

Miller, Diane M. (CDC/NIOSH/EID)

From: James Melius <melius@nysliuna.org>
Sent: Thursday, December 29, 2011 2:57 PM
To: NIOSH Docket Office (CDC)
Subject: Docket 240 - Carcinogens Policy
Attachments: NIOSH Docket Office Carcinogen Policy.docx

Comments attached

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December 29, 2011

NIOSH Docket Office

Dear Sir or Madam:

On behalf of the New York State Laborers' Health and Safety Trust Fund, a joint labor-management fund, I would like to submit written comments to the docket regarding the NIOSH Carcinogen and Recommended Exposure Limit Policy Assessment. These comments complement my statements made at the December 12 public meeting on this issue.

1. Should there explicitly be a carcinogen policy as opposed to a broader policy on toxicant identification and classification?

I believe that NIOSH should have an explicit policy on carcinogens. NIOSH pioneered the systematic study of occupational carcinogens and has a long history of reviewing and recommending control measures for workplace exposures to carcinogens. This program should be maintained. It assists employers and their employees in recognizing and controlling workplace health hazards often years in advance of regulatory agencies. While NIOSH may want to consider similar policies for other types of toxicants, these policies would need to be tailored to the nature of the outcomes and the types of scientific evidence available for those types. For example, there are multiple types of adverse reproductive outcomes which would require consideration of the different toxicological mechanisms involved and the different types of research studies available for those types of outcomes.

2. What evidence should form the basis for determining that substances are carcinogens? How should these criteria correspond to nomenclature and characterizations?

The current classification used by NIOSH is not satisfactory. The shortcomings of the current binary classification and the use of the term "potential occupational carcinogen" for even the most well-established and potent carcinogens are obvious. A classification with 4 to 6 categories as used by IARC and NTP would be more helpful for communicating to the employers, employees, and occupational health professionals the nature of the type of evidence used for that classification and the necessity for controlling exposures. The classification should be based on hazard, and there should be sound scientific guidelines for the different classifications. The available scientific evidence used in making the classification should be summarized and made available to the public. To the extent possible, the classification system should be similar to that used by IARC, NTP, and similar groups in order to minimize confusion.

3. Should 1 in 1000 working lifetime risk (for persons occupationally exposed) be the target level for a recommended exposure limit for carcinogens or should lower targets be considered?

This parroting of OSHA's adoption of 1 in 1000 working lifetime risk for regulating carcinogens undermines NIOSH's mandate to recommend exposure limits based on sound science. NIOSH may want to take into account considerations related to workplace monitoring and other practical workplace issues when providing control guidelines to employers and employees. However, these should be separate from the risk evaluation. At the least, NIOSH should delineate the working lifetime risks for cancer at different levels of exposure (when it is feasible to develop a sound risk assessment calculation for that substance). This would allow workers to more effectively advocate for exposure control and for employers to provide more than the minimal level of protection in their workplaces.

Thank you for the opportunity to comment on this policy. I look forward to the opportunity to work with NIOSH to develop an improved policy.

Sincerely,



James M. Melius, MD, Dr.PH
Administrator

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