

New Controversy Swirls Around IARC's Categorization Of Herbicide Glyphosate As "Probably Carcinogenic"

Epidemiologist Accused Of "Withholding" Data Showing No Increased Risk of Cancer

The International Agency for Research on Cancer (IARC) is in the news again in connection with its determination in 2015 that glyphosate, an ingredient in the widely used Roundup weed killer by Monsanto, is "probably carcinogenic". Different issues have arisen since the IARC determination was made. The reason for the latest stir up is a special report published in June 2017 by [Kate Kelland](#), a Reuters

journalist, declaring that epidemiologic data relevant to the IARC's review of glyphosate were not considered.

Impacts

The stakes surrounding this controversy are high since Monsanto's

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Science Group Report Says Trump Administration And Allies Have Harmed Public Health And Safety In First Six Months

A new report from the Union of Concerned Scientists opens with the assertion that "a clear pattern has emerged over the first six months of the Trump presidency---multiple actions by his administration are eroding the ability of science, facts, and evidence to inform policy decisions, leaving us more vulnerable to threats to public health and the environment."

The report, entitled "Sideline Science Since Day One", reminds readers that while political interference in science is not new, it has "escalated markedly" under the Trump administration. The report provides an inventory of the adverse science actions and impacts that have occurred to date.

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Taken from the report, these are:

- Sidelining independent science advice.

The Trump administration has weakened federal advisory committees that provide scientific advice to the government.

- Appointing conflicted individuals to scientific leadership positions.

President Trump has appointed to the highest positions in government individuals with little science background and with strong ties to the industries they are charged with regulating.

- Leaving key science positions vacant.

President Trump has taken an unusually long time to fill many high-level science positions, signaling the low priority his administration places on science.

- Revoking science-based safeguards.

Aided and abetted by Congress, President Trump has allowed politics to supersede science by signing an unprecedented 13 congressional resolutions rolling back science-based protections, including safe drinking water standards and safeguards to prevent worker exposure to harmful chemicals.

- Misrepresenting climate science and rolling back climate change safeguards.

Attacking science-based policies and communications on preparing for and mitigating climate change is a clear focus for the Trump administration. Officials have misrepresented climate science,

removed climate-related content from several government communications, and proposed sharp reductions in climate research.

- Weakening science-based pollution standards without scientific justification.

The administration has delayed or repealed several science-based pollution standards designed to protect public health, including protections against mercury, air toxics, and coal wastewater, without replacing them with new, scientifically defensible standards.

- Undermining protections from hazards at work and home.

The Trump administration has delayed many science-based rules intended to keep communities safe from dangerous chemical spills and to safeguard workers from harmful toxins, with little to support halts except for letters and petitions from companies or industry trade associations.

- Altering scientific content on federal websites.

The scientific content of federal agency webpages, including those of the Environmental Protection Agency, the State Department, and the Department of Energy, has been altered or deleted since January, particularly in regard to climate change science.

- Reducing public access to data.

The Trump administration has reduced public access to scientific data and information. The administration also has stopped collecting certain data for programs that benefit disadvantaged groups.

President's Commission On Drug Addiction Makes Nine Recommendations To Address Current Epidemic

Solutions Exist, But Is There The Will To Implement?

In a brief 10 page preliminary report, the President's Commission on Combating Drug Addiction and the Opioid Crisis has called on the President to declare a national emergency. The urgency is clear from facts about the epidemic. It is now killing an estimated 142 Americans each day---more than car crashes and gun homicides combined, and equivalent to enduring a death toll equal to September 11th every three weeks. The New York Times in its report "Short Answers to Hard Questions About the Opioid Crisis" calls it "the deadliest drug crisis in American history".

- Developing fentanyl detection sensors and disseminate them to law enforcement agencies
- Enhancing data-sharing between states with prescription drug monitoring programs
- Making it easier for doctors and loved one to share medical information about patients with drug addictions
- Ensuring health plans cannot impose less favorable benefits for mental health and substance abuse diagnoses

"...the deadliest drug crisis in American history."

