

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

June 4, 2019
12:30 p.m. to 1:45 p.m.
Norm Dicks Government Center, First Floor Chambers Room
Bremerton, Washington

- 12:30 p.m. 1. Call to Order
Commissioner Rob Gelder, Chair
- 12:31 p.m. 2. Approval of May 7, 2019 Meeting Minutes
Commissioner Rob Gelder, Chair *Page 2*
- 12:33 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT
Registers and Contracts Signed Report
Commissioner Rob Gelder, Chair *External document*
- 12:35 p.m. 4. Public Comment
Commissioner Rob Gelder, Chair
- 12:45 p.m. 5. Health Officer and Administrator Reports
Keith Grellner, Administrator

DISCUSSION ITEMS

- 12:50 p.m. 6. Tobacco, Vaping, & Marijuana Prevention Program
Megan Moore, Healthy Communities Specialist *Page 12*
- 1:15 p.m. 7. Noxious Weed Management
Dana Coggon, Kitsap County Noxious Weed Control Program
Page 38
- 1:45 p.m. 8. Adjourn

All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
May 7, 2019**

The meeting was called to order by Board Chair, Commissioner Robert Gelder at 12:30 p.m.

REVIEW AND APPROVE AGENDA

Changes to agenda

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved and Mayor Rob Putaansuu seconded the motion to approve the minutes for the April 2, 2019, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The May consent agenda included the following contracts:

- 1749 Amendment 8 (1920), *Washington State Department of Health, Consolidated Contract*
- 1925, *Public Health Activities and Tracking (PHAST) Project, Advancing the Adoption and Use of a Uniform Chart of Accounts Crosswalk*
- 1927, *Office of Superintendent of Public Instruction, Summer Food Service Program*

Mayor Becky Erickson moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

Roger Gay, resident of South Kitsap, made public comment to the board regarding two topics.

Firstly, Mr. Gay said he went online to find Board meeting materials and noted that some materials were missing. He said a public organization must be transparent, up front and post materials in a timely manner, which is the only way for the public to be updated on Board activities when they are unable to attend Board meetings. He thanked Mr. Keith Grellner, Administrator, for providing the materials he requested via email earlier in the week.

Secondly, Mr. Gay said there was recently an incident at University of Washington involving the accidental spill of radioactive material, cesium 137. He said he was curious if the Board plans to look at the UW incident and consider how Kitsap Public Health District would handle a similar situation locally.

Commissioner Gelder said Mr. Gay's question about radioactive incident response may be addressed during the Public Health Emergency Planning and Response presentation later in this meeting. Commissioner Gelder asked Mr. Grellner about the website concerns.

Mr. Grellner clarified that regular Board materials and minutes have been posted in a timely fashion and noted that Board minutes can't be posted online until they have been approved by the Board. However, he said there has been a delay in getting the committee materials (finance, personnel and policy) posted due to staffing and workload issues. Staff are working on correcting this now.

There was no further comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with several updates.

Firstly, she said flu season is on the wane in Kitsap and is at the usual level for this time of year, at a slightly elevated level. Flu activity is similar across the state and the nation. In Kitsap, nine long-term care facilities were affected by influenza & 11 influenza-related deaths were reported this season.

Next, Dr. Turner said that the Washington Department of Health (DOH) and partners have followed a format of releasing certain data sets from the 2018 Healthy Youth Survey (HYS) on a monthly basis. Last month they released substance use data. This month they released youth mental health data. Health District staff have interacted with superintendents and Kitsap County Health and Human Services regarding this data.

In general, the mental health data in Kitsap revealed:

- An increase in youth feeling sad or hopeless, anxious.
- There was no change in youth reporting considering or attempting suicide, but there is quite a notable disparity among gay/lesbian/bisexual youth.
- The 2018 HYS introduced the modified Children's Hope Scale—about 50% of 8th, 10th and 12th graders reported having "high hope", and about 60% did not feel sad or hopeless.
- Kitsap's results were similar to Washington's.

Lastly, Dr. Turner said the Health District recently sent two Health Advisories.

Last week staff sent a health advisory to healthcare providers and service organizations (specifically those who serve individuals who use drugs) to offer Hepatitis A vaccination to people who are experiencing homelessness as well as other people at risk (those who use drugs, MSM, people who are or were recently incarcerated, people with chronic diseases. This follows a Feb 2019 change to vaccination recommendations based on the nationwide outbreak involving at least 20 states, of Hepatitis A virus (HAV) among individuals experiencing homelessness and those who use drugs, spread through person to person contact. Hepatitis A vaccine is the best

way to prevent infection, but the ACIP had not previously recommended vaccinating homeless populations. Thus, Kitsap providers have not focused on this effective prevention strategy. King County is seeing an elevated number of HAV cases this year, and the most recent cases were in an individual reporting using drugs and another experiencing homelessness, raising concern that Seattle and WA might have the next outbreak. Public Health Seattle-King County has activated Incident Command System (ICS) to manage the contact investigations in their cases and the partnerships with multiple clinics and organizations serving these populations across the county. Kitsap has had no cases reported to us.

Two weeks ago, staff sent a health advisory asking healthcare providers to do more screening for HIV risk as well as HIV testing, since King County is experiencing a 368% increase in new HIV diagnoses among heterosexuals who inject drugs; and Snohomish County is also seeing this type of cluster of new HIV cases. Additional cases are expected, so DOH issued their own alert due to concern that areas outside King County may also see an increase in HIV transmission among people who inject drugs. Kitsap is not seeing an increase at this time, but staff are concerned about such an increase occurring here as well due to our county's proximity.

Commissioner Gelder had several questions:

1. Has staff heard any updates about the measles case that came from British Columbia. Dr. Turner said staff haven't been advised of any measles contacts in Kitsap and have not yet received any updates from King County on this yet as their investigation is still underway.
2. Can the HYS information be analyzed by school districts? Dr. Turner said it is available by school districts and said school districts are given direct access to the data as well, so that they can assess the data talk to their advisory group.
3. As we are moving into a dry, warm, season with potential for more wildfires, does the Health District publish information about specific air quality indicators and provide outreach to those who may be sensitive to these conditions? Dr. Turner said the Washington State Association of Local Public Health Officials (WSALPHO), DOH and other partners across the state are working on resources and tools to share consistent air quality information with the public when needed. Additionally, Dr. Turner said, during situations when air quality is compromised, staff stay abreast on air quality reports from the Puget Sound Clean Air Agency. All four local health jurisdictions (LHJs) are involved in the messaging each time the Puget Sound Clean Air Agency publishes a release for the Puget sound area. They have toxicologists on staff and may be an untapped resource about the risks to public health. She said the Health District doesn't have any experts on air quality and toxicology on staff. In a week or two, the Puget Sound Clean Air Agency is hosting an event for the four LHJs to plan and coordinate how to prepare for upcoming summer. The Environmental Health Director and Public Information Officer will attend. Additionally, the WSALPHO and DOH work group will be reporting to Health Officers and Administrators at the June WSALPHO meeting to share their air quality products. The Health District is also looking at local response procedures.

Mayor Erickson noted the 368% increase in HIV in King county that Dr. Turner had mentioned earlier. Mayor Erickson asked if Dr. Turner knew what the number of individuals was, as opposed to the percentage. Dr. Turner said that the DOH advisory indicated that King County's usual case count of 7 increased to 30 cases.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, took a moment to address Mr. Gay's public comment regarding radiation incident training in Kitsap County. He said statutorily, DOH has the expertise and is responsible for radiation protection and response. However, he noted if an incident occurs in Kitsap County, the Health District works with DOH and the Department of Emergency Management (DEM) to respond. Staff have and continue to participate in radiation drills with DOH and DEM, and most recently the Navy, too. He said the Health District always has more work to do to prepare and coordinate such a response.

Next, Mr. Grellner provided an update on the State budget. The legislature's budget included \$22 million for Foundational Public Health Services (FPHS) in the 2019-21 biennium, an increase of \$10 million from the \$12 million that was directed to FPHS in the 2017-19 biennium. The FPHS steering committee is working on figuring out how to allocate the funding. Mr. Grellner said WSALPHO hopes to have a plan in place by early July or sooner. At this time, Mr. Grellner does not know what level of funding to expect for the Health District. The committees working on this allocation consist of the State Board of Health, DOH, 35 LHJs and the tribes of Washington state.

Next, Mr. Grellner thanked Kitsap Transit for their in-kind donation to the Health District through providing space and additional time for posting ads on buses promoting the Food Insecurity Nutrition Incentive (FINI) Fresh Bucks program. The Chronic Disease Prevention program gave a presentation to the Board last year about the program. The Health District contracts with five local farmer's markets to provide EBT shoppers an extra \$2 in incentives for every \$5 spent on fresh fruits and vegetables. The program is available to over 37 thousand Kitsap residents that receive snap benefits.

Lastly, Mr. Grellner informed the Board that Governor Inslee released an Environmental Health Day proclamation naming the day of this meeting, May 7, 2019 as Environmental Health Specialist Day. The Health District has over 30 employees classified as Environmental Health Specialist, technicians and a support staff.

There was no further comment.

**PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE
PRESENTATION**

Ms. Jessica Guidry, Public Health Emergency Preparedness and Response (PHEPR) program manager provided the Board with a presentation on the PHEPR program.

Ms. Guidry explained that PHEPR is a foundational capability of the Foundational Public Health Services (FPHS). FPHS foundational capabilities (i.e., business competencies, policy development and support, communication, assessment/surveillance/epidemiology, communications, community partnership and development, and emergency preparedness) are areas of crosscutting capacity and expertise needed to support and successfully carryout public health programs.

The purpose of the PHEPR Program is to ensure that the Health District has the plans, procedures, systems, experience, and relationships necessary to effectively respond to public health emergencies or significant events.

During the presentation, Ms. Guidry provided a brief overview the Health District's PHEPR Program including:

- How the Health District responds to emergencies
- Key activities of the PHEPR program
- PHEPR's critical partnerships
- Some of PHEPR's major accomplishments in the past year

Ms. Guidry explained that there are two questions to ask before activation of Incident Command System (ICS):

- Is there urgent significant public health work to be done?
- Is the situation likely to overwhelm our resources?

Additionally, she explained that the role of public health doesn't change during an emergency, but the priorities may shift. The PHEPR program is funded almost entirely by the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness grant and has deliverables required for their grants.

Ms. Guidry explained that the Health District has policies and plans for how to handle emergencies in general, and specific plans for specific emergencies (such as communicable disease outbreaks and environmental health emergencies). The PHEPR program and the Health District's Emergency Response Team participate in exercises and practice plans to ensure preparedness for an incident.

In 2008, the Health District signed a local aid agreement with all seven tribes and the three local health jurisdictions in our region to help each other during an emergency. The PHEPR program does regional training with the local health jurisdictions and tribes in Clallam, Jefferson and Kitsap counties.

The PHEPR program also partners with Naval Hospital Bremerton and the Navy's Radiation Emergency Planners (Propulsion). Last May, PHEPR, the Kitsap County Department of Emergency Management (DEM), DOH, and the Navy partners participated on exercises together, including a radiation emergency planning exercise in May 2018. She said a big part of

emergency management is public communication. The radiation exercise was a good example of a situation of when communication is crucial.

Additional partners include, healthcare (hospitals, clinics, dialysis center, mental health, emergency medical system, Northwest Healthcare Response Network); DEM; and the City of Bainbridge Island, the seven tribes and various LHJs in Washington State.

Some of the program's notable achievements include supporting the Health District's:

- Horseshoe Lake norovirus response
- Measles planning activities
- Assistance to the County Emergency Operations Center during the February Winter storm (E.g. providing suggestion to help individuals needing to get to dialysis appointments)

Mayor Greg Wheeler said the City of Bremerton will be reaching out to the Health District looking for ways to partner in emergency situations. For example, he noted that the Salvation Army closes at some point every year due to weather or other issues which results in tents all over their property. He said the City is looking at an emergency facility for those in need. He explained that this situation is isolated in one area of the county, but that it is a complex issue.

Ms. Guidry added that King and Pierce counties have both activated emergency operation centers to handle homelessness issues. She said that is a great example of using ICS to work through problems and address issues.

There was no further comment.

PEOPLES HARM REDUCTION ALLIANCE

Keith introduced Tom Fitzpatrick, a Peoples Harm Reduction Alliance (PHRA) board member and co-founder. In response to Health Board members' concerns about PHRA methods and activities, Mr. Fitzpatrick reached out to individual Health Board members to discuss these concerns. The purpose of this presentation is to provide a public forum to get more information about PHRA, and to facilitate a discussion between the full Health Board and PHRA about concerns with the Health District's secondary syringe exchange services contract with PHRA.

The Health District has contracted for secondary syringe exchange services with PHRA since late 2015. Each contract with PHRA has integrated guidance from the Centers for Disease Control and Prevention (CDC) for science-based behavioral health interventions into the syringe exchange program: prevention, education, referral, and counseling services.

Mr. Fitzpatrick introduced his colleagues: Shantel Davis, Director of Development; Lisa Al-Hakim, Director of Operations; Monte Levine, director of former Ostrich Bay Needle Exchange and advocate for syringe exchange in Kitsap County; and Curt Eckman, President and board member.

Ms. Davis began the presentation with an overview of the organization. PHRA was founded in 2007 in a partnership of public health professionals, concerned community members, and current and former drug users. PHRA currently provides services in King, Kitsap, Snohomish and Multnomah counties. PHRA is guided by two philosophies: harm reduction and peer involvement. Ms. Davis explained that the harm reduction philosophy works to minimize the harmful effects of drug use; acknowledgement of any positive change, such as small, incremental behavioral changes or an increase in health; calls for non-judgmental, non-coercive services to reduce harms associated with drug use; and uses health and well-being of individuals and communities, not necessarily cessation of drug use, as criteria for success.

