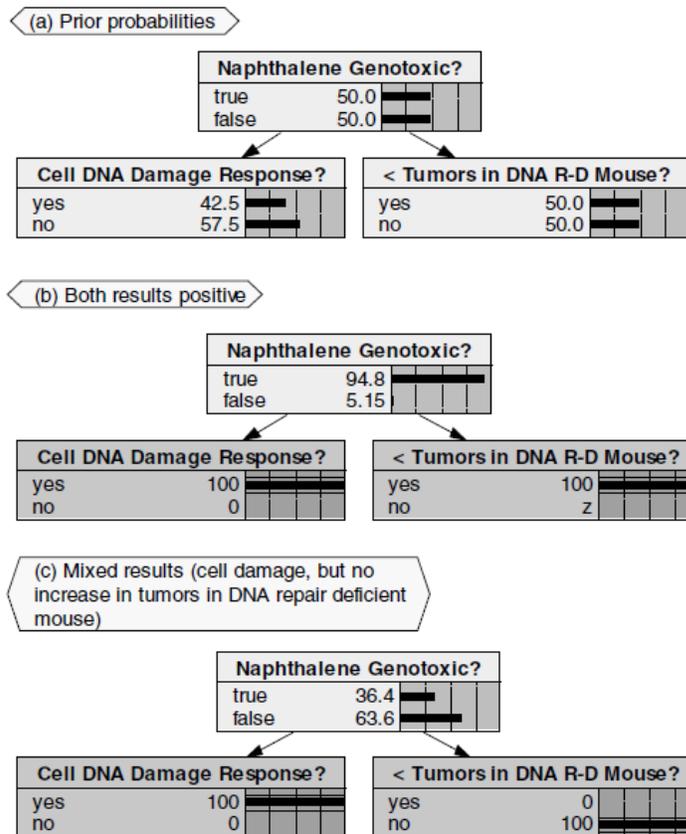


Fig. 5. Illustrative consideration of selected experimental results for naphthalene Study IV (outcomes assumed independent, prior probability of genotoxicity set to 0.5, and sensitivities and selectivities chosen by author solely for illustration of methodology): (A) Prior probability before study; (B) Positive outcomes for both study results; and (C) Positive results for cell DNA damage, but negative results for increased tumors in DNA repair-deficient mouse.

4
 5 As noted, the results shown above are intended solely to demonstrate the way in which
 6 study results can be combined to support or refute targeted inferences.

7
 8 Even when the uncertainty tree method is only used to delineate the set of
 9 possible outcomes and relationships among steps and assumptions in the risk assessment
 10 (i.e., mode of action; dosimetry measures for exposure; the mathematical form of the
 11 dose-response relationship; the experimental data set(s) used to fit the relationship; and
 12 the procedure used for interspecies extrapolation) *without the assignment of probabilities
 13 to the tree branches*, key assumptions and the experiments needed to support or refute
 14 them can still be identified. These will typically involve elements of the assessment that,
 15 depending on their resolution, effectively restrict the set of possible outcomes to either a
 16 positive or a negative inference regarding the endpoint of the risk assessment.
 17 Establishing a procedure of this type will allow the Agency to put in place a more formal
 18 mechanism for identifying, conducting, and integrating the results of key studies for
 19 future assessments.

1 **Appendix C: Editorial Comments and Corrections**

2
3 **a. Section 2**

4
5 Minor suggestions to further improve clarity regarding data set inclusion/exclusion
6 criteria

7
8 Page xxxvii, Lines 16-19. The sentence needs clarification. It currently gives the
9 impression that studies that were eliminated for further analysis would have NOAELs
10 available.

11 Pages 2-234 – 2-247. EPA should consider adding information to the appendices and/or
12 tables to provide readers with clarification regarding the exclusion of particular studies.
13 For example, an extra column in Table 2-7 listing, by numbered reference, the criteria
14 that were or were not met for each study would be helpful.

15
16 **b. Section 6**

17
18 Page 6-2. Add NRC (1996).

19
20 Page 6-3, bottom: The word “margins” should be “marginals.”

21
22 Page 6-3, line 26: If EPA wants to use the adverb “always”, the phrase “as a joint
23 distribution” should be “as some characterization of a joint distribution” to be correct.

24
25 Page 6-4, lines 9-12: This text is strange and off-putting. A reader might ask who wrote
26 this and why. It seems opinionated and unnecessary.

27
28 Page 6-4, line 9: The tone is too pedagogical (“This is not the place . . .”).

29
30 Footnote 54: The discussion of alternatives to strict, single-measure probability theory is
31 ham-handed. Neither interval probabilities nor imprecise probabilities (sensu Walley,
32 1991) depart from probability theory; they follow the Kolmogorov axioms. They are
33 motivationally and essentially equivalent to sensitivity analyses, except they do not make
34 use of sampling strategies and can be more comprehensive.