Recommendations

The Commission's recommendations call for:

- Rapidly increasing treatment capacity by making a change to the Medicaid program
- Mandating prescriber education about the proper treatment of pain
- Funding a federal incentive to enhance access to medication-assisted treatment
- Providing model legislation to states to allow naloxone dispensing via standing orders to equip law enforcement with this drug to reverse opioid overdose.

These recommendations are not new and touch on actions that public health experts and drug policy reformers have been advocating for years, according to media accounts. The Times emphasizes that there is no silver bullet that can solve the drug problem and it points out that halting the opioid epidemic will take a combination of solutions. According to the paper, "officials want to use state prescription drug monitoring programs to reduce the supply of prescription opioids that end up being used recreationally while maintaining adequate access for current chronic pain patients. More broadly, experts say we need to improve the way our medical system manages pain... A more holistic approach to pain treatment would lessen the need for opioids.

"...there is no silver bullet that can solve the drug problem..."

"It's just a matter of having the will to put those policies into practice."

On the treatment side, experts stress the importance of having treatment readily available for those who are already addicted. Often that means going to where the people are, not waiting for them to seek out treatment themselves. And addiction treatment doesn't just mean counseling or an inpatient clinic. Studies show the most effective treatment for opioid addiction often requires medications. In the meantime, widespread distribution of naloxone – an overdose antidote – will save lives in acute cases."

According to the Times, there isn't agreement about other possible measures that could help. Public health experts advocate things like safe injection sites where people could use drugs under medical supervision, and drug checking services that people could use to test drugs for fentanyl but many in law enforcement remain reluctant to adopt such measures.

"Evidence is growing that a culture of fear is increasing at government agencies,"

The Times makes the point that the recommendations can only help if they are adopted. "Of course, these are only recommendations. It's up to the president and the various executive agencies to implement them. Experts know how to attack the problem. It's just a matter of having the will to put those policies into practice." ■

And it has withdrawn requests to industry to supply data that would help inform public health and environmental protections.

- Restricting communication of scientists.

The Trump administration is making it more difficult for government scientists to speak publicly about their work, as well as about misconduct within an agency. It has restricted communication with Congress, placed vague gag orders on agency staff, and failed to affirm the ability of scientists to share their expertise publicly.

- Creating a hostile environment for scientific staff.

Evidence is growing that a culture of fear is increasing at government agencies, undermining scientific research and communication. Scientists are speaking to the media anonymously out of fear of retaliation; some are afraid to utter the words climate change.

To counter the current pattern, the report recommends scientists articulate the importance of science, and sound the alarm when science is misused. It urges Congress to protect whistle blowers and federal scientists and to hold the administration accountable for its anti-science actions. It makes a similar recommendation about accountability for journalists and urges them to seek out scientists to maintain communications between them.

To read the full report, visit:

<https://tinyurl.com/ybbnvcqd> ■

popular weed killer has many benefits and advantages described in a Science report as “cheap, highly effective, and is generally regarded as one of the safest and most environmentally benign herbicides ever discovered.”

The IARC conclusion has triggered lawsuits against Monsanto alleging that exposure to Roundup has caused non-Hodgkins lymphoma, and the release of previously confidential documents associated with the lawsuits (the “Monsanto papers”) has given rise to allegations of cover up and catalyzed other accusations on both sides of the dispute.

Current controversy

The data not considered by IARC were updated results from the large NIH-sponsored Agricultural Health Study which reportedly show no connection between glyphosate and non-Hodgkins lymphoma. Earlier but more limited data from the same study also showed negative results. Those published negative data were reviewed and considered by IARC, but not the updated negative findings which include additional cases and follow-up from the same study.