Ms. Davis said individuals who are engaged in syringe exchange services are five times more likely to enter into treatment because the program is participant driven and non-coercive. The program provides linkages to medication-assisted treatment (MAT) and behavioral health organizations. She said syringe exchange services are the basis for reaching these groups for a wider variety of services. The program also distributes naloxone, an overdose reversal drug, to users, family members and service providers. Ms. Davis said peer involvement allows PHRA to respond and realign program to provide better access to serve this group more effectively.

Ms. Davis explained that historically Kitsap County was served by two syringe exchanges: Kitsap Public Health District and Ostrich Bay exchange. When Mr. Levine closed the Ostrich Bay exchange in 2016, the Health District contracted with PHRA to provide a mobile exchange service to the county that was complementary to the Health District's exchange program.

Current services provided by PHRA's mobile delivery model in Kitsap are:

- Syringe exchange
- Safer drug use education
- Naloxone distribution
- Hepatitis C testing and linkage to care
- Referral to addiction treatment

The mobile exchange operates on Tuesdays, Thursdays and Saturdays from 9:00 a.m. to 5:00 p.m. Anyone in Kitsap County can call or text the exchange to meet in a mutually agreed upon location the same day for services. Same day services create a stronger linkage to care. The average length of each delivery and encounter is 10 to 15 minutes.

Ms. Davis said, in 2018, the mobile exchange distributed 2,243,850 sterile syringes through 4,217 deliveries. She noted that some deliveries meet multiple people at the same time, which would still be counted as one delivery or encounter. January through April of this year, the program has distributed 799,701 sterile syringes through 2,181 deliveries. She said PHRA's disposal rate is 95-100 percent, which is on trend with national syringe exchange data.

Mr. Fitzpatrick said these numbers can seem alarming, however they are considered successful for the exchange, because the data means the program is reaching as many drug users as possible. He said he understands that the Board has concerns about the number of syringes

distributed and the possibility of them getting used and improperly disposed of. He explained that research has shown that the number of syringes improperly disposed decreases or stays the same when the number of clean syringes provided increases. Additionally, he said the rates of syringe sharing and reuse decrease with the increase of clean syringes, which reduces soft-skin infections and the spread of HIV and Hepatitis C.

Mr. Fitzpatrick explained that the total number of syringes distributed divided by the number of deliveries averages roughly 400 syringes per delivery, which seems like a lot. He said that it is impractical for the mobile delivery to supply smaller quantities more frequently to the same individuals, so the program distributes enough sterile syringes in one delivery to cover one person's use for a long period of time. Additionally, he noted that some of those syringes aren't just being used by the single individuals that order the exchange. These people act as a secondary syringe exchange, by providing clean syringes to others. He explained that through this model, the program is able to access people who otherwise wouldn't get services. He noted that these people tend to be involved in the highest risk behavior. He said that this model is a way to prevent outbreaks like those happening in Indiana and King county. Ms. Davis said the secondary exchange also increases trust with those difficult to access.

Mr. Fitzpatrick said PHRA has obtained funding outside of current contract with the Health District to do other services, such as naloxone distribution, provide fentanyl test strips and overdose prevention education and training. He said overdose is the number one killer of the program's clients. In 2019, so far, the program has distributed 380 doses of naloxone and has received reports of 328 overdose reversals.

In October 2018, PHRA, Hepatitis Education Project (HEP), and the Salvation Army partnered to implement monthly hepatitis testing events. This year, PHRA began providing at-home Hepatitis C testing with deliveries. He said of those testing positive, 80 percent were successfully referred to confirmatory testing and care.

Mr. Fitzpatrick explained that the syringe exchange provider becomes a linkage to get users into expedited treatment. The program had 461 referrals provided in 2018. He noted that PHRA has heard concerns from Board that the program isn't getting enough people into treatment. He said PHRA agrees and are working to increase access to low-barrier suboxone treatment through a partnership with Dr. Lisa Pratt at the Suquamish Tribe Wellness Center. So far in 2019, the program has provided 1,220 referrals to treatment.

Lastly, Mr. Fitzpatrick explained that this is a very cost-effective program. He said the total cost of the program is \$81,811 to do all of the services mentioned. He said there are very few organizations in the nation who can provide these services for such low cost. He attributed this to community involvement and volunteer work.

Mr. Fitzpatrick ended his presentation stating that he would like to answer any questions or concerns the Board may have.

Commissioner Gelder said the meeting may run a little late to accommodate questions.

Mayor Erickson said she was speechless and more convinced than ever that she doesn't want PHRA's services in the county.

Mr. Fitzpatrick asked Mayor Erickson what about the presentation causes this response.

Mayor Erickson said she has done a lot of research on opioid addiction and has found different results. She said she doesn't agree with PHRA's statistics. She said she read a study from the University of Washington that contradicts most of the information provided in the presentation. She said she could only find one study, from 20 years ago, referencing number of needles brought back to services. She said the study found that only 60 percent were returned, while 40 percent were not accounted for. She said she doesn't agree with the concept of secondary exchange and asked Mr. Fitzpatrick if he knew how many people died of overdose in Kitsap or King County in 2016. Lastly, she said her fight is against addiction not HIV.

Mr. Fitzpatrick addressed the Board in response to these statements. He said there is substantial research on need based exchanges (distributing more syringes than received) and informed the Board of a spreadsheet on Washington Department of Health's website listing syringe exchange research published domestically and internationally since 2007. He said there is a section on syringe disposal included in the spreadsheet.

Additionally, Mr. Fitzpatrick said that he agrees with Mayor Erickson that overdose is more important to prevent than Hepatitis C or HIV. He said he can point the Board to multiple studies and researchers in the field that find the key to combating opioid addiction is access to low-barrier naloxone, and when individuals are ready, access to treatment. He added that syringe exchanges are an essential part of this service, because it creates familiarity and trust for individuals to feel comfortable getting referrals to treatment. He said PHRA has been researching a correlation between syringe exchange and increased drug use for 20 years and, to his knowledge, there is no research that supports this idea. He said he also isn't aware of any evidence that syringe exchange increases overdose rates. He said, in PHRA's research, majority of people who inject drugs and have access to naloxone, get it through syringe exchange. Lastly, he said, if syringe exchange services go away, fewer people will have access to naloxone.

Commissioner Gelder asked if there are any studies that show the cost of long-term drug abuse, like there is for Hepatitis C services and treatment. Mr. Fitzpatrick explained that there is a cost analysis, but it is primarily based on HIV. He said the general cost of one new infection of HIV is \$400 thousand over the individual's lifetime. He said that addiction is difficult to quantify, because it kills people early on in life, and therefore the cost over a lifetime is not comparable to that of HIV. He said cost of life is difficult to analyze but one could look at impact of addiction on quality of life, although it is difficult to interpret. He said he has not yet found this number that Commissioner Gelder is requesting, but he is still looking.

Lastly, Mr. Fitzpatrick said there is a curated bi-monthly resource he can share with the Board by infectious disease doctor, Phil Coffin, at University of California - San Francisco. He said this is how PHRA gets the most up-to-date research in the field.

Commissioner Garrido said she would like this resource. Mr. Fitzpatrick said he will share all of the resources he referenced today with Mr. Grellner to distribute to the Board.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:53 p.m.

Robert Gelder
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Robert Gelder; *Mayor* Rob Putaansuu; *Mayor* Greg Wheeler.

Board Members Absent: *Mayor* Kol Medina; *Commissioner* Ed Wolfe.

Community Members Present: Lisa Al-Hakim, *Peoples Harm Reduction Alliance*; Shantel Davis, *Peoples Harm Reduction Alliance*; Tom Fitzpatrick, *Peoples Harm Reduction Alliance*; Lauren Funk, *Self*; Roger Gay, *Self*; Monte Levine, *Peoples Harm Reduction Alliance*; Rob McDonough, *Self*.

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Yolanda Fong, *Director, Community Health*; Keith Grellner, *Administrator*; Jessica Guidry, *Program Manager, Public Health Emergency Preparedness and Response*; Karen Holt, *Program Manager, Human Resources*; Joffrey Inocencio, *Intern, Public Health Emergency Preparedness and Response*; John Kiess, *Director, Environmental Health*; Betti Ridge, *Social Worker 3, HIV Prevention*; Tad Sooter, *Public Information Officer & Communications Coordinator*; Susan Turner, MD, *Health Officer*.

MEMO

To: Kitsap Public Health Board
From: Megan Moore, Healthy Communities Specialist, Chronic Disease Prevention Program
Date: June 4, 2019
Re: Updates and Next Steps from the Tobacco & Vapor Product Prevention and the Youth Marijuana Prevention & Education Programs

The Chronic Disease Prevention Program at Kitsap Public Health seeks to intervene throughout the lifespan to reduce preventable diseases. Youth substance use prevention programs are essential in preventing substance use disorder and tobacco-related diseases.

The Tobacco & Vapor Product Control & Prevention Program (TVPCPP) and the Youth Marijuana Prevention & Education Program (YMPEP) are grant-funded programs managed at the Washington State Department of Health (DOH). Funding for these programs comes from various sources including the Dedicated Marijuana Account (RCW 69.50.540).

Locally, the Kitsap Public Health District tailors DOH strategies to the communities of the Olympic Region including Kitsap, Jefferson, and Clallam Counties. Our activities on the ground-level are implemented by our partners at Kitsap County Human Services, Jefferson County Public Health, and Clallam County Health & Human Services.

During today's meeting, I will provide the Board with a brief overview of the work being done at a regional level under these two programs. Attached to this memo are copies of a PowerPoint presentation and informational graphics for this program. My presentation will address:

- Tobacco & Vapor Product Control & Prevention Program: *State and Local Successes*
- Youth Marijuana Prevention & Education Program: *Current regional work and successes, Potential opportunities to continue to reduce youth use and access to marijuana*

Recommended Action:

None. For information and discussion only.

Please contact me with any questions or concerns about this presentation at (360) 900-7263, or megan.moore@kitsappublichealth.org.

Kitsap Public Health Board Updates

Youth Substance Use Prevention Programs

Megan Moore, MPH
Healthy Communities Specialist
Chronic Disease Prevention Program



KITSAP PUBLIC HEALTH DISTRICT

Introduction

- 1) Update on the Tobacco & Vapor Product Control & Prevention Program at KPHD
- 2) 2019 Successes from the Tobacco Program
- 3) Update on the Youth Marijuana Prevention & Education Program at KPHD
- 4) Possible policy opportunities taken from recent national Public Health Marijuana Summit



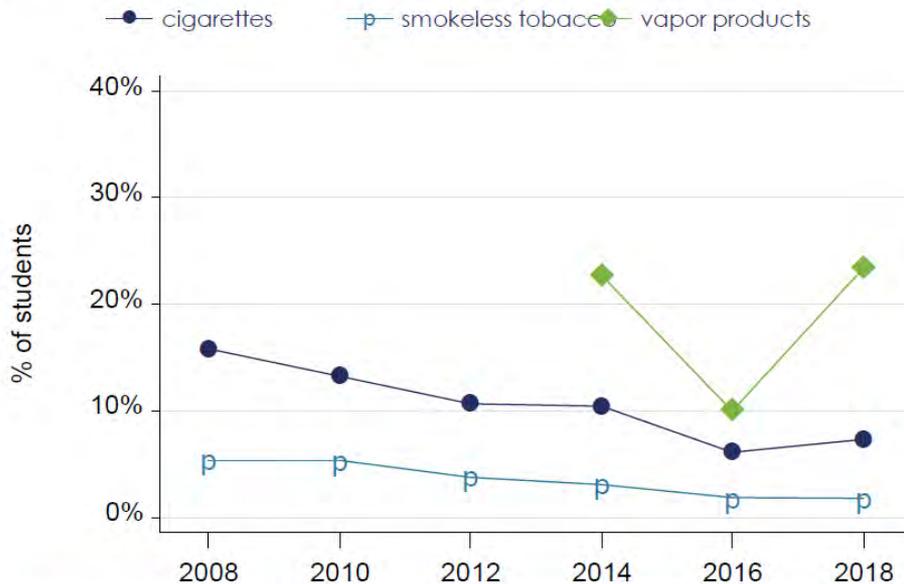
Tobacco & Vapor Product Control & Prevention Program (TVPCPP)

- ➔ Goal: Reduce youth and adult use of tobacco products
- ➔ Strategy: Policy and Environmental Changes partnering with multiple sectors
 - ➔ Schools
 - ➔ Tribes
 - ➔ Businesses
 - ➔ Local governments
 - ➔ WIC Clinics



Vapor Products: Kitsap Youth Use

Current (past 30-day) use trends, grade 10



Prevalence	2008	2010	2012	2014	2016	2018
cigarettes	16% ± 2	13% ± 1*	11% ± 1*	10% ± 1	6% ± 1*	7% ± 1
smokeless tobacco	5% ± 1	5% ± 1	4% ± 1*	3% ± 1	2% ± 1	2% ± 1
vapor products	N/S	N/S	N/S	23% ± 3	10% ± 2*	23% ± 3*