35
36 Lines 29-30: It is simply untrue that sensitivity analyses have to be systematic. The
37 word “systematic” might better be “comprehensive” and the word “essential” should be
38 weakened, perhaps to “advantageous”.

39
40 Page 6-5, lines 4-7 and footnote 55: There seem to be only two axioms mentioned in the
41 text, but Kolmogorov needs three to make probability theory.

42
43 Page 6-5: The meaning of the phrase “epistemic uncertainty” given on this page is
44 plainly incorrect. Epistemic uncertainty is the uncertainty that arises from imperfect

1 knowledge such as from limitations on the amount or quality of data available or
2 deficiencies in our causal understanding about a system. It is not true that a quantity
3 about which there is epistemic uncertainty is necessarily fixed. Although it is perhaps
4 clear how one might come to this mistaken impression, no researchers use the phrase to
5 imply that the underlying quantity has no variability (although all would admit that this
6 could be the case given our ignorance about it). Indeed, a variable can have both forms
7 of uncertainty. For example, when body weight varies across a population, but with a
8 distribution that is unknown, the variable has both aleatory and epistemic uncertainty.
9 This mistake echoes in a couple of other places throughout this section.

10
11 It is not clear what the authors take to be the difference between epistemic uncertainty
12 and what they call “cognitive uncertainty.” It seems that the latter phrase was introduced
13 because the meaning of “epistemic uncertainty” had been misunderstood. Normally, the
14 phrase “cognitive uncertainty” would refer to an individual person’s uncertainty about the
15 validity of the results of his or her own information processing. The assertion that
16 cognitive uncertainty may be represented by probability (i.e., by precise probability
17 measures) is unnecessary and may be misleading. In fact, researchers in human cognition
18 and neuroscience have shown that humans process this kind of uncertainty (which they
19 often call “ambiguity”) separately and differently from what we think of as probability or
20 frequentist risk (Hsu et al., 2005; Glimcher, 2003). The section can omit the phrase
21 “cognitive uncertainty” altogether and use in its place “epistemic uncertainty.” There are
22 slight differences between the two ideas (e.g., epistemic uncertainty could be shared by
23 members in a group, whereas cognitive uncertainty is always personal), but these appear
24 to be unimportant in this context.

25
26 Page 6-5: The words “aleatoric” and “aleatory” are both used on this page as
27 (synonymous) adjectives of uncertainty. Actually, in the engineering literature, only
28 “aleatory” is preferred for this use. In any case, please pick one to use.

29
30 Page 6-5, line 10: The assertion that the frequentist and Bayesian interpretations are not
31 mutually exclusive may be misleading. They are mutually exclusive in the sense that it
32 would be improper to mix and match components of each into an analysis. It would be
33 appropriate to omit the clause with the phrase “mutually exclusive,” although it is surely
34 fair to say that subjective probabilities can and do track relative frequencies.

35
36 Page 6-5, lines 30-32: The text on the subject of dependence is strange here, and also in
37 section 6.1.3.3. It is incorrect that the “[i]ssues involving...epistemic and aleatory
38 uncertainty translate into issues of dependence.” This is just wrong (even under their
39 unusual definition of “epistemic”).

40
41 Page 6-6: Section 6.1.3.2 starting on this page discusses a way to address uncertainty for
42 sample data. This Spartan treatment does not mention that sampling uncertainty is not
43 the only kind of uncertainty that can be associated with data, nor that it may not even be
44 the largest kind of uncertainty. Mensurational uncertainty (including the plus-minus part
45 of a measurement, and censoring) may be more important. In some cases, the family or

1 shape of the marginal distribution may be unknown, which is a kind of model
2 uncertainty. As suggested on page 6-35, such uncertainties can be significant. The
3 section suggests only a resampling approach to expressing the uncertainty, but fails to
4 mention the often severe limitations of such approaches, and says nothing about what one
5 might do if there is no relevant sample data.

6
7 Page 6-6, line 20: Maybe the last word of the header should be plural.

8
9 Line 21: Modern practice has replaced “error” with “uncertainty” in this context.

10
11 Footnote 56: EPA could add “or subtracting” after “adding.”

12
13 Page 6-7, line 14: “The role of dependence modeling” should be replaced with
14 “Dependence among variables.”

15
16 Page 6-7. More examples of use of expert judgment for health assessment are available
17 and should be cited.