The Reuters report accused Aaron Blair, former NCI investigator and chair of the IARC panel, of withholding the latest information which it claims could have changed or downgraded the IARC’s risk categorization of glyphosate. To be more precise, Blair and the panel did not technically “withhold” data since by the rules of the IARC process only published, in press, or readily available findings such as government reports are suitable for consideration.

Issues

There are a number of issues raised by the various media accounts of this controversy. The first is whether or not relying only on published data to conduct IARC reviews is a good policy. Asked about this question, Blair told one reporter “The rule is you only look at things that are published. What would it be like if everyone on the working group whispered things they knew but weren’t published and made decisions on that?” This view contrasts with others described in media accounts which consider the ban on unpublished data as unjustified or even “absurd”.

However, the IARC has defended its policy saying the cancer evaluation program “does not base its evaluations on opinions presented in media reports”, but on the “systematic assembly and review of all publicly available and pertinent scientific studies, by independent experts, free from vested interests.” This has not satisfied everyone and other criticisms of the IARC process have been voiced, including the selection of workgroup members and even the quality of the data included in the review and the interpretations made.

Blair Reactions

In an interview with The Epidemiology Monitor, Blair made clear that any data must be considered provisional until published. There is always the possibility that analyses could change or be interpreted differently until the investigators are finished with it, he told the Monitor.

Other reasons for considering only published results are that they often contain a fuller description of the

"What would it be like if everyone on the working group whispered things they knew but weren't published and made decisions on that?"

"... any data must be considered provisional until published."

"...you have propaganda gold. What you don't have is the truth."

study and its findings and have undergone peer review. Adopting a policy to consider unpublished and non-reviewed data would raise a host of thorny practical problems such as how to locate the unpublished work and how to avoid being biased by the direction of the findings. It is sound policy according to Blair for the IARC or any review group to consider only published data or completed papers "in press".

Consequences

Some media accounts report that Blair stated that the unpublished data would have changed the IARC's classification had they been considered, while another article reports Blair saying in his leaked deposition that nothing has changed his opinion about glyphosate and non-Hodgkins lymphoma. Asked directly about this by the Epi Monitor, Blair clarified that nothing contained in the totality of the evidence in the IARC review has changed his mind about glyphosate. He did not address specifically whether the unpublished AHS data would change his mind since for Blair those data are not final and therefore not qualified to be considered at this time. He emphasized that change is always possible before the final analyses are completed and that relying exclusively on "finished" work is the best approach. It does not preclude reconsideration of an issue after significant new relevant information has been published.

Another member of the Blair IARC panel, John McLaughlin, an epidemiologist at the University of Toronto, told EcoWatch that the unpublished work did not alter his view about the validity of the IARC conclusion on glyphosate. It is not clear how he learned of these findings or in

Hard to Fathom

The contrasting media and other accounts illustrate how complicated it is for consumers to find truthful and reliable information about health risks related to chemical exposures. The Reuters reporter Kate Kelland, who first surfaced the accusations against Blair, has been criticized by Carey Gillam from U.S. Right to Know for cherry-picking information and being susceptible to the public relations efforts of large companies such as Monsanto. According to Gillam who is referring to all the publicity surrounding the Reuters article, "Follow up the hand-fed story with a press release from an industry-funded outlet and calls for an investigation from the industry group American Chemistry Council and you have propaganda gold. What you don't have is the truth."

Big Picture Perspective

Asked for his perspective as an epidemiologist on these disputes, Blair told the Monitor that investigators working on similar topics must be prepared for the heat of battle. He takes a big picture view that we live in a democratic society where information must be made public and regulators and representatives must decide what precautions are needed, if any. Sometimes decisions are made to tolerate risks for the benefits conferred, and he cited the more than 30,000 deaths per year due to motor vehicles. Society must go through the process of debating these risks and benefits as it has for asbestos, tobacco, and other exposures. Eventually a decision we are willing to live with as a society is arrived at. We are still in that process regarding glyphosate, he said. ■

"...the unpublished work did not alter his view about the validity of the IARC conclusion on glyphosate."