➔ Dramatic rise in youth use of vapor products between 2016-2018

➔ Possible reasons for rise in use

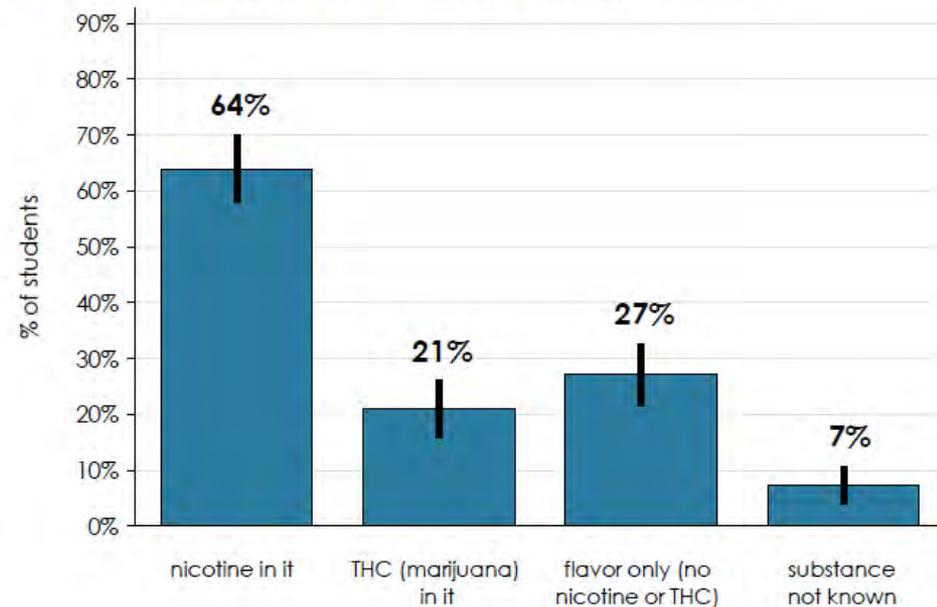
- ➔ FDA regulatory extension to 2022 (now 2021)
- ➔ Attractive to youth: Juul, Sourin drop, etc.
- ➔ Low cost (\$10/pack of cigarettes, \$5/Juul Pod)
- ➔ Over 5,000 flavors were introduced since 2016

Vapor Products: Kitsap Youth Use

➔ Among 10th graders who used a vapor product in the last 30 days:

- ➔ 64% reported their product contained nicotine
- ➔ 21% reported using marijuana in their vapor device
- ➔ 27% reported their product contained only flavor

Reported substance "vaped" among current (30-day) vapor product users, Grade 10



*Students can select more than one type of substance

Youth Vapor Product Use: *Different than Adult Use*



AMONG CURRENT E-CIGARETTE USERS AGED 45 YEARS AND OLDER in 2015, most were either current or former regular cigarette smokers, and 1.3% had never been cigarette smokers.

IN CONTRAST, AMONG CURRENT E-CIGARETTE USERS AGED 18–24 YEARS,
40.0% had **NEVER BEEN** regular cigarette smokers

For youth we know:

- 1) There is conclusive evidence that youth who use vapor products are much more likely to use cigarettes than youth who do not use vapor products.
- 2) Tobacco cessation programs (and tools) are not proven to work for youth.
- 3) Tobacco cessation programs (and tools) are not proven to work for vapor product cessation.

2019 Legislative Successes

Passed Tobacco 21

- ➔ In effect January 1, 2020
- ➔ *Impacts neighboring Kitsap:*
 - ➔ Conversations happening at State level for military bases and Tribal lands

Passed Vapor Tax

- ➔ Volume tax on vapor products
- ➔ *Impacts to Kitsap:*
 - ➔ Currently slated to help with *Foundational Public Health Services*, Cancer research, and Tobacco Prevention
 - ➔ Unknown effects to youth prevention



2019 Local Success



Infographic to Permit Holders

HELLO KITSAP COUNTY BUSINESS OWNERS!

IN 2016, THE KITSAP PUBLIC HEALTH BOARD PASSED A NO-VAPING IN PUBLIC PLACES ORDINANCE (ORDINANCE 2016-01). WE WANT TO OFFER YOU SOME RESOURCES AND SIGNAGE TO HELP YOU KEEP UP WITH THE LAW.

BY ENFORCING THESE RULES AT YOUR ESTABLISHMENT, YOU ARE CONTRIBUTING TO THE HEALTH OF KITSAP COUNTY RESIDENTS OF ALL AGES. THANK YOU!!

WE HAVE MORE AND BIGGER SIGNAGE—IF YOU'D LIKE SOME PLEASE EMAIL THE TOBACCO & VAPOR PRODUCT PROGRAM AT KITSAP PUBLIC HEALTH:

megan.moore@kitsappublichealth.org



KITSAP PUBLIC HEALTH DISTRICT

POSTING A SIGN IS A GENTLE REMINDER TO THE PUBLIC TO FOLLOW THE LAW.



CUSTOMERS CANNOT SMOKE OR VAPE WITHIN 25 FEET OF ANY DOOR, WINDOW, OR INTAKE PANEL.

25 ft



CUSTOMERS CANNOT VAPE INDOORS.



VAPOR PRODUCTS CAN BE USED FOR OTHER SUBSTANCES LIKE MARIJUANA, WHICH IS ALSO ILLEGAL TO USE IN A PUBLIC PLACE.

YOU ARE REQUIRED TO POST NO-VAPING SIGNAGE.



NOT ENFORCING THESE LAWS CAN RESULT IN A FINE FOR YOUR BUSINESS.



IF YOU NEED RESOURCES, WE CAN HELP.



FOR MORE INFORMATION PLEASE VISIT www.kitsappublichealth.org/information/tobacco



Youth Marijuana Prevention & Education Program

- ➔ **Goal:** Reduce initiation and use of marijuana by youth (ages 12-20), especially priority populations
- ➔ **Goal:** Educate legal users about responsible use of Marijuana
- ➔ **Strategy:** Policy and Environmental Changes

Olympic Region | Youth Marijuana Prevention and Education Program
 2018-2019 Goals and Strategies at a Glance

1. Coordinate & Maintain Regional Network
 ○ Goal: By July 2019, invite 15 new community members to attend quarterly meetings

2. Reach Out To Decision-makers
 ○ Goal: By July 2019, present YMPEP work at one BOH or other Board meeting

3. Educate Parents On The Law And Potential Harms Of Youth Marijuana Use
 ○ Goal: By July 2019, develop workplan to reach parent groups through retailers, WIC, and schools.

PRIORITY POPULATIONS:
 Youth in Transition
 Youth Identifying as LGBTQ
 Youth with Multiple Exposures
 Tribal Youth

Locally Tailored Strategies:
Kitsap—Advocate for Screen & Referral Systems in Healthcare
Jefferson—Educate Youth on the Law and Potential Harms of MJ Use (Alternatives to Suspension)
Clallam—Educate Youth on the Law and Potential Harms of MJ use Through Media

5. Educate Youth On The Law And Potential Harms Of Marijuana Use
 ○ Goal: By July 2019, develop workplan to increase youth awareness of MJ advertising

4. Advocate For Enforcement Of Public Use Bans
 ○ Goal: By July 2019, translate the law into lay speak and develop workplan to educate community stakeholders

megan.moore@kitsappublichealth.org
lyndsey.kellum@kitsappublichealth.org

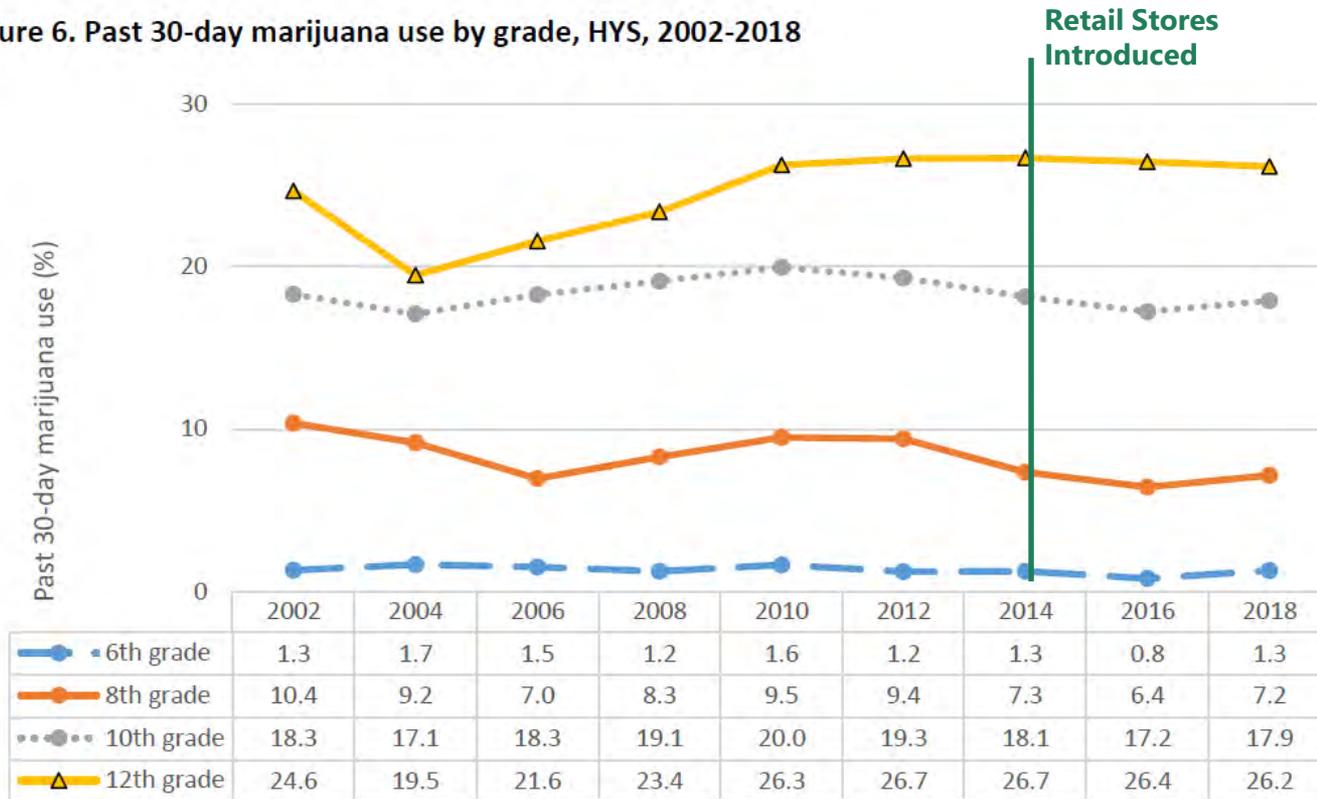
Health Outcomes of Early Initiation



- ➔ Challenges with Memory, Attention, & Learning
- ➔ Poorer School Performance
- ➔ Increased Problematic Behaviors
- ➔ Increased Risk of Mental Health Issues

Washington State Marijuana Use (Past 30-Day Use)

Figure 6. Past 30-day marijuana use by grade, HYS, 2002-2018



Parent Education Through Retailers

Olympic Region | Youth Marijuana Prevention and Education Program

OUR GOAL
To reduce youth marijuana use on the Olympic Peninsula.

EDUCATING PARENTS

OUR STRATEGIES

- Educate youth on the harms of underage marijuana use.
- Educate trusted adults, doctors, and marijuana retailers on the harms of youth use.
- Through local policies, make it difficult for youth to access marijuana.

Parents want the best for their children and teens, but many of them don't know how to navigate the new world of legal marijuana. We have resources for responsible legal use and storage, and resources for how to talk to kids about not using.

You can play a key role in getting the word to parents.

HOW CAN YOU HELP?

Get the message to parents. Take part in the decision making. You can help make a difference in a child's life.

OLYMPIC PENINSULA 10TH GRADERS' ATTITUDES OF MARIJUANA USE

Attitude	% Students
Easy to get	50%
No/low risk of harm trying 1-2 times	67%
No/low risk of harm from regular use	37%
Adults don't think it's wrong	24%
Friends don't think it's wrong	44%

2018, Healthy Youth Survey

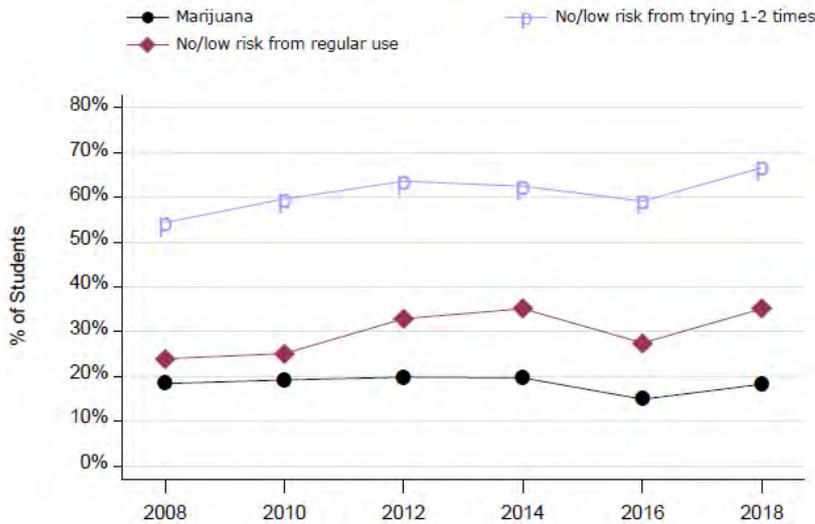
KITSAP PUBLIC HEALTH DISTRICT **PUBLIC HEALTH** **megan.moore@kitsappublichealth.org**
Brought to you by funding from the Dedicated Marijuana Account (RCW 69.50.140)

- ➔ Home sources (obtained from sibling and/or parents) account for 25% of youth access
- ➔ YMPEP is partnering with retailers to educate parents on being responsible legal users.