18
19 Page 6-7, last paragraph: This paragraph extending onto the next page should be
20 rewritten. The example is reasonable and important, but the discussion about it is
21 confused. The first sentence is incorrect. The uncertainty mentioned in the second
22 sentence may be epistemic, but the sentence is erroneous in its claim. In the following
23 sentences, the words “variable” and “fixed” (or “constant”) should be used rather than
24 “aleatoric” and “epistemic.” It is nonsense to say that a kinetic constant is “completely
25 correlated across individuals.” It’s not correlated; it is invariant. This case is not an
26 example of a dependence issue. There is no correlation between a distribution and a
27 fixed quantity (even if it’s uncertain). Correlation is defined between *varying* quantities.
28 If the number is fixed, whether or not we know what it is, then one cannot say it is
29 correlated with anything. The authors may have come to this twisted language because
30 they’re thinking of the uncertainties in terms of how they might plan to quantitatively
31 characterize them in a Monte Carlo simulation (repeatedly selecting a random deviate for
32 the kinetic constant but assigning it to every individual). Of course, variables such as
33 body fat, age, and smoking, on the other hand, can and do exhibit correlations that
34 definitely should be accounted for in the quantitative assessments. Likewise, it is also
35 important to keep track of the constancy of particular quantities about which we may not
36 know the precise value. These two issues should be untangled and discussed in a less
37 confusing way.

38
39 Page 6-8, line 12: The first paragraph of section 6.1.3.4 seems to be saying that one can
40 sometimes express model uncertainty as parametric uncertainty, which simplifies its
41 handling. This could be said more plainly. It would be helpful to mention that this trick
42 cannot always be used (as when the possible models cannot be listed). It might also be
43 especially helpful to mention that this trick is not so much a way to propagate model
44 uncertainty as a way to sweep it under the rug. Model averaging, including Bayesian
45 model averaging (which is mentioned in several places, including 6-36, lines 3ff), erases

1 model uncertainty in the same way that averaging variable quantities erases their
2 variation.

3
4 Page 6-8, line 13: Omit the unnecessary fancy after the semicolon.

5
6 Lines 15-17: This sentence is nonsense, if we understand what a linear low-dose model
7 is. Parsing the sentence, it seems to say “uncertainty over a...slope...may be quantified,
8 but uncertainty...in slope...cannot be captured” which is self-contradictory. Perhaps
9 what the authors mean to say is that the linearity assumption is not itself subject to
10 uncertainty quantification.

11
12 Page 6-9, line 1: The mathematical symbol x should be italicized, as should all Roman
13 letters throughout the document that represent unknown quantities, i.e., are symbols
14 representing something else rather than names like “e” the base of the natural logarithms.

15
16 Lines 14 and 16: The prefixes “pseudo” and “quasi” are not words. Hyphens are needed.

17
18 Page 6-9, line 18: Provide citations for dependence modeling.

19
20 Page 6-9: Section 6.1.3.6 might also mention *graphs*, and other traditional
21 communication tools other than correlation indices.

22
23 Page 6-10, line 4: Add mention of methods that identify uncertain assumptions or
24 parameters that are *important* for determining whether the model is consistent with
25 observed data (Hornberger and Spear, 1983) and for affecting a decision that is made as a
26 result of the model (Merz et al., 2009).

27
28 Page 6-10, lines 29-30: Do the authors mean “*this* probabilistic language,” referring to
29 the word “likely” in the quoted text?

30
31 Page 6-11, line 19: Of course there is no guarantee that linear will be protective.

32
33 Page 6-13, line 18: Of course it isn’t really apodictic knowledge at all, but rather only an
34 opinion or an assumption. We see the authors’ point and agree with it entirely, but
35 perhaps they should use a word other than “apodictic” here since it’s not technically
36 correct.

37
38 Page 6-14, lines 33-34: The parenthetical phrase “volitional uncertainty” should be
39 expanded into a sentence that says what the authors mean to express. The phrase
40 “cognitive uncertainty” does not mean anything in this context. Perhaps if the authors
41 expanded it into a sentence too, maybe making it “epistemic uncertainty” along the way,
42 it would be possible to understand what they are trying to say here.

43
44 Footnote 62: “Effective” is misspelled, as is “cancer.”