Notes on People



Died: Paul Stolley, at home of bone cancer at age 80. Dr Stolley was a leading figure in epidemiology for many years, particularly in the area of drug epidemiology. He founded the Clinical Epidemiology Unit at Penn and was chairman of the Department of Epidemiology and Public Health at the University of Maryland School of Medicine.

In the Baltimore Sun obituary, fellow epidemiologist Brian Strom said “He was focused on doing well by as many people as possible,” and his daughter added “He thought it was very important to do public service, and he taught all of us that we should be working to help others in any way we could. He was best able to help others by doing his meticulous research.” Remarks from his 1983 SER Presidential address, one of our favorites, are reprinted in this issue to honor his memory. To read the obituary, visit: <https://tinyurl.com/y9lfly7>



Honored: George Davey Smith, with the 2017 Richard Doll Prize from the International Epidemiological Society. Davey Smith is Professor of clinical epidemiology at the University of Bristol and a former co-editor of the International Journal of Epidemiology from 2000-2016.



Interviewed: John Brownstein, in Nature about his career path in population health and disease surveillance. He has made use of large data sets from the internet to track disease outbreaks and identified private sector funding opportunities with Uber and Google among other companies. Brownstein is an epidemiologist at Harvard University and Boston Children’s Hospital.



Married: Mark Weng, pediatrician and Epidemic Intelligence Service officer at the Centers for Disease Control and Prevention, to Rosalie Love on July 26, 2017. Ms. Love was until recently a publishing assistant at Cambridge University press. The bride and groom met as students in London.

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Profiled: Alain Mukendi, by the African Union's Directorate of Information and Communication. Mukendi is a Congolese medical epidemiologist who is volunteering with the Africa CDC to help combat Ebola.



Honored: Donna Arnett, with the 2017 Gold Heart by The American Heart Association. The award is the highest honor the AHA gives in recognition of continued distinguished service. Arnett, dean and professor of epidemiology at the University of Kentucky College of Public Health, was recognized for her contributions supporting AHA initiatives for cardiovascular disease prevention, health equity and workplace health.

Information For "Notes on People"

The Epidemiology Monitor is always interested in information about fellow epidemiologists at all stages of their careers and lives.

Please forward any information for future issues to:

epimon@aol.com / 678.361.5170

Outgoing SER President Addresses Group on Faith, Evidence, and the Epidemiologist

[Ed: In honor of colleague Paul Stolley who died August 4, 2017, we reprint here excerpts from a talk he gave to SER members at the Winnipeg Manitoba meeting in 1983. His remarks continue to have relevance today.]

Published July 1983

Outgoing SER president and University of Pennsylvania epidemiologist Paul Stolley delivered the traditional departing address to more than 600 epidemiologists assembled in Winnipeg, Manitoba for the 16th annual meeting of the Society for Epidemiologic Research. Dr. Stolley argued for greater reliance on the whole body of actual scientific evidence in settling controversies and was critical of epidemiologists who criticize or dismiss important epidemiologic findings because of real or imagined minor flaws. Excerpts from his talk are presented below.

“...My brief talk today will be an attempt to sustain the modest proposal that epidemiologists should persist in their efforts to substitute evidence for faith in scientific controversy, to whatever extent possible...

Pseudo-Science

A curious phenomenon has been introduced into scientific controversy involving epidemiologists during the last decade... I should call this phenomenon a variant of

pseudo-science; it is characterized by an inability or unwillingness to synthesize available data coming from all fields that bear on the problem at hand and instead placing extraordinary importance upon small defects in study designs. Thus a convincing group of studies might relate the toxic shock syndrome to the introduction and the use of the highly absorbent tampons... Nevertheless, a group of investigators, either acting independently or sometimes hired by the company at risk, begin a kind of ‘witch-hunt’ for alleged bias and confounding in order to challenge the findings. Biases that may be only postulated are somehow given a reality before their actual existence is even demonstrated.