Kitsap Youth Perception of Harm

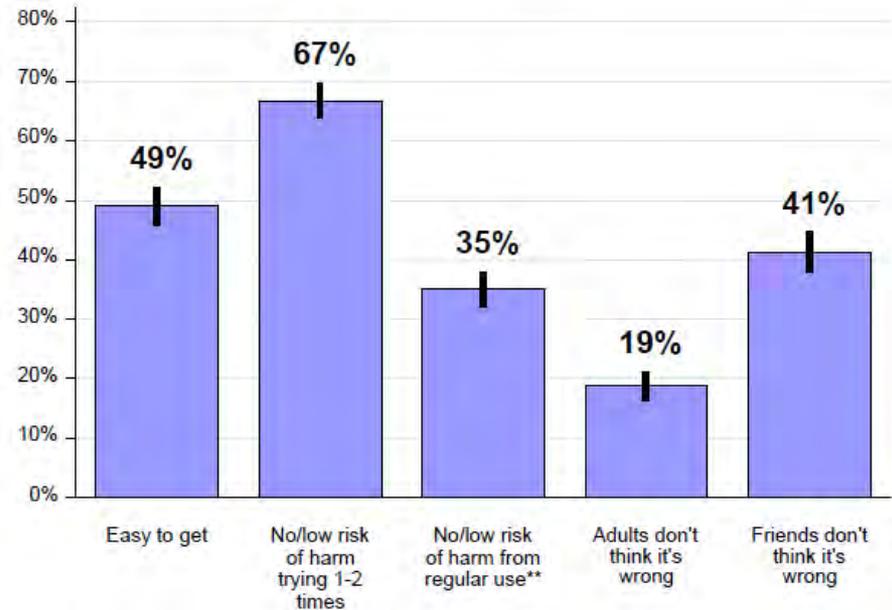
Marijuana Use and Perception of Harm Trends
Grade 10



Prevalence	2008	2010	2012	2014	2016	2018
Marijuana	18% ±2	19% ±2	20% ±2	20% ±2	15% ±2*	18% ±2*
No/low risk from trying 1-2 times	54% ±3	60% ±3*	64% ±3	62% ±3	59% ±3	67% ±3*
No/low risk from regular use**	24% ±3	25% ±3	33% ±3*	35% ±3	27% ±3*	35% ±3*

There is an increasing percentage of students who think there is no/low risk of using marijuana.

Attitudes about Marijuana Use
Grade 10, 2018

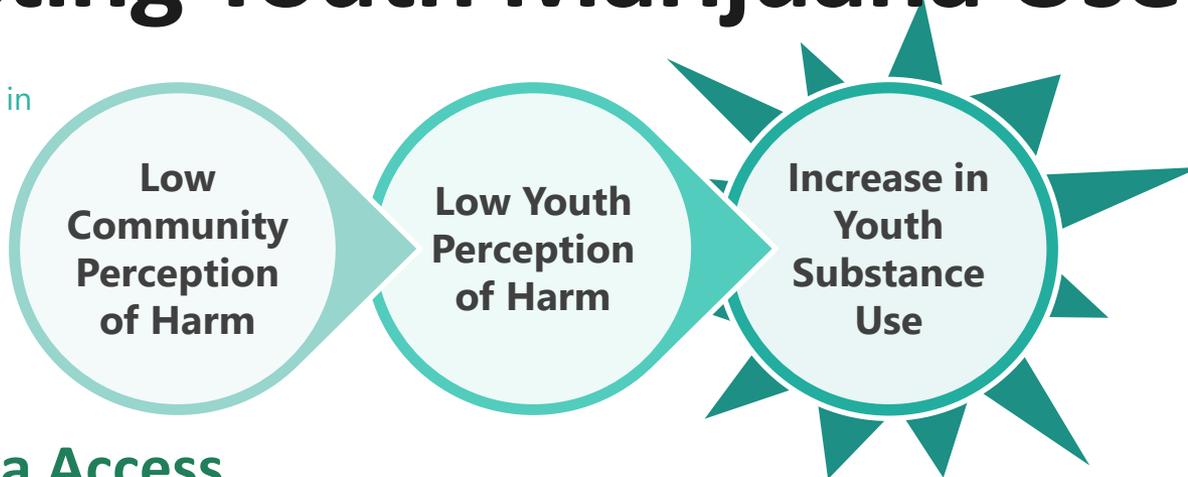


A large proportion of youth report that adults, the community, and friends don't think it's wrong for youth to use marijuana.



Forecasting Youth Marijuana Use

Historical Trend in Substance Use:



➔ Marijuana Access

- One marijuana high is less expensive than one day session of bowling and one movie ticket
- *Data show:* when youth see legal tobacco and marijuana use in a community, they are more likely to use¹

➔ State-Level Changes

- Talk of removing or raising of cap on number of licensees
- More visible stores lead to decreased perception of harm

¹Agaku IT, Perks SN, Odani S, et al. *Tob Control* 2019; 0:1–9. doi:10.1136/tobaccocontrol-2018-054728

Opportunities to Reduce Youth Use



- 1) There are limits on local Tobacco and Vapor Product policy options.
- 2) Currently, marijuana does not have the same limits.
- 3) Education, policy, and environmental strategies are all necessary in order to address these issues.

Reducing Youth Use in Action:

Example Opportunities

- ➔ Place a county-wide cap on # of licensees (e.g. 1 per 50,000)
- ➔ Municipalities place moratoriums on # of new licensees (e.g. no new)
- ➔ Density restrictions (e.g. Placing a cap on # of new licensees in low-income areas or within certain distance of schools)
- ➔ Restrict Marijuana Billboards or Billboards within Bus Routes
- ➔ Require special event licenses for marijuana events, including festivals like Hempfest
- ➔ Reduce opportunity for retailers to use attractive lighting (e.g. Christmas and Rope lights)



Recap

- 1) Youth vapor product use is on the rise nationally and locally.
- 2) We are limited in what policies we can use to curb this problem. Currently we are working with multiple sectors to educate youth, parents, and adults.
- 3) Since 2014, youth marijuana use has stayed steady but perception of harm has decreased dramatically.
- 4) We do not have the same limitations for marijuana that we do for tobacco.
- 5) We have a window of opportunity to get ahead of a possible increase in youth marijuana use.



Questions?

Megan Moore, MPH

megan.moore@kitsappublichealth.org

360-900-7263



ELECTRONIC CIGARETTES WHAT'S THE BOTTOM LINE?

- » E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.
- » E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.
- » While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.
- » If you've never smoked or used other tobacco products or e-cigarettes, don't start.

WHAT ARE E-CIGARETTES?

- » E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems.”
- » Some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items.
- » E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air.
- » E-cigarettes can be used to deliver marijuana and other drugs.



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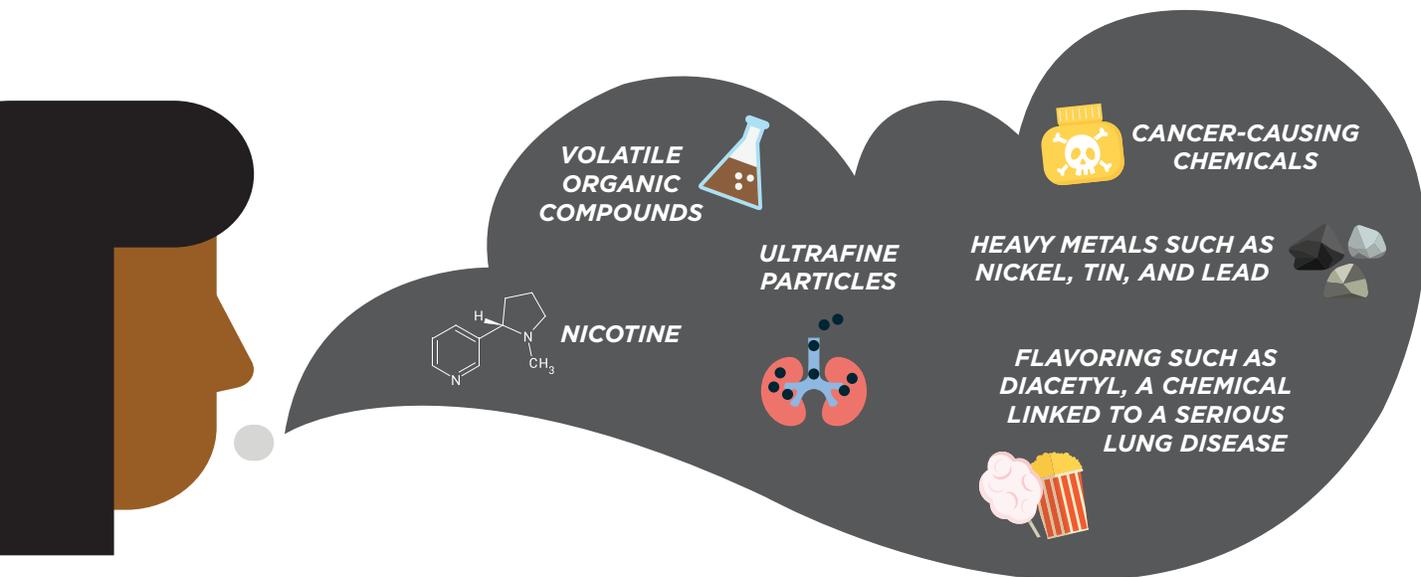


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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WHAT IS IN E-CIGARETTE AEROSOL?

THE E-CIGARETTE AEROSOL THAT USERS BREATHE FROM THE DEVICE AND EXHALE CAN CONTAIN HARMFUL AND POTENTIALLY HARMFUL SUBSTANCES:



It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.

ARE E-CIGARETTES LESS HARMFUL THAN REGULAR CIGARETTES?



VS



YES, but that doesn't mean e-cigarettes are safe.

E-cigarette aerosol generally contains fewer toxic chemicals than the deadly mix of 7,000 chemicals in smoke from regular cigarettes. However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.

WHAT ARE THE HEALTH EFFECTS OF USING E-CIGARETTES?

SCIENTISTS ARE STILL LEARNING ABOUT THE LONG-TERM HEALTH EFFECTS OF E-CIGARETTES. HERE IS WHAT WE KNOW NOW.

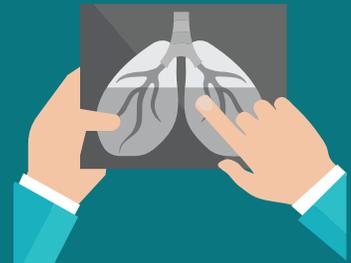
1 Most e-cigarettes contain nicotine, which has known health effects

- » Nicotine is highly addictive.
- » Nicotine is toxic to developing fetuses.
- » Nicotine can harm adolescent brain development, which continues into the early to mid-20s.
- » Nicotine is a health danger for pregnant women and their developing babies.



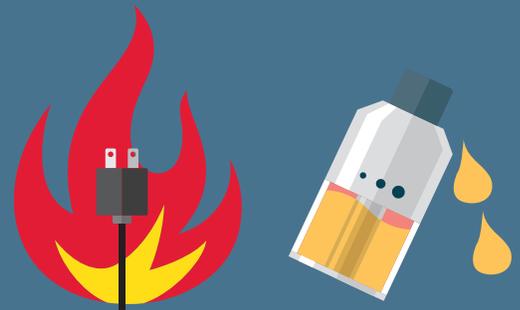
2 Besides nicotine, e-cigarette aerosol can contain substances that harm the body.

- » This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.

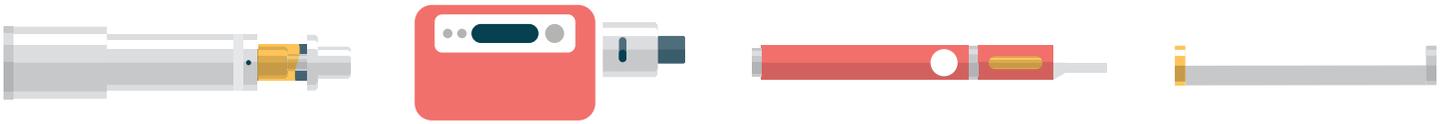


3 E-cigarettes can cause unintended injuries.

- » Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries.
- » In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid.



CAN E-CIGARETTES HELP ADULTS QUIT SMOKING CIGARETTES?



E-CIGARETTES ARE NOT CURRENTLY APPROVED BY THE FDA AS A QUIT SMOKING AID.

The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, concluded that the evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women.



HOWEVER, e-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes and other smoked tobacco products.

TO DATE, THE FEW STUDIES ON THE ISSUE ARE MIXED.

Evidence from two randomized controlled trials found that e-cigarettes with nicotine can help smokers stop smoking in the long term compared with placebo (non-nicotine) e-cigarettes.

A recent CDC study found that many adults are using e-cigarettes in an attempt to quit smoking. However, most adult e-cigarette users do not stop smoking cigarettes and are instead continuing to use both products (“dual use”). Because smoking even a few cigarettes a day can be dangerous, quitting smoking completely is very important to protect your health.

WHO IS USING E-CIGARETTES?

E-CIGARETTES ARE THE MOST COMMONLY USED TOBACCO PRODUCT AMONG YOUTH.

IN THE U.S., YOUTH ARE MORE LIKELY THAN ADULTS TO USE E-CIGARETTE



In 2018, more than

3.6 MILLION

U.S. middle and high school students used e-cigarettes in the past 30 days, including:

4.9%

MIDDLE SCHOOL STUDENTS

20.8%

HIGH SCHOOL STUDENTS



AMONG CURRENT E-CIGARETTE USERS AGED 45 YEARS AND OLDER in 2015, most were either current or former regular cigarette smokers, and 1.3% had never been cigarette smokers.