45

- 1 Page 6-16, line 5: We note that it's not really a guarantee of course.
2
3 Line 8: The word "common" should be "predominant".
4
5 Page 6-16, line 20: Perhaps we can say that variability (and uncertainty) in the factors
6 that are used to determine a particular UF can be considered in choosing the particular
7 value of the UF.
8
9 Page 6-17, lines 3-14: This problem can be addressed using a Bayesian analysis with a
10 beta conjugate for the uncertain response probability, p , with uninformative (uniform)
11 prior for p . The probability that "an experiment with a null response might have yielded
12 a positive response" can be estimated from the predictive distribution (which will depend
13 on the number of test animals in the original study that yielded zero responses) for the
14 next experiment (with any number of exposed animals).
15
16 Page 6-17, line 28: The word "band" should be "limit".
17
18 Page 6-20, footnote 66: The text starting "each have an error factor" should be followed
19 by "of" rather than "or".
20
21 Page 6-21, line 6: It would be helpful to say something about what the concerns are.
22
23 Page 6-21, lines 12-14: NAS was not suggesting that EPA use the *uncertainty factors*
24 approach to mount an uncertainty analysis, but rather a more modern approach.
25
26 Page 6-22, line 19: Would it be appropriate to note "and establishes a concomitant
27 reduction in some UFs?"
28
29 Line 29: The word "invokes" should perhaps be "would require".
30
31 Page 6-23, line 33 and passim: The word "exotic" is a poor choice that is unnecessarily
32 and transparently loaded.
33
34 Page 6-25, line 29: This sentence is ungrammatical.
35
36 Page 6-26, line 24 and Figure 6-1: Would it be helpful to draw the 45-degree line on the
37 graph?
38
39 Page 6-27, line 10: The word "epistemic" here is acceptable.
40
41 Line 14: The word "epistemic" here should be replaced by "fixed across individuals,"
42 and "is estimated from" should be replaced by "varies with." How does half life's
43 estimability from data imply that it is variable?
44
45 Page 6-28, lines 1-2: One would need the dependence between the variables to proceed.

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Line 9: We suggest that “and” should be “although.”

Page 6-29, line 1-2: There are bounding techniques based on the classical Fréchet inequality that do not require any knowledge of or any assumptions about dependencies.

Line 32: Omit “to.”

Page 6-31, line 24: The pessimistic conclusion is a bit strong. Any *estimate* made from data is amenable to a quantitative uncertainty analysis so, if one is measuring anything, one can propagate uncertainties such as mensurational uncertainty, sampling uncertainty, and perhaps even surrogacy uncertainty. It’s not quite as hard to get quantitative models as the text here seems to suggest.

Page 6-32, lines 13-14: The dour conclusion is confusing. One could do a sensitivity analysis in this case, couldn’t one? If so, it seems that some kind of uncertainty analysis is clearly possible.

Page 6-33: The example in the text box is great, but the second table seems to say the log-likelihood for LLD is 2.46 and for Hill is 2.16, which would make LLD’s larger than Hill’s, which contradicts what’s said in the text.

Page 6-34, line 4: Shouldn’t “*Delivered dose*” be a new bullet?

Line 8: We don’t think this statement is true. Perhaps “statistically more powerful” should be “typically yield more sensitive”.

Lines 24-25: We don’t think it is necessary or helpful to persist with Box’s platitude. Model uncertainty is the uncertainty about a model’s predictions that arises from doubt about the relevance of that model for making such predictions.

Page 6-37, line 29: The caveat is overwrought. Exploring relevant alternative values in a sensitivity analysis could constitute a quantitative uncertainty analysis, even if the exploration is limited.

Page 6-37, line 30: This sentence is false. Analytical methods of propagation (convolution) don’t “sample” anything, and analyses based on intervals or imprecise probabilities don’t depend on uncertainty “distributions” (i.e., precise probability distributions).

It is important to keep in mind that, in general, we are not necessarily limited to identifying precise probability distributions for everything that is to be characterized as uncertain (as seems to be suggested here). Simple intervals about uncertain quantities can support a straightforward, albeit crude, interval analysis that propagates uncertainty about parameters and other model choices to statements about the range of possible

1 results. Similarly, an approach based on interval probabilities, probability boxes, or
2 general imprecise probabilities (Walley,1991) can combine such intervals with precise
3 distributions if they are known for some other inputs, and with structures that are
4 intermediate between coarse intervals and delicate probability distributions when some
5 but incomplete knowledge is available. If the inputs are profoundly uncertain, the results
6 from such analyses are likely to be wide in reflection of these uncertainties. In almost all
7 cases, it is possible to be entirely rigorous without necessarily being precise and without
8 completely specifying each probability distribution.

9
10 Page 6-37, line 31: There does not need to be a specified “underlying distribution from
11 which to sample” in order to conduct a quantitative uncertainty analysis. It is facile to
12 shrug off a call to characterize and account for important uncertainties in the assessment
13 process on these grounds alone. Even when the uncertainty is volitional, there can be
14 relevant ranges that are interesting to decision makers and stakeholders. In such cases,
15 the analysis may be formally closer to a sensitivity analysis, but some appropriate
16 response is usually possible, if not always practicable. To their credit, EPA has
17 acknowledged the legitimacy of the call and undertaken some efforts in this direction,
18 notably Tables 5-18 and 5-19 (although some kind of graphical summary of the results
19 might have been better).

20
21 Page 6-38, line 30 and passim: The adjective “data driven” needs a hyphen, as it has
22 elsewhere in the document.

23
24 Line 23-24: We think this sentence is true, but, again, sampling from a distribution is not
25 the only way to conduct a quantitative uncertainty analysis.