Social Responsibility

The charitable view of some of the activities of so-called epidemiologists in this regard would be to say that they are perhaps excessively iconoclastic...

That is not to say that all findings should not be scrutinized and challenged, but this should be done with a sense of social responsibility. There is a decided conceptual difference between posing a test to challenge a hypothesis and applying the test. A hypothesis does not fail a test just because it is speculated that it will. A group of case-control studies, for example, are not invalid because certain biases that might have occurred are postulated. It may well

"Biases that may be only postulated are somehow given a reality before their actual existence is even demonstrated."

"A hypothesis does not fail a test just because it is speculated that it will."

that some severe biases misled the investigator; but merely raising these possibilities does not destroy the validity of the study...

The Scientific Spirit

So it is clear that life is becoming increasingly complex for epidemiologists. We will increasingly be engaged in public controversy, will be working with industry, and will be asked to participate in heated scientific debates about risk or benefit.

It is hoped that the scientific spirit and a reliance on evidence will guide us through the turbulent times we face. To quote the philosopher Bertrand Russell, 'the scientific state of mind is neither skeptical or dogmatic. The skeptic holds that the truth is undiscoverable; while the dogmatist holds that the truth is already discovered. The scientist holds that the truth is discoverable though not yet discovered (at any rate, not in the matters which are under investigation). But even to say that the truth is discoverable is to say rather more than the scientist believes, since he does not conceive his discoveries as final and absolute. Absence of finality is of the essence of the scientific spirit. In the welter of conflicting fanaticisms, one of the few unifying forces is scientific truthfulness, by which I mean the habit of basing our beliefs upon observations and inferences as impersonal and as much divested of local and temperamental bias as is possible for human beings!'

Postscript in 2000

In 1983, I was concerned with the"

problem of the "epidemiologist-for-hire" who thought it professional and ethical to create the "best defense" for an indicted product or risk exposure in the manner of a lawyer. This problem has probably not improved as many recent examples can attest. My current concern with our field is derived from the drastic changes we have seen in university life so that sharing of data, openness and free flow of scientific information is threatened by university/private sector financial arrangements and the desire of the universities to gain patent rights. This spills over onto epidemiology where creating private businesses as a result of scientific discovery is glorified by the euphemistic term "technology transfer" or "translational research."

The net result of this lamentable application of the business model to the university is a stifling of data sharing and collaboration, free exchange and an exaltation of priority of discovery and patentability. The elevation of much of the scientifically deficient "alternative medicine" has everything to do with money and little to do with actually improving the health of the public. We now have medical schools practicing homeopathy, endowing named chairs to self-proclaimed guru/healers who use their own rules of evidence while the school catalog prattles about its curriculum in "evidence-based medicine." I await with trepidation the first Division of Astrological Healing. Sadly, much of this was predicted by the sociologist/economist Thorstein Veblen in his 1919 book, *The Higher Learning in America*. ■

"It is hoped that the scientific spirit and a reliance on evidence will guide us through the turbulent times we face."

"I await with trepidation the first Division of Astrological Healing."

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The UCLA Jonathan and Karin Fielding School of Public Health is undertaking a search for a state-funded tenure-track or tenured Assistant/Associate/Full Professor of Epidemiology (<https://epi.ph.ucla.edu>). Successful candidates must have a doctoral degree in Epidemiology or related field, a strong track record in teaching and training of pre-and/or post-doctoral students, peer-reviewed publications, and a demonstrated commitment to public health. Faculty appointment level and salary will be commensurate with the candidate's experience and qualifications. Please submit your applications at: <https://recruit.apo.ucla.edu/apply/JPF02682>

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The deadline for applications to be submitted is October 15, 2017 but the search remains open until the positions are filled. The anticipated start date is July 1, 2018. Informal inquiries may be submitted to episearch@ph.ucla.edu.

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