IN CONTRAST, AMONG CURRENT E-CIGARETTE USERS AGED 18-24 YEARS, 40.0% had **NEVER BEEN** regular cigarette smokers

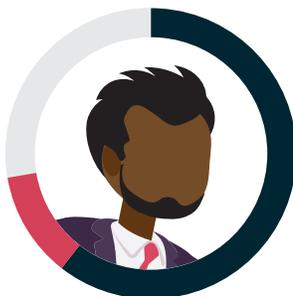
IN 2015, AMONG ADULT E-CIGARETTE USERS OVERALL:

29.8%

were former regular cigarette smokers

11.4%

had never been regular cigarette smokers



58.8%

were current regular cigarette smokers

ADULTS

In 2017, **2.8%** of U.S. adults were current e-cigarette users



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HELLO KITSAP COUNTY BUSINESS OWNERS!

IN 2016, THE KITSAP PUBLIC HEALTH BOARD PASSED A NO-VAPING IN PUBLIC PLACES ORDINANCE (ORDINANCE 2016-01). WE WANT TO OFFER YOU SOME RESOURCES AND SIGNAGE TO HELP YOU KEEP UP WITH THE LAW.

BY ENFORCING THESE RULES AT YOUR ESTABLISHMENT, YOU ARE CONTRIBUTING TO THE HEALTH OF KITSAP COUNTY RESIDENTS OF ALL AGES. THANK YOU!!

WE HAVE MORE AND BIGGER SIGNAGE—IF YOU'D LIKE SOME PLEASE EMAIL THE TOBACCO & VAPOR PRODUCT PROGRAM AT KITSAP PUBLIC HEALTH:

megan.moore@kitsappublichealth.org



KITSAP PUBLIC HEALTH DISTRICT

POSTING A SIGN IS A GENTLE REMINDER TO THE PUBLIC TO FOLLOW THE LAW.



CUSTOMERS CANNOT SMOKE OR VAPE WITHIN 25 FEET OF ANY DOOR, WINDOW, OR INTAKE PANEL.



CUSTOMERS CANNOT VAPE INDOORS.



VAPOR PRODUCTS CAN BE USED FOR OTHER SUBSTANCES LIKE MARIJUANA, WHICH IS ALSO ILLEGAL TO USE IN A PUBLIC PLACE.

YOU ARE REQUIRED TO POST NO-VAPING SIGNAGE.



NOT ENFORCING THESE LAWS CAN RESULT IN A FINE FOR YOUR BUSINESS.



IF YOU NEED RESOURCES, WE CAN HELP.



FOR MORE INFORMATION PLEASE VISIT www.kitsappublichealth.org/information/tobacco

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: June 4, 2019
Re: Request to Ban the Sale and Use of Glyphosate in Kitsap County

On March 29, 2019, the Kitsap Environmental Coalition (KEC) emailed the County Commissioners and requested that they --- in their roles as county commissioners and Health Board members --- ban the sale and use of Glyphosate in Kitsap County (see copy of email attached).

The purpose of this agenda item today is to provide the Health Board with information concerning Glyphosate, hear from Dana Coggon of the County's Noxious Weed Program about how herbicides like Glyphosate are one of a number of tools that may be used to manage noxious weeds as required by law, and begin a discussion about how the Health Board may want to respond to the KEC's request.

Also attached to this memo for your information, please find a copy of a recent resolution signed by the Commissioners to discontinue use of Glyphosate on county owned property and right of way, and [a draft Toxicological Profile for Glyphosate](#) from the Agency for Toxic Substances and Disease Registry of the U.S. Department of Health and Human Services (April 2019). For the latter, Chapters 1 and 2 will be most pertinent to today's presentation and discussion. Please note that due to the large size of this document it is not printed in hardcopy for today's meeting, but it is available electronically and through the internet link above.

Recommended Action

None. For information and discussion only.

Please contact me with any questions or concerns about this presentation at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

Keith Grellner

From: Charlotte Garrido <cgarrido@co.kitsap.wa.us>
Sent: Saturday, March 30, 2019 1:35 PM
To: Keith Grellner
Cc: Susan Turner
Subject: FW: dangerous chemical usage in Kitsap

Follow Up Flag: Follow up
Due By: Friday, April 12, 2019 4:00 PM
Flag Status: Flagged

Hi Keith,

I'll discuss this with Public Works Director Andrew Nelson next week. In the meantime, is this a topic Kitsap Public Health would provide information about?

Hope you are both enjoying this gloriously beautiful day,
Charlotte

From: Tom DeBor <tadebor@outlook.com>
Sent: Friday, March 29, 2019 9:55 AM
To: Charlotte Garrido <cgarrido@co.kitsap.wa.us>
Subject: dangerous chemical usage in Kitsap

Dear Commissioner Garrido;

The Kitsap Environmental Coalition (KEC) would like to bring to your attention the recent landmark decision made by the Los Angeles County Board of Supervisors to ban glyphosate in their county. As you are a recognized advocate and champion for healthy food and organic farming in Kitsap County we want to appeal for your assistance with the issue of achieving similar action in our community. Glyphosate, the main ingredient in Monsanto's herbicide Roundup, is being ever more widely recognized as a carcinogen. This dangerous product is very commonly used and frequently overused and unsafely applied in our county by homeowners, industry, and government agencies, including the County government. Glyphosate is commonly being heavily sprayed in public areas frequented by pets and children and is even being applied by forest resource companies in areas that have a sandy loam type of soil and are in critical recharge areas for our aquifers. As you are probably aware none of the potable water in this county comes from mountain snow melt but rather is all drawn from ground water and being constantly replenished by our abundant rainfall. Hence keeping the earth above an aquifer as chemical free as is possible is of critical importance because once a chemical pollutant enters an aquifer it in the water supply forever.

Therefore we are requesting that you and your fellow commissioners act now, pursuant to the authority granted to you by the State of Washington to operate as the County Board of Health, and implement a ban on the sale and use of this dangerous product. (Except for very limited and specifically described usage in the smallest effective quantities applied by government agents who are licensed pest control applicators to control only the most very noxious invasive species of weeds.) Further authority exists to empower your Commission to take such action as a lead agency under the powers described in RCW 43.21C.010 through RCW 43.21C.034.

Recent research, which includes studies conducted in our state by both the University of Washington and Washington State University, confirm the grave health dangers posed by glyphosate, including significantly increased risk of Parkinson's disease and non-Hodgkins Lymphoma. There are safer effective alternatives of noxious weed control than the application of dangerous herbicides. A Kitsap County Ordinance banning the sale and use of products containing glyphosate will play a powerful role in protecting the safety of our water, food supply, salmon, orcas, and the health of all residents of our county especially the children who are particularly threatened by the long term misuse of this chemical.

We look forward to hearing from you soon and would appreciate the chance to arrange a face to face sit down meeting so that we could provide you with more facts and information. This is an important and time sensitive issue as Pope Resources has recently done a 467 acre clear cut in north Kitsap between Poulsbo and Kingston and they usually conduct glyphosate spraying following a tree harvest of this size. This tract is particularly sensitive since much of it sits atop a critical aquifer recharge area and adjacent to KPUD wells. The clear cut is also only a few hundred yards from The Giving Garden which provides fresh organic produce to the food banks of Kingston and Poulsbo. Spraying season is but a few short weeks away.

Tom DeBor,

Kitsap Environmental Coalition Board Member

<https://www.ewg.org/release/la-county-bans-use-monsanto-s-roundup-weedkiller-over-health-concerns>



LA County Bans Use of Monsanto's Roundup Weedkiller on County Property Over Health Concerns | EWG

The same day that a second jury in seven months found that glyphosate, the active ingredient in Monsanto's Roundup, causes cancer, Los Angeles County banned any further use of the toxic weedkiller by all county departments.

www.ewg.org

Resolution to Discontinue Use of Glyphosate on County Owned Property and Right of Way

WHEREAS, herbicides have long been, and continue to be, a tool for county staff to manage vegetation in public rights of way and other public infrastructure; and

WHEREAS, the county, in its fiduciary obligations to steward limited taxpayer resources, is committed to maintaining the county road system and infrastructure in the most cost-effective manner possible; and

WHEREAS, the county is committed to supporting a healthy, sustainable workplace and environment for its employees and citizens; and

WHEREAS, in the control of noxious weeds, Glyphosate is a tool of last resort; and

WHEREAS, private citizens often utilize herbicides for personal uses;

NOW THEREFORE BE IT RESOLVED that the Kitsap County Board of Commissioners direct staff to:

- Discontinue the broadcast spraying of glyphosate on county owned and maintained property and rights of way; and
- Pursue other options to effectively support departmental operations and stewardship of resources; and
- Work with Prosecuting Attorney's office to determine the extent of county authority beyond county owned/maintained property; and
- Work with our state legislative delegation and county partners to pursue lasting changes; and
- Only utilize targeted application of glyphosate in the eradication of noxious weeds; and
- Educate private citizens in our community about other weed management alternatives.

Dated this 22nd day of May, 2019

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**



E. E. Wolfe
EDWARD E. WOLFE, Chair

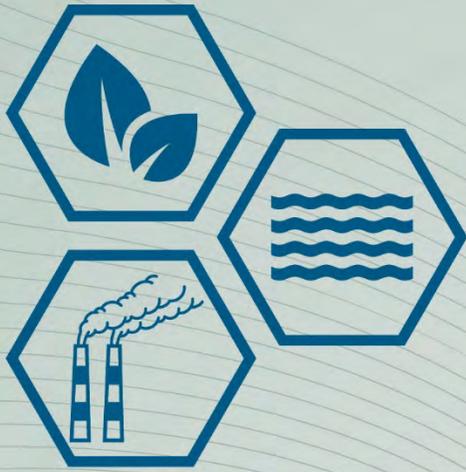
Charlotte Garrido
CHARLOTTE GARRIDO, Commissioner

Robert Gelder
ROBERT GELDER, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board



Toxicological Profile for Glyphosate

Draft for Public Comment

April 2019



U.S. Department of Health and Human Services
Agency for Toxic Substances and Disease Registry

CS274127-A

DISCLAIMER

Use of trade names is for identification only and does not imply endorsement by the Agency for Toxic Substances and Disease Registry, the Public Health Service, or the U.S. Department of Health and Human Services.

This information is distributed solely for the purpose of pre dissemination public comment under applicable information quality guidelines. It has not been formally disseminated by the Agency for Toxic Substances and Disease Registry. It does not represent and should not be construed to represent any agency determination or policy.

FOREWORD

This toxicological profile is prepared in accordance with guidelines developed by the Agency for Toxic Substances and Disease Registry (ATSDR) and the Environmental Protection Agency (EPA). The original guidelines were published in the *Federal Register* on April 17, 1987. Each profile will be revised and republished as necessary.

The ATSDR toxicological profile succinctly characterizes the toxicologic and adverse health effects information for these toxic substances described therein. Each peer-reviewed profile identifies and reviews the key literature that describes a substance's toxicologic properties. Other pertinent literature is also presented, but is described in less detail than the key studies. The profile is not intended to be an exhaustive document; however, more comprehensive sources of specialty information are referenced.

The focus of the profiles is on health and toxicologic information; therefore, each toxicological profile begins with a relevance to public health discussion which would allow a public health professional to make a real-time determination of whether the presence of a particular substance in the environment poses a potential threat to human health. The adequacy of information to determine a substance's health effects is described in a health effects summary. Data needs that are of significance to the protection of public health are identified by ATSDR and EPA.

Each profile includes the following:

- (A) The examination, summary, and interpretation of available toxicologic information and epidemiologic evaluations on a toxic substance to ascertain the levels of significant human exposure for the substance and the associated acute, intermediate, and chronic health effects;
- (B) A determination of whether adequate information on the health effects of each substance is available or in the process of development to determine the levels of exposure that present a significant risk to human health due to acute, intermediate, and chronic duration exposures; and
- (C) Where appropriate, identification of toxicologic testing needed to identify the types or levels of exposure that may present significant risk of adverse health effects in humans.

The principal audiences for the toxicological profiles are health professionals at the Federal, State, and local levels; interested private sector organizations and groups; and members of the public. ATSDR plans to revise these documents in response to public comments and as additional data become available. Therefore, we encourage comments that will make the toxicological profile series of the greatest use.

Electronic comments may be submitted via: www.regulations.gov. Follow the on-line instructions for submitting comments.

Written comments may also be sent to: Agency for Toxic Substances and Disease Registry
Division of Toxicology and Human Health Sciences
Environmental Toxicology Branch

Regular Mailing Address:
1600 Clifton Road, N.E.
Mail Stop S102-1
Atlanta, Georgia 30329-4027

Physical Mailing Address:
4770 Buford Highway
Building 102, 1st floor, MS S102-1
Chamblee, Georgia 30341

The toxicological profiles are developed under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (CERCLA or Superfund). CERCLA section 104(i)(1) directs the Administrator of ATSDR to "...effectuate and implement the health related authorities" of the statute. This includes the preparation of toxicological profiles for hazardous substances most commonly found at facilities on the CERCLA National Priorities List (NPL) and that pose the most significant potential threat to human health, as determined by ATSDR and the EPA. Section 104(i)(3) of CERCLA, as amended, directs the Administrator of ATSDR to prepare a toxicological profile for each substance on the list. In addition, ATSDR has the authority to prepare toxicological profiles for substances not found at sites on the NPL, in an effort to "...establish and maintain inventory of literature, research, and studies on the health effects of toxic substances" under CERCLA Section 104(i)(1)(B), to respond to requests for consultation under section 104(i)(4), and as otherwise necessary to support the site-specific response actions conducted by ATSDR.