26
27 Line 26: What is “(2.a)?”

28
29 Page 6-41, line 23: Omitting the word “extra” would make the sentence more easily
30 understandable.

31
32 Line 31: What does “How Forward?” mean? Is this idiomatic?

33
34 Section 6.5.2: The assertions in this section are rather surprising and questionable. EPA
35 says that uncertainty quantification is an “emerging area in science” and that it is “an area
36 where research could be focused” because “the requisite knowledge does not yet exist” to
37 apply quantitative uncertainty analysis in assessments such as this one for dioxin. The
38 document peremptorily dismisses the utility of “convening a blue-ribbon panel” to
39 identify the proper approach and suggests instead that “multiple approaches should be
40 encouraged.” Is the inference that the present review panel shouldn’t try to say what the
41 proper approaches to uncertainty quantification are, even if we think the area is more
42 mature than emerging? It is hard to understand what these statements are suggesting.
43 Will the Agency support intramural and extramural research efforts in this direction? If
44 not, what do the statements mean? Is it impossible that EPA could benefit from some
45 tech transfer efforts as well as basic research on uncertainty quantification? The

- 1 paragraph beginning on page 6-42 (line 3) mentions a European idea of bench-test
- 2 exercises to compare different approaches. It may be worth mentioning that this idea has
- 3 been implemented in the United States as well (Oberkamp et al., 2004; Ferson et al.,
- 4 2004).
- 5
- 6 The document's reference list is alphabetically arranged, but seems to go from Z back to
- 7 A again on page R-33.

Science Advisory Board (SAB) 5/4/11 Draft. Do not cite or quote.
This draft SAB Panel report has been prepared for quality review and approval by the chartered SAB. This draft does not represent EPA policy.

1 Appendix D: EPA's Charge Questions



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NATIONAL CENTER FOR ENVIRONMENTAL ASSESSMENT
WASHINGTON, DC 20460

May 27, 2010

OFFICE OF
RESEARCH AND DEVELOPMENT

MEMORANDUM

SUBJECT: Request for Science Advisory Board Review of the Draft Report, "EPA's Reanalysis of Key Issues Related to Dioxin Toxicity and Response to NAS Comments"

FROM: Becki Clark, Deputy Director
National Center for Environmental Assessment (8601P)
Office of Research and Development

TO: Vanessa T. Vu, Ph.D., Director
EPA Science Advisory Board (1400F)

This is to request a review by the Science Advisory Board of the draft report entitled "EPA's Reanalysis of Key Issues Related to Dioxin Toxicity and Response to NAS Comments" (EPA/600/R-10/038A). This draft report details the Environmental Protection Agency's (EPA) response to key comments and recommendations included in the 2006 NAS report ("Health Risks from Dioxin and Related Compounds: Evaluation of the EPA Reassessment") on their review of the (EPA) 2003 draft dioxin reassessment. This draft report also includes significant new analyses on both the potential cancer and noncancer human health effects that may result from chronic exposures to dioxins.

Attached is the Charge that provides background information as well as questions that are to be the focus of the Science Advisory Board review of this draft report.

Please let me know if you have any questions. Thank you.

Attachment: Charge for EPA's Science Advisory Board – Review of the Draft Report, "EPA's Reanalysis of Key Issues Related to Dioxin Toxicity and Response to NAS Comments"

cc: Peter W. Preuss
Annette Gatchett
Glenn Rice
Cheryl Itkin

1
2 **Proposed Charge to the Science Advisory Board for Peer Review Of Draft Report**
3 **“EPA’s Reanalysis of Key Issues Related to Dioxin Toxicity**
4 **and Response to NAS Comments”**

5 May, 2010
6

7 EPA has been preparing an assessment of the potential health impacts of 2,3,7,8-
8 Tetrachlorodibenzo-p-Dioxin (TCDD) for many years. In 2003, EPA released an
9 external review draft report entitled, *Exposure and Human Health Reassessment of*
10 *2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD) and Related Compounds* (U.S. EPA, 2003)
11 (herein referred to as “*2003 Reassessment*”) that was reviewed by the EPA Science
12 Advisory Board (SAB), and then by the National Academy of Sciences (NAS). In 2006,
13 the National Research Council (NRC) of the National Academies published their report
14 of EPA’s reassessment, *Health Risks from Dioxin and Related Compounds: Evaluation of*
15 *the EPA Reassessment* (NRC, 2006).
16