This profile reflects ATSDR's assessment of all relevant toxicologic testing and information that has been peer-reviewed. Staffs of the Centers for Disease Control and Prevention and other Federal scientists have also reviewed the profile. In addition, this profile has been peer-reviewed by a nongovernmental panel and is being made available for public review. Final responsibility for the contents and views expressed in this toxicological profile resides with ATSDR.



Patrick N. Breysse, Ph.D., CIH
Director, National Center for Environmental Health and
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention

VERSION HISTORY

Date	Description
April 2019	Draft for public comment toxicological profile released

CONTRIBUTORS & REVIEWERS

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ATSDR, Division of Toxicology and Human Health
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SRC, Inc., North Syracuse, NY

REVIEWERS

Interagency Minimal Risk Level Workgroup:

Includes ATSDR; National Center for Environmental Health (NCEH); National Institute of Occupational Health and Safety (NIOSH); U.S. Environmental Protection Agency (EPA); National Toxicology Program (NTP).

Additional reviews for science and/or policy:

ATSDR, Division of Community Health Investigations; ATSDR, Office of Science; NCEH, Division of Laboratory Science; NCEH, Division of Environmental Health Science and Practice.

PEER REVIEWERS

1. Annaclaire De Roos Ph.D., M.P.H., Associate Professor, Environmental and Occupational Health, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania
2. David A. Eastmond, Ph.D., Professor and Toxicologist, Department of Molecular Cell and Systems Biology, University of California, Riverside, Riverside, California
3. Renata Marino Romano, Ph.D., Professora Adjunta, Departamento de Farmácia, Universidade Estadual do Centro-Oeste – UNICENTRO, Guarapuava, Brazil

These experts collectively have knowledge of toxicology, chemistry, and/or health effects. All reviewers were selected in conformity with Section 104(I)(13) of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended.

Peer reviewers for subsequent revision to Section 2.19 (Cancer) and Appendix A (MRL Worksheets) in the Toxicological Profile for Glyphosate were:

1. James V. Bruckner, Ph.D., Professor of Pharmacology & Toxicology, Department of Pharmaceutical & Biomedical Sciences, College of Pharmacy, University of Georgia

2. David A. Eastmond, Ph.D., Professor and Toxicologist, Department of Molecular Cell and Systems Biology, University of California, Riverside, Riverside, California
3. Paul J. Mills, Ph.D., Professor of Family Medicine and Public Health, University of California, San Diego
4. Renata Marino Romano, Ph.D., Professora Adjunta, Departamento de Farmácia, Universidade Estadual do Centro-Oeste – UNICENTRO, Guarapuava, Brazil

ATSDR scientists review peer reviewers' comments and determine whether changes will be made to the profile based on comments. The peer reviewers' comments and responses to these comments are part of the administrative record for this compound.

The listing of peer reviewers should not be understood to imply their approval of the profile's final content. The responsibility for the content of this profile lies with ATSDR.

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CHAPTER 1. RELEVANCE TO PUBLIC HEALTH

1.1 OVERVIEW AND U.S. EXPOSURES

Glyphosate is a phosphonoglycine non-selective herbicide, first registered for use by the EPA in 1974. Glyphosate is typically manufactured for commercial use as a salt available in soluble liquid and granule formulations. Herbicide formulations employing glyphosate salts are commonly produced in combination with additives, inert ingredients, and surfactants. The salt derivatives enhance absorption of glyphosate from the surface of the plant or leaf structure, but are not the herbicidally active portion of the compound. Specific formulations vary in composition and are marketed under numerous trade names (NPIRS 2017; PAN 2009). Commercial products containing glyphosate may have concentrations ranging from 0.96 to 94 w/w%. For example, the common herbicide, Roundup®, has product formulations containing glyphosate in concentrations ranging from 0.96% to as much as 71% (w/w) (NPIRS 2017; PAN 2016b).

Glyphosate is the active ingredient in a variety of broad spectrum herbicidal products for residential, commercial, and agricultural purposes. Selected agricultural commodities such as roundup-ready corn and soybeans have been genetically modified to be resistant to damage when glyphosate is applied to control undesirable weeds. Glyphosate is produced commercially in the United States as a technical-grade substance with a purity of $\geq 95\%$ (McBean 2011). In 2007, U.S. agricultural use of glyphosate was approximately 82,800 tons and non-agricultural use of glyphosate was approximately 9,300 tons (Battaglin et al. 2014). In 2014, U.S. agricultural use of glyphosate was approximately 124,953 tons and non-agricultural use of glyphosate was approximately 13,260 tons (Benbrook 2016). The manufacture and use of glyphosate has led to its direct release into the environment (EPA 1993). Once glyphosate enters the environment, it has low potential for environmental bioavailability and is unlikely to bioaccumulate; the chemical is either degraded by microbial processes or inactivated by adsorption to soil (Shushkova et al. 2010; Smith and Oehme 1992). Glyphosate is expected to adsorb to soils under most environmental conditions; therefore, leaching into groundwater is minimal (Smith and Oehme 1992). Glyphosate may enter surface waters due to its use in some aquatic environments. Volatilization of glyphosate is not an important fate process based on its low vapor pressure and ionic nature (Smith and Oehme 1992). Transport in the air after spray applications is dependent on meteorological conditions; ground and aerial applications can result in spray drift, which may affect non-target plants (PAN 2009; Yates et al. 1978).

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The general population may be exposed to glyphosate by dermal contact with consumer products, crops, foliage, or soils containing residues of this chemical; ingestion of plants, crops, foods, or waters containing residues of this chemical; and inhalation of mist or spray during the use of products containing this chemical. As a result of its widespread usage, glyphosate is present at low levels in a wide range of foods (FAO and WHO 2016). The greatest potential for exposure can be expected for people who use glyphosate products at home and for populations residing near agricultural areas and crop farms, manufacturing and processing plants where glyphosate is produced or used, and hazardous waste disposal sites containing glyphosate.

Occupational exposure of glyphosate may occur via inhalation, dermal contact, and/or ocular contact during manufacture, transport, use, and disposal. Farmers and home gardeners using herbicides containing glyphosate may be exposed to glyphosate via inhalation, dermal contact, and/or ocular contact as well. People may be exposed to glyphosate upon entering areas where it has been recently applied. Dermal contact appears to be the major route of exposure to glyphosate for people involved in its application.

Children are expected to be exposed to glyphosate by the same routes as adults in the general population. Products containing glyphosate should be kept out of the reach of children. Due to increased hand-to-mouth activity and playing habits, children are more likely to come into contact with glyphosate residues that may be present in soil. Glyphosate is not likely to bioaccumulate in breast milk (Bus 2015) and was not detected in breast milk from lactating mothers with detectable glyphosate in their urine (McGuire et al. 2016). In one small study, neither glyphosate nor its major degradation product, aminomethylphosphonic acid (AMPA), were detected in the maternal or fetal cord serum of pregnant subjects (Aris and LeBlanc 2011).

See Chapter 5 for more detailed information regarding concentrations of glyphosate in environmental media.

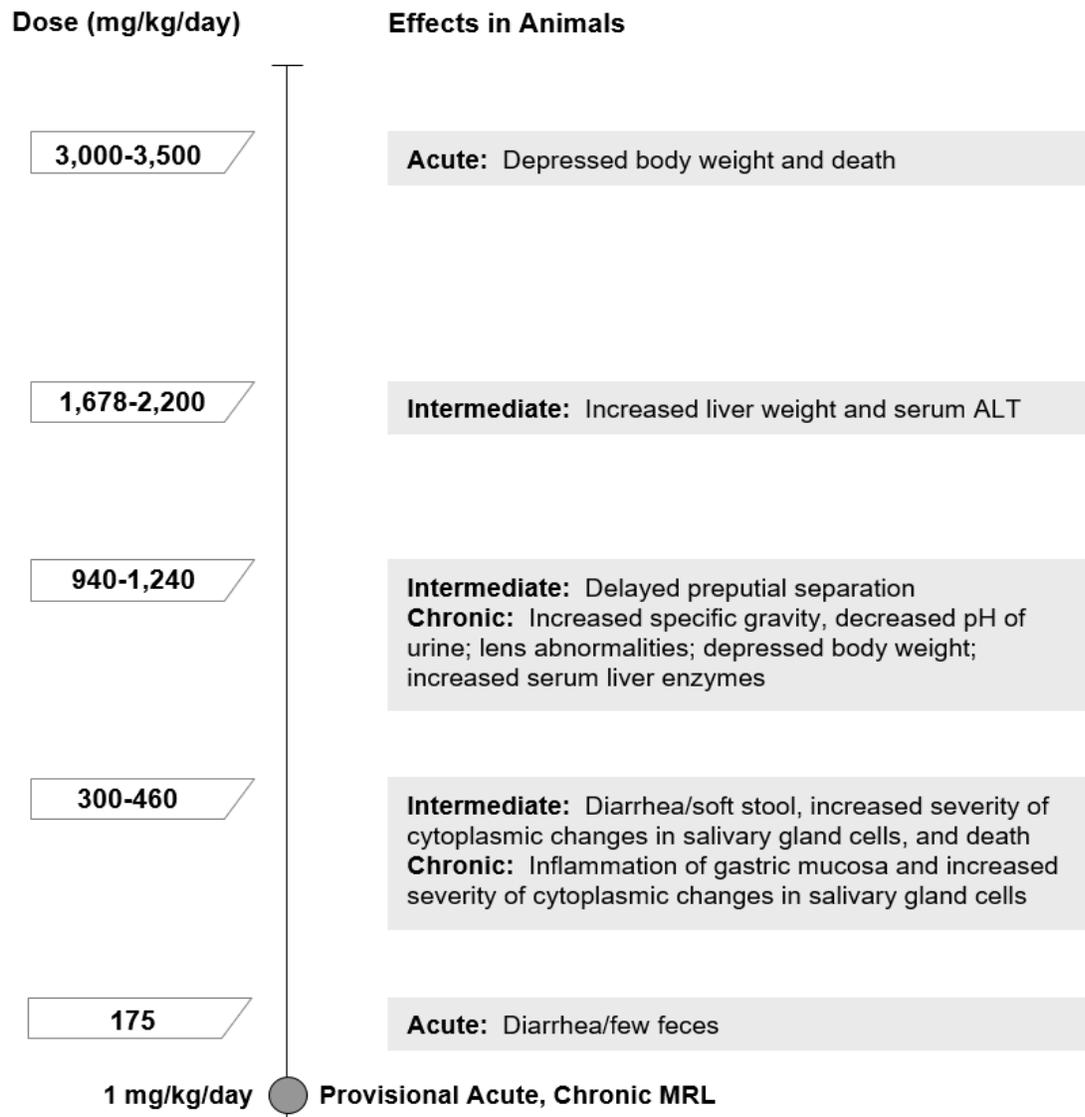
1.2 SUMMARY OF HEALTH EFFECTS

Information regarding the toxicity of glyphosate comes primarily from oral studies in laboratory animals exposed to glyphosate technical. No information was located regarding health effects in humans exposed to glyphosate technical; human exposures are to herbicides that contain glyphosate and other ingredients or to glyphosate residues in selected food sources. Human studies have reported possible associations

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between glyphosate herbicide use and various health outcomes. A few animal studies evaluated the effects of inhalation or oral exposure to glyphosate formulations containing surfactant and additional unspecified substances. Reported effects may be due, at least in part, to the surfactant. Furthermore, glyphosate formulations vary in specific components and their relative proportions, thus precluding meaningful comparisons of toxic effect levels. Therefore, Figure 1-1 contains summary information related only to glyphosate technical.

Figure 1-1. Noncancer Health Effects Found in Animals Following Oral Exposure to Glyphosate Technical



Exposure Durations: Acute (≤14 days); Intermediate (15-364 days); Chronic (≥365 days)

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As illustrated in Figure 1-1, gastrointestinal disturbance and effects on the salivary gland appear to be the most sensitive noncancer effects in animal studies that employed oral exposure to glyphosate technical. Ocular, hepatic, renal, and body weight effects have been reported as well. Developmental effects were observed at dose levels resulting in maternal toxicity. Effects observed in animals are considered relevant to human health in the absence of experimental data to indicate otherwise.

Gastrointestinal Effects. Gastrointestinal symptoms (e.g., nausea, vomiting, abdominal pain, sore throat, mucosal damage in mouth and esophagus) are commonly reported in patients ingesting glyphosate products (Chang et al. 1999; Lee et al. 2000, 2008; Moon and Chun 2010; Roberts et al. 2010; Sawada et al. 1988; Talbot et al. 1991; Tominack et al. 1991). Gastrointestinal effects have frequently been seen in animal studies. For example, soft stool/diarrhea were reported in pregnant rabbits gavaged with glyphosate technical during gestation (EPA 1992f, 2017b) and rats administered glyphosate technical in the diet for 2 generations (EPA 1992a). Inflammation of gastric mucosa was observed in female rats orally exposed to glyphosate technical for 2 years (EPA 1991a, 1991b). Cytoplasmic alterations were reported in salivary glands of glyphosate-treated rats and mice; the toxicological significance of these salivary gland changes is uncertain (NTP 1992).

Body Weight Effects. Depressed body weight was observed during intermediate- and chronic-duration oral exposure of laboratory animals to glyphosate technical at doses $\geq 1,183$ mg/kg/day (EPA 1985a, 1991a, 1991b, 1992a).

Hepatic Effects. Increased liver weight and increased serum markers of liver effects (alkaline phosphatase [AP], alanine aminotransferase [ALT], and/or bile acids) were observed in rats administered glyphosate technical for 13 weeks at $\geq 1,678$ mg/kg/day (NTP 1992). Centrilobular hepatocellular necrosis was observed in livers from male mice administered glyphosate technical for 2 years at an estimated dose of 4,945 mg/kg/day (EPA 1985a).

Renal Effects. Increased specific gravity of urine and decreased urinary pH were noted among male rats administered glyphosate technical for 2 years at 940 mg/kg/day (EPA 1991a, 1991b). Female mice administered glyphosate technical for 2 years at 6,069 mg/kg/day exhibited significantly increased incidence of renal proximal tubule epithelial basophilia and hypertrophy (EPA 2015a).

Ocular Effects. In a report of human case series of 1,513 ocular exposures to glyphosate products, minor symptoms (primarily transient irritation) were observed in 70% of the cases; most (99%) complained of

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eye pain (Acquavella et al. 1999). Lens abnormalities were observed in male rats administered glyphosate technical for 2 years at 940 mg/kg/day (EPA 1991a, 1991b). According to EPA (1993), glyphosate is considered mildly irritating to the eye following ocular instillation.

Developmental Effects. Limited epidemiology studies provided suggestive evidence of associations between maternal preconception exposure to glyphosate and increased risk of spontaneous abortion (Arbuckle et al. 2001) and parent-reported attention deficit disorder/attention deficit hyperactivity disorder (Garry et al. 2002). Depressed weight and increased incidence of unossified sternebrae were observed in gestation day (GD) 20 fetuses from rat dams treated with glyphosate technical by gavage at 3,500 mg/kg/day during GDs 6–19 (EPA 1992e). In a study of rats exposed via the diet for 2 generations, up to 14–20% depressed pup body weight and/or body weight gain were noted at an estimated glyphosate technical dose of 3,134 mg/kg/day (EPA 1992a). In another 2-generation oral rat study, an estimated glyphosate technical dose of 1,234 mg/kg/day resulted in delayed preputial separation (EPA 2013a).

Cancer Effects. The carcinogenic potential of glyphosate has been evaluated in three meta-analyses (Chang and Delzell 2016; IARC 2017; Schinasi and Leon 2014) and a number of case-control and cohort epidemiology studies (see Section 2.19 for detailed information and specific citations). The meta-analyses reported positive associations between glyphosate use and selected lymphohematopoietic cancers. Most of the case-control and cohort studies used self-reported ever/never glyphosate use as the biomarker of exposure, and subjects were likely exposed to other pesticides as well. Numerous studies reported risk ratios greater than 1 for associations between glyphosate exposure and risk of non-Hodgkin's lymphoma or multiple myeloma; however, the reported associations were statistically significant only in a few studies.

Collectively, animal studies in which glyphosate-containing herbicide formulations were tested by the oral exposure route have identified the following targets of toxicity:

- Body weight effects (depressed body weight gain in mice),
- Hematological effects (decreases in red blood cells, hematocrit, and hemoglobin, and increases in mean corpuscular volume and neutrophils in mice),
- Hepatic effects (increased serum liver enzyme activity and histopathologic liver lesions in male rats),
- Renal effects (histopathologic kidney lesions in male rats), and
- Reproductive effects (increased percentage of morphologically abnormal sperm in rats).

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A summary figure of sensitive targets of glyphosate-containing herbicide formulations is not included in this toxicological profile for glyphosate because formulations were not equivalent across studies and other ingredients (in addition to glyphosate as active ingredient) may have influenced the observed effects.

1.3 MINIMAL RISK LEVELS (MRLs)

Animal studies submitted to EPA's Office of Pesticides Programs to fulfill requirements for the registration of a particular glyphosate formulation for use in the United States involve exposure to glyphosate technical (typically <90% purity). Some animal studies in the open literature used glyphosate formulations that typically included 1–41% glyphosate technical (or glyphosate salts) and up to 18% surfactant (along with other “inert” ingredients). Surfactants in glyphosate formulations may be at least partly responsible for the toxic effects from overexposure to glyphosate formulations (Adam et al. 1997; Sawada et al. 1988; Williams et al. 2000). Human exposure to glyphosate formulations via its use in weed control includes exposure to all substances in a particular glyphosate formulation. No MRLs were derived for glyphosate formulations due to the wide variation in glyphosate content and surfactants used in various glyphosate formulations and the fact that surfactants can contribute to the toxicity of glyphosate formulations. However, because exposures of the general population via food or water sources with measurable glyphosate residues most likely involve glyphosate and/or its breakdown products rather than the intact glyphosate-based formulation, health effects data associated with oral exposure to glyphosate technical are considered relevant to potential derivation of oral MRLs for glyphosate. Oral MRLs based on glyphosate technical would not be applicable to intentional or accidental ingestion of a glyphosate formulation.

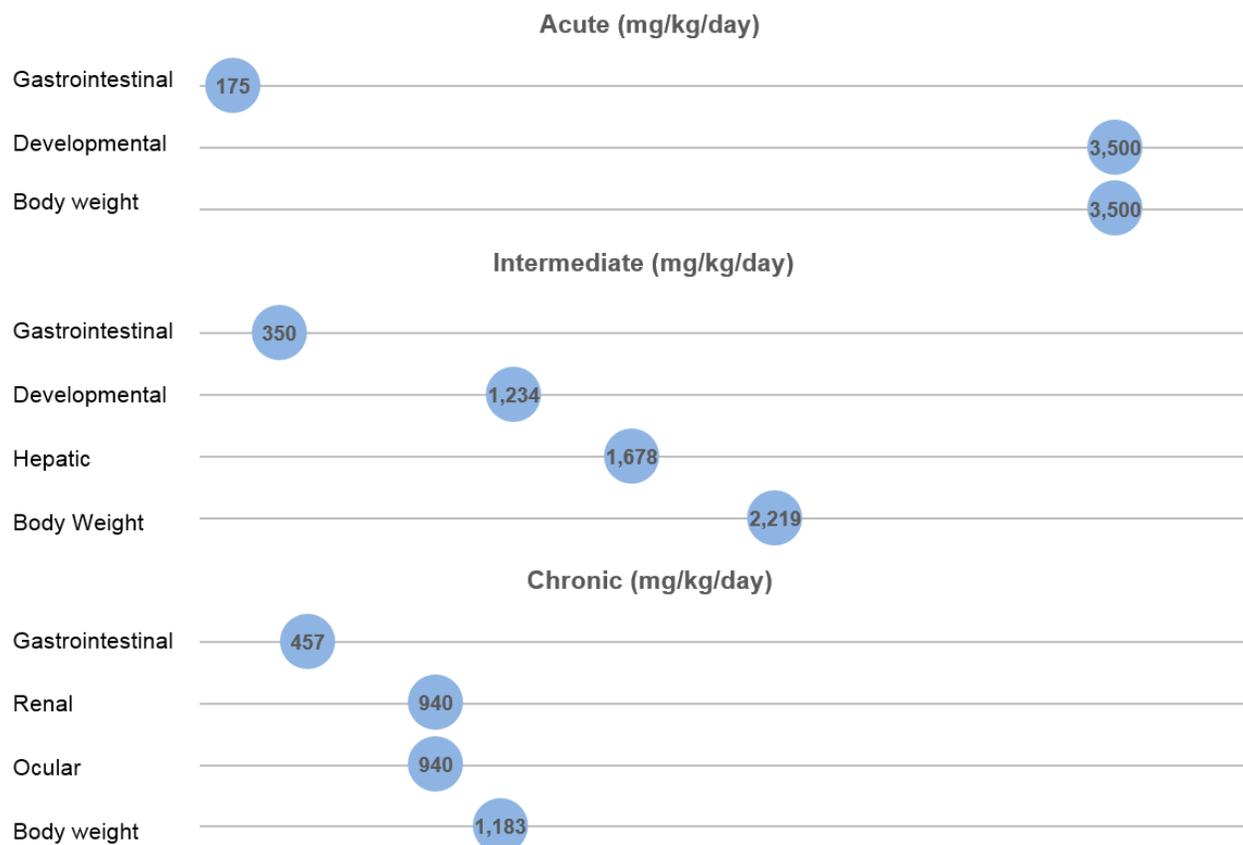
Available data for inhalation exposure to glyphosate technical are limited to a summary from a single 4-week repeated-exposure rat study in which no effects were observed at the highest exposure level (EPA 1985c). The inhalation database was, therefore, not considered adequate for derivation of provisional inhalation MRLs for glyphosate. As presented in Figure 1-1, available data have identified the gastrointestinal tract as the most sensitive target of glyphosate toxicity following oral exposure. The oral database was considered adequate for derivation of provisional acute- and chronic-duration oral MRLs for glyphosate. These provisional MRLs are summarized in Table 1-1 and discussed in detail in Appendix A. The provisional chronic-duration MRL value is adopted as the provisional intermediate-duration oral MRL for glyphosate (see Appendix A).

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As illustrated in Figure 1-2, gastrointestinal disturbances (e.g., loose stools/diarrhea, decreased fecal production, inflammation of gastric mucosa, cytoplasmic alterations in salivary glands) appear to be the most sensitive effects of glyphosate technical toxicity in animals. The lowest-observed-adverse-effect levels (LOAELs) in Figure 1-2 reflect actual doses (levels of exposure) employed in animal studies.

Figure 1-2. Summary of Sensitive Targets of Glyphosate Technical – Oral

The gastrointestinal tract is the most sensitive target of ingested glyphosate technical.
 Numbers in circles are the lowest LOAELs for all health effects in animals; no reliable dose-response data were available for humans.



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Table 1-1. Minimal Risk Levels (MRLs) for Glyphosate^a

Exposure duration	Provisional MRL	Critical effect	Point of departure	Uncertainty factor	Reference
Inhalation exposure (ppm)					
Acute	Insufficient data for MRL derivation				
Intermediate	Insufficient data for MRL derivation				
Chronic	Insufficient data for MRL derivation				
Oral exposure (mg/kg/day)					
Acute	1	Gastrointestinal effects	100 (NOAEL)	100	EPA 2017b
Intermediate	The provisional chronic-duration oral MRL of 1 mg/kg/day is adopted as the provisional intermediate-duration oral MRL.				
Chronic	1	Gastrointestinal effects	113 (NOAEL)	100	EPA 1991a, 1991b

^aSee Appendix A for additional information.

LOAEL = lowest-observed-adverse-effect level; NOAEL = no-observed-adverse-effect level

CHAPTER 2. HEALTH EFFECTS

2.1 INTRODUCTION

The primary purpose of this chapter is to provide public health officials, physicians, toxicologists, and other interested individuals and groups with an overall perspective on the toxicology of glyphosate. It contains descriptions and evaluations of toxicological studies and epidemiological investigations and provides conclusions, where possible, on the relevance of toxicity and toxicokinetic data to public health. When available, mechanisms of action are discussed along with the health effects data; toxicokinetic mechanistic data are discussed in Section 3.1.

A glossary and list of acronyms, abbreviations, and symbols can be found at the end of this profile.

To help public health professionals and others address the needs of persons living or working near hazardous waste sites, as well as people exposed during production and/or use of glyphosate-containing products, the information in this section is organized by health effect. These data are discussed in terms of route of exposure (inhalation, oral, and dermal) and three exposure periods: acute (≤ 14 days), intermediate (15–364 days), and chronic (≥ 365 days).

As discussed in Appendix B, a literature search was conducted to identify relevant studies examining health effect endpoints. Figure 2-1 for glyphosate technical and Figure 2-2 for glyphosate formulations provide an overview of the database of studies in humans or experimental animals included in this chapter of the profile. These studies evaluate the potential health effects associated with inhalation, oral, or dermal exposure to glyphosate, but may not be inclusive of the entire body of literature.

This ATSDR Toxicological Profile for Glyphosate includes data for glyphosate technical (purity typically $>95\%$) and glyphosate formulations (typically 1–41% v/v glyphosate technical or glyphosate salts and $\leq 18\%$ polyoxyethyleneamine [POEA] surfactant). Surfactants in glyphosate formulations may be at least partly responsible for the toxic effects from exposure to glyphosate formulations (Adam et al. 1997; Sawada et al. 1988; Williams et al. 2000). As such, health effects observed in studies of animals exposed to relatively high levels of glyphosate technical may not accurately reflect health effects from human exposure to glyphosate formulations during application as an herbicide. However, because the general population may be exposed to glyphosate and/or its breakdown products (rather than to a particular glyphosate formulation) in selected food sources or contaminated drinking water, health effects from

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animal studies in which glyphosate technical was used as test substance are considered relevant to human health.

Product names and reported descriptions for glyphosate-containing products included in this toxicological profile are summarized in Table 2-1 by reference (alphabetical order). Hereafter, each glyphosate-containing formulation will generally be identified only by the reported product name.