17 The current Report *EPA’s Reanalysis of Key Issues Related to Dioxin Toxicity and*
18 *Response to NAS Comments* (“*Response to Comments*”) before the SAB is a response to
19 the review by the NRC, and includes new analyses completed in response to the NRC
20 recommendations and recently published literature, as well as a discussion of topics
21 where our views differed. The draft *Response to Comments* document is not an
22 assessment per se; it is designed to supplement the information provided in *the 2003*
23 *Reassessment*. However, the draft *Response to Comments* provides a noncancer reference
24 dose and updated cancer values. Detailed discussions of many of the issues addressed in
25 the draft *Response to Comments* are available in the *2003 Reassessment* and have not
26 been reproduced in the current Report – whenever appropriate; the reader is directed to
27 the pertinent chapters of the *2003 Reassessment*.
28

29 The NRC identified three key recommendations that they believed would result in
30 substantial improvement to the EPA *2003 Reassessment* and thus support a scientifically
31 robust characterization of human responses to exposures to TCDD. These three key areas
32 are (1) improved transparency and clarity in the selection of key data sets for dose-
33 response analysis, (2) further justification of approaches to dose-response modeling for
34 cancer and noncancer endpoints, and (3) improved transparency, thoroughness, and
35 clarity in quantitative uncertainty analysis. The NRC Report also encouraged EPA to
36 calculate a reference dose (RfD), which had not been derived in the *2003 Reassessment*.
37 The draft *Response to Comments* document addresses each of these issues. Please
38 consider the accuracy, objectivity, and transparency of EPA’s reanalysis and responses in
39 your review.
40

41 **General Charge Questions**
42

- 43 1.1 Is the draft *Response to Comments* clear and logical? Has EPA objectively and
44 clearly presented the three key NRC recommendations?
45

- 1 1.2 Are there other critical studies that would make a significant impact on the
2 conclusions of the hazard characterization or dose-response assessment of the
3 chronic noncancer and cancer health effects of TCDD?
4

5 **Specific Charge Questions**

6
7 **Section 2. Transparency and Clarity in the Selection of Key Data Sets for Dose-
8 Response Analysis**

- 9
10 2.1. Is this Section responsive to the NAS concern about transparency and clarity in
11 data-set selection for dose-response analysis?
12
13 2.2. Are the epidemiology and animal bioassay study criteria/considerations
14 scientifically justified and clearly described?
15
16 2.3. Has EPA applied the epidemiology and animal bioassay study
17 criteria/considerations in a scientifically sound manner? If not, please identify and
18 provide a rationale for alternative approaches.
19

20 **Section 3. The Use of Toxicokinetics in Dose-Response Modeling for Cancer and
21 Noncancer Endpoints**

- 22
23 3.1 The *2003 Reassessment* utilized first-order body burden as the dose metric. In the
24 draft *Response to Comments* document, EPA used a physiologically-based
25 pharmacokinetic (PBPK) model (Emond et al., 2004, 2005, 2006) with whole blood
26 concentration as the dose metric rather than first-order body burden. This PBPK
27 model was chosen, in part, because it includes a biological description of the dose-
28 dependent elimination rate of TCDD. EPA made specific modifications to the
29 published model based on more recent data. Although lipid-adjusted serum
30 concentrations (LASC) for TCDD are commonly used as a dose metric in the
31 literature, EPA chose whole blood TCDD concentrations as the relevant dose metric
32 because serum and serum lipid are not true compartments in the Emond PBPK
33 models (LASC is a side calculation proportional to blood concentration).
34

35 Please comment on:

- 36
37 3.1.a. The justification of applying a PBPK model with whole blood TCDD
38 concentration as a surrogate for tissue TCDD exposure in lieu of using
39 first-order body burden for the dose-response assessment of TCDD.
40
41 3.1.b. The scientific justification for using the Emond et al. model as opposed to
42 other available TCDD kinetic models.
43
44 3.1.c. The modifications implemented by EPA to the published Emond et al.
45 model.

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3.1.d. Whether EPA adequately characterized the uncertainty in the kinetic models.

3.2. Several of the critical studies for both noncancer and cancer dose-response assessment were conducted in mice. A mouse PBPK model was developed from an existing rat model in order to estimate TCDD concentrations in mouse tissues, including whole blood.

Please comment on:

3.2.a. The scientific rationale for the development of EPA’s mouse model based on the published rat model (Emond et al., 2004, 2005, 2006).

3.2.b. The performance of the mouse model in reference to the available data.

3.2.c. Whether EPA adequately characterized the uncertainty in the mouse and rat kinetic models. Please comment specifically on the scientific justification of the kinetic extrapolation factor from rodents to humans.

3.3 Please comment on the use of the Emond et al. PBPK model to estimate human intakes based on internal exposure measures.

3.4. Please comment on the sensitivity analysis of the kinetic modeling (see Section 3.3.5).

3.5. Both EPA’s noncancer and cancer dose-response assessments are based on a lifetime average daily dose. Did EPA appropriately estimate lifetime average daily dose? If not, please suggest alternative approaches that could be readily developed based on existing data.

Section 4. Reference Dose

4.1. The Mocarelli et al. (2008) and Baccarelli et al. (2008) studies were selected as co-critical studies for the derivation of the RfD. Is the rationale for this selection scientifically justified and clearly described? Please identify and provide the rationale for any other studies that should be selected, including the rationale for why the study would be considered a superior candidate for the derivation of the RfD. In addition, male reproductive effects and changes in neonatal thyroid hormone levels, respectively, were selected as the co-critical effects for the RfD. Please comment on whether the selection of these critical effects is scientifically justified and clearly described. Please identify and provide the rationale for any other endpoints that should be selected as the critical effect.

4.2. In the Seveso cohort, the pattern of exposure to TCDD is different from the average

1 daily exposure experienced by the general population. The explosion in Seveso
2 created a high dose pulse of TCDD followed by low level background dietary
3 exposure in the exposed population. In the population, this high dose pulse of
4 TCDD was slowly eliminated from body tissues over time. There is uncertainty
5 regarding the influence of the high-dose pulse exposure on the effects observed
6 later in life.

7
8 4.2.a. Mocarelli et al. (2008), reported male reproductive effects observed later
9 in life for boys exposed to the high dose pulse of TCDD between the ages
10 of 1 and 10. EPA identified a 10 year critical exposure window. In the
11 development of the candidate RfD, EPA used an exposure averaging
12 approach that differs from the typical approach utilized for animal
13 bioassays. EPA determined that the relevant exposure should be
14 calculated as the mean of the pulse exposure and the 10-year critical
15 exposure window average. Please comment on the following:

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17 4.2.a.i. EPA's approach for identifying the exposure window and
18 calculating average exposure for this study.

19
20 4.2.a.ii. EPA's designation of a 20% decrease in sperm count (and an
21 11% decrease in sperm motility) as a LOAEL for Mocarelli et al.
22 (2008).

23
24 4.2.b. For Baccarelli et al. (2008), the critical exposure window occurs long
25 after the high-dose pulse exposure. Therefore, the variability in the
26 exposure over the critical exposure window is likely to be less than the
27 variability in the Mocarelli et al. subjects. EPA concluded that the
28 reported maternal exposures from the regression model developed by
29 Baccarelli et al. provide an appropriate estimate of the relevant effective
30 dose as opposed to extrapolating from the measured infant TCDD
31 concentrations to maternal exposure. Additionally, EPA selected a
32 LOAEL of 5 μ -units TSH per ml blood in neonates; as this was
33 established by World Health Organization (WHO) as a level above which
34 there was concern about abnormal thyroid development later in life.
35 Please comment on the following:

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37 4.2.b.i. EPA's decision to use the reported maternal levels and the
38 appropriateness of this exposure estimate for the Baccarelli et al.
39 study.

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42 4.2.b.ii. EPA's designation of 5 μ -units TSH per ml blood as a LOAEL
43 for Baccarelli et al. (2008).

44
45 4.3. Please comment on the rationale for the selection of the uncertainty factors (UFs)

1 for the RfD. If changes to the selected UFs are proposed, please identify and
2 provide a rationale.
3

4 4.4. EPA did not consider biochemical endpoints (such as CYP induction, oxidative
5 stress, etc.) as potential critical effects for derivation of the RfD for TCDD due to
6 the uncertainties in the qualitative determination of adversity associated with such
7 endpoints and quantitative determination of appropriate response levels for these
8 types of endpoints in relation to TCDD exposure. Please comment on whether this
9 decision is scientifically justified and clearly described.
10

11 4.5. In using the animal bioassays, EPA averaged internal blood TCDD concentrations
12 over the entire dosing period, including 24 hours following the last exposure.
13 Please comment on EPA's approach for averaging exposures including intermittent
14 and one day gestation exposure protocols.
15

16 4.6. Please comment on the benchmark dose (BMD) modeling conducted by EPA to
17 analyze the animal bioassay data and EPA's choice of points of departure (PODs)
18 from these studies.
19

20 4.7. For the animal bioassay modeling, EPA applied the kinetic extrapolation at the
21 level of the POD prior to applying the uncertainty factors because EPA has less
22 confidence in the kinetic model output at lower doses reflective of the RfD. Please
23 comment on whether this approach was scientifically justified and clearly
24 described.
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26 4.8. Please comment as to whether EPA's qualitative discussion of uncertainty in the
27 RfD is justified and clearly described.
28

29 **Section 5. Cancer Assessment** 30

31 5.1. Weight of Evidence Cancer Descriptor: The *2003 Reassessment* concluded that
32 TCDD is a "known human carcinogen." In the current draft *Response to Comments*
33 document, EPA concluded that under the 2005 Guidelines for Carcinogen Risk
34 Assessment (U.S. EPA, 2005) TCDD is "carcinogenic to humans." Is the weight-
35 of-evidence characterization scientifically justified and clearly described?
36

37 5.2. Mode of Action: The mode of action of a carcinogen can inform identification of
38 hazards and approaches used for a dose-response assessment. The mode of
39 carcinogenic action for TCDD has not been elucidated for any tumor type. EPA
40 concluded that, while interaction with the Ah receptor is likely to be a necessary
41 early event in TCDD carcinogenicity in experimental animals, the downstream
42 events involved are unknown.
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44 5.2.a. Are the available data related to mode(s) of action for the carcinogenicity
45 of TCDD appropriately characterized and clearly presented?

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5.2.b. Do the available data support EPA’s conclusion that the overall mode(s) of action for TCDD-induced carcinogenesis is largely unknown? Please comment on whether this evaluation is clearly described.

5.3. Is EPA’s approach for selecting data sets from the key epidemiologic studies and animal bioassays identified for cancer dose response modeling scientifically justified and clearly described?

5.4. For the animal bioassay data, potential cancer oral slope factors (OSFs) were calculated by linear extrapolation (using a linear, nonthreshold cancer approach) from the point of departure (POD). EPA also estimated the composite risk of the occurrence of several tumor types from the animal cancer bioassay data.

5.4.a. Please comment on whether the approach for estimating cancer risk, including the use of tumor modeling of the TCDD animal cancer bioassay data, is scientifically justified and clearly described.

5.4.b. Please comment on the choice of using a $BMDL_{01}$ as the POD for the development of candidate oral slope factors derived from the TCDD animal cancer bioassays.

5.5. EPA selected Cheng et al. (2006) – an analysis of the NIOSH occupational cohort – as the critical study for oral slope factor (OSF) development. This study was chosen because it considers dose-dependent elimination of TCDD rather than first-order kinetics.

5.5.a. Please comment on whether the rationale for this selection is scientifically justified and clearly described. Please identify and provide the rationale for any other studies that should be considered and provide a critical evaluation of the study and of its suitability for meeting the goals of a quantitatively cancer assessment.

5.5.b. Cheng et al. (2006) analyzed all-cancer mortality. Please comment on the use of all-cancer mortality as the basis of the OSF.

5.5.c. Please comment on whether the use of the Emond PBPK model in the estimation of risk-specific doses from the Cheng et al. dose-response modeling results is scientifically justified and clearly described.

5.5.d. EPA elected to use the log linear relationship of fat concentration and rate ratio to estimate risk-specific doses at all risk levels. EPA could have estimated a POD for cancer risk itself at a single risk level (BMR) for extrapolation to the origin. Please comment on EPA’s choice of extrapolation approach.

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5.5.e. The slope factor derived from Cheng et al. (2006) was extrapolated below the background TCDD exposure levels experienced by the NIOSH cohort. Please comment on this extrapolation.

5.6. Please comment on whether EPA has clearly described the major qualitative uncertainties in the derivation of the OSF.

5.7. EPA did not consider dioxin-like compounds (DLCs) in the cancer dose-response modeling because the occupational exposures in the available cohorts were primarily to TCDD. Background DLC exposures were not incorporated in the dose-response modeling because EPA judged that it was not possible to disaggregate the responses from background exposure to DLCs and occupational exposure to TCDD. Please comment on whether this approach is scientifically justified and clearly described.

5.8. The NRC suggested that EPA consider nonlinear approaches for the assessment of TCDD carcinogenicity. In the *Response to Comments*, EPA presents two illustrative nonlinear approaches for cancer, but considers both inappropriate to use because of the lack of MOA information.

5.8.a. Please comment on these two illustrative nonlinear approaches including EPA's conclusions regarding the limitations of these approaches.

5.8.b. Are there other nonlinear approaches that could be readily developed based on existing data for the assessment of TCDD carcinogenicity? If so, please suggest alternative approaches and describe their utility and suitability for meeting the goals of a quantitative cancer assessment.

Section 6. Feasibility of Quantitative Uncertainty Analysis from NAS Evaluation of the 2003 Reassessment

6.1. Please comment on the discussion in this Section. Is the response clearly presented and scientifically justified?

6.2. Please comment on EPA's overall conclusion that a comprehensive quantitative uncertainty analysis is not feasible.

6.2.a. Please comment on the discussion in Section 6 regarding volitional uncertainty and how this type of uncertainty limits the ability to conduct a quantitative uncertainty analysis.

6.3. Throughout the document (including the Appendices), EPA presents a number of limited sensitivity analyses (e.g., toxicokinetic modeling, RfD ranges, cancer OSF ranges, cancer RfD development). Please comment on the approaches used, and the

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1 utility of these sensitivity analyses in clarifying potential significant uncertainties.