Table 2-1. Description of Selected Glyphosate Formulations

Reference	Product name	Product description ^a
Adam et al. 1997	Roundup®	41% w/v glyphosate isopropylamine salt and 18% w/v POEA
Benedetti et al. 2004	Glyphosate-Biocarb®	360 g/L glyphosate and 18% w/v POEA
Bolognesi et al. 1997	Roundup®	30.4% glyphosate
Caglar and Kolankaya 2008	Roundup®	Monsanto of Brazil; 360 g/L glyphosate, 18% w/v POEA
Cassault-Meyer et al. 2014	Roundup® Grand Travaux Plus	607 g/L glyphosate isopropylamine salt and adjuvants such as POEA
Contardo-Jara et al. 2009	Roundup Ultra®	360 g/L glyphosate isopropylamine salt and surfactants of unspecified composition
Dallegrave et al. 2003, 2007	Roundup®	Monsanto of Brazil; 360 g/L glyphosate, 18% w/v POEA
Dimitrov et al. 2006	Roundup®	Ingredients and proportions not specified
EPA 1985c	Roundup®	33.3% use dilution (41.56% isopropylamine salt of glyphosate in concentrate)
Feng et al. 1990a	Roundup®	Unspecified proportion of glyphosate isopropylamine salt
Gasnier et al. 2009	Roundup Grands Travaux®	40% glyphosate
George et al. 2010	Roundup Original®	41% glyphosate and 15% POEA
Grisolia 2002	Roundup®	48% glyphosate isopropylammonium salt; 12% inerts, including POEA
Holečková 2006	Unspecified technical herbicide	62% w/w isopropylamine salt of glyphosate and 38% unspecified inerts
Jasper et al. 2012	Roundup Original®	41% glyphosate and 16% POEA
Kale et al. 1995	Roundup®	Glyphosate isopropylamine salt of unspecified concentration
Koller et al. 2012	Roundup Ultra Max®	450 g/L glyphosate acid
Maibach 1986	Roundup®	41% glyphosate as isopropylamine salt, water, surfactant
Mao et al. 2018	Roundup®	Composition not specified
Moriya et al. 1983	Roundup®	Composition not specified

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Table 2-1. Description of Selected Glyphosate Formulations

Reference	Product name	Product description ^a
Panzacchi et al. 2018	Roundup Bioflow®	41.5% glyphosate isopropylamine salt, 42.5% water, and 15% proprietary surfactant
Paz-y-Miño et al. 2007	Roundup-Ultra®	Unspecified proportions of glyphosate, POEA, and the adjuvant Cosmoflux 411F
Peluso et al. 1998	Roundup®	30.4% glyphosate isopropylammonium salt
Piešová 2004, 2005	Unspecified product from Monsanto, Antwerp, Belgium	62% w/w isopropylamine salt of glyphosate and 38% unspecified inerts
Prasad et al. 2009	Roundup®	>41% glyphosate isopropylamine salt
Raipulis et al. 2009	Roundup BIO®	Ingredients not specified
Ramos-Morales et al. 2008	Roundup®	Not specified
Rank et al. 1993	Roundup®	480 g/L glyphosate isopropylamine salt
Rodrigues et al. 2011	Roundup®	Not specified
Romano et al. 2010	Roundup Transorb®	648 g/L isopropylamine salt of glyphosate and 594 g/L inerts
Šiviková and Dianovský 2006	Unspecified product from Monsanto Europe S.A., Belgium	62% glyphosate; 38% unspecified inerts
Vígfusson and Vyse 1980	Roundup®	Ingredients not specified
Wester et al. 1991	Roundup®	Ingredients not specified
Wildeman and Nazar 1982	Unspecified commercial formulation	Glyphosate-containing product (no additional details on composition)
Wunnapuk et al. 2014	Concentrate Roundup® Weedkiller	Monsanto Australia, containing 360 g/L of glyphosate (only ingredient specified)

^aLimited to the glyphosate-containing substance description in the corresponding study report.

POEA = polyoxyethyleneamine (surfactant)

Animal oral study information for glyphosate technical is presented in Table 2-2 and Figure 2-3. Animal oral study information for glyphosate formulations is presented in Table 2-3. Animal dermal study information for glyphosate technical is presented in Table 2-4.

Levels of significant exposure (LSEs) for each route and duration are presented in tables and illustrated in figures. LSE tables and figures for animal inhalation studies of glyphosate technical and glyphosate formulations are precluded by lack of data. The points in the figures showing no-observed-adverse-effect levels (NOAELs) or lowest-observed-adverse-effect levels (LOAELs) reflect the actual doses (levels of exposure) used in the studies. LOAELs have been classified into "less serious" or "serious" effects.

"Serious" effects are those that evoke failure in a biological system and can lead to morbidity or mortality

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(e.g., acute respiratory distress or death). "Less serious" effects are those that are not expected to cause significant dysfunction or death, or those whose significance to the organism is not entirely clear. ATSDR acknowledges that a considerable amount of judgment may be required in establishing whether an endpoint should be classified as a NOAEL, "less serious" LOAEL, or "serious" LOAEL, and that in some cases, there will be insufficient data to decide whether the effect is indicative of significant dysfunction. However, the Agency has established guidelines and policies that are used to classify these endpoints. ATSDR believes that there is sufficient merit in this approach to warrant an attempt at distinguishing between "less serious" and "serious" effects. The distinction between "less serious" effects and "serious" effects is considered to be important because it helps the users of the profiles to identify levels of exposure at which major health effects start to appear. LOAELs or NOAELs should also help in determining whether or not the effects vary with dose and/or duration, and place into perspective the possible significance of these effects to human health.

A User's Guide has been provided at the end of this profile (see Appendix C). This guide should aid in the interpretation of the tables and figures for LSEs and MRLs.

Glyphosate-containing products are among the most widely-used herbicides in commercial, agricultural, and residential settings (NPIC 2015). Selected field crops have been genetically modified to resist damage from glyphosate; such crops can be sprayed with glyphosate formulations to control weed growth without harming the genetically-modified plants. Selected glyphosate-containing products are labeled for use as desiccants on some grain crops a few weeks prior to harvest.

Glyphosate technical (purity typically >95%) has been evaluated in numerous animal studies, most of which employed the oral exposure route and were submitted to EPA's Office of Pesticide Programs through the pesticide registration program as directed by the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), Federal Food, Drug and Cosmetic Act (FFDCA), and Food Quality Protection Act (FQPA). The submitted studies are generally unpublished proprietary studies. EPA evaluated submitted study reports and produced summaries termed Data Evaluation Records or Data Evaluation Reports (DERs) that include study details and EPA's own conclusions regarding study design, results, and conclusions of the study authors. Information from DERs received from EPA is summarized in this ATSDR Toxicological Profile for Glyphosate (note: selected DERs can be requested at: <https://www.epa.gov/foia> or viewed from a list of cleared reviews for glyphosate or glyphosate salts at <https://archive.epa.gov/pesticides/chemicalsearch/chemical/foia/web/html/a.html>). EPA evaluated and produced DERs for selected proprietary animal studies submitted by various chemical companies to

2. HEALTH EFFECTS

agencies or organizations outside the United States for product registration purposes. Results from the DERs available to ATSDR were included in the Toxicological Profile for Glyphosate.

Epidemiological studies of glyphosate are predominantly case-control and cohort studies that examined possible associations between exposure to glyphosate (in glyphosate-containing herbicides) and selected health outcomes (noncancer and cancer endpoints), or case reports following accidental or intentional ingestion of glyphosate-containing products. These epidemiology studies are summarized in Table 2-5 (noncancer) and Table 2-7 (cancer). The majority of the studies used self-reported (or proxy reported) ever/never glyphosate use as the measure of exposure and some studies included a metric for frequency of exposure. There is no information regarding health effects in humans exposed to glyphosate technical.

Most reliable dose-response health effects data come from oral studies of animals administered glyphosate technical (see Figure 2-1 for an overview of the number of animal studies examining potential endpoints of concern from oral exposure to glyphosate technical). No information was located regarding the effects of inhaled glyphosate technical. In a 4-week study that employed repeated inhalation exposure of rats to Roundup®, no adverse effects were observed at the highest exposure concentration tested (360 mg Roundup®/m³) (EPA 1985c). Limited animal data for dermal exposure to glyphosate technical indicate that glyphosate is not a dermal irritant. Results from the oral animal studies identify the following targets of glyphosate toxicity, albeit at relatively high dose levels:

- **Gastrointestinal effects:** Clinical signs and/or pathological evidence of glyphosate-induced irritation were observed in several animal studies; the lowest dose level resulting in gastrointestinal effects was 175 mg/kg/day for diarrhea and few feces in pregnant rabbits administered glyphosate acid by gavage. Gastrointestinal disturbances are signs and/or symptoms following ingestion of large amounts of glyphosate-containing products.
- **Developmental effects:** Glyphosate treatment-related developmental effects were noted in a few studies at dose levels ($\geq 1,234$ mg/kg/day) resulting in maternal toxicity as well.
- **Body weight effects:** Depressed body weight and/or depressed body weight gain resulted from repeated dosing of glyphosate technical at dose levels $\geq 1,183$ mg/kg/day.
- **Hepatic effects:** Increases in liver weight and serum ALT activity were observed in one repeated-dose study at a dose level of 1,678 mg/kg/day.
- **Ocular effects:** Lens abnormalities were observed in one repeated-dose study at a dose level of 940 mg/kg/day.
- **Renal effects:** Indicators of renal toxicity were noted in rats and mice administered glyphosate technical in the diet for 2 years at high doses (940 and 6,069 mg/kg/day, respectively).

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- **Other effects:** Neurological, hematological, immunological, and reproductive endpoints have been evaluated, but do not appear to be particular targets of glyphosate toxicity.
- **Cancer:** Upon evaluation of available carcinogenicity studies in laboratory rodents, a number of agencies or organizations have concluded that glyphosate technical does not appear to be an animal carcinogen. In contrast, IARC considered the animal data to provide “*sufficient evidence*” of glyphosate carcinogenicity.

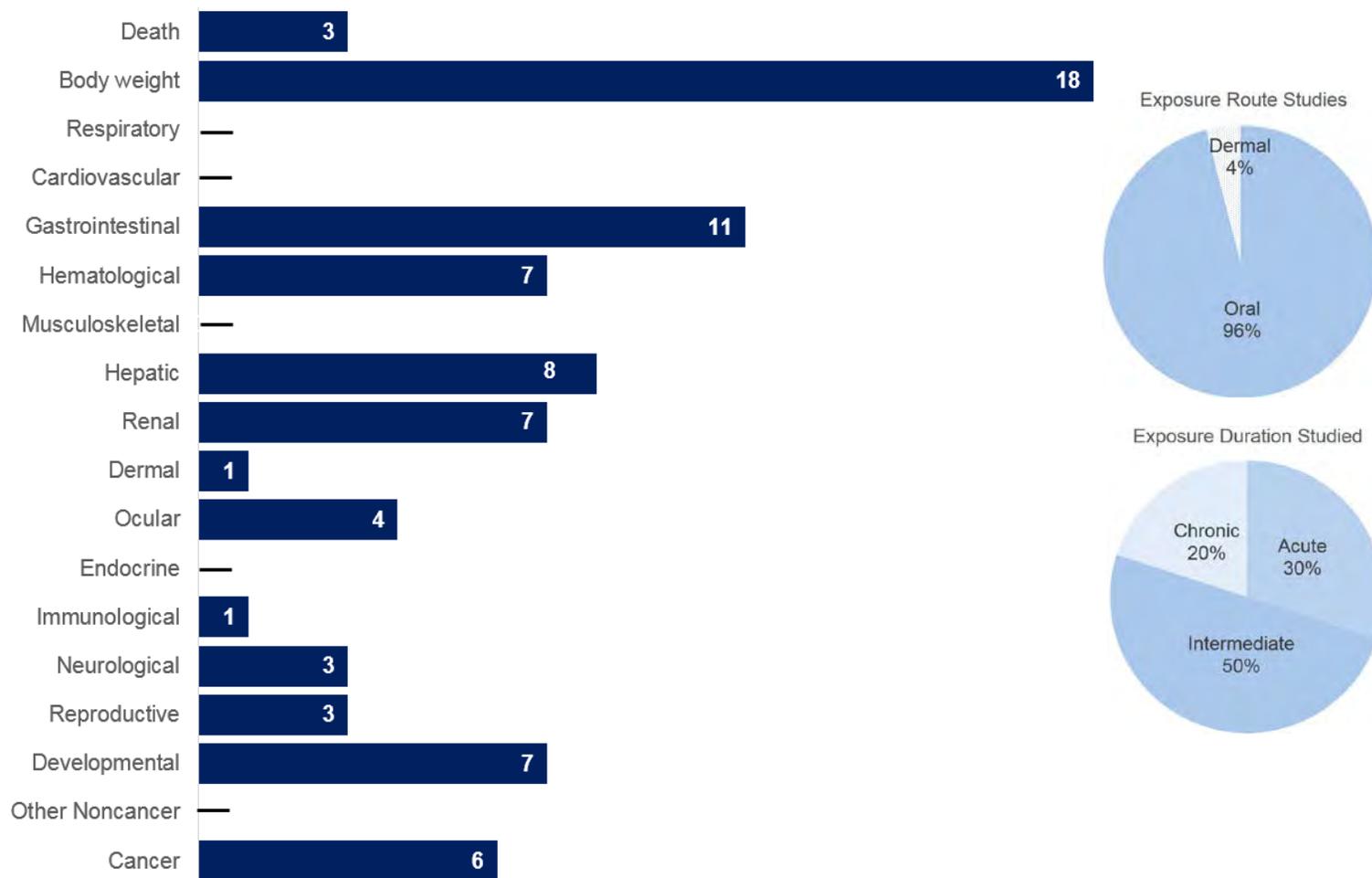
An overview of the number of human and animal studies examining potential endpoints of concern from exposure to glyphosate formulations is presented in Figure 2-2. Results from available animal studies identify the following targets of toxicity:

- **Developmental effects:** Histopathologic testicular lesions, decreased sperm production, and increased incidence of fetal skeletal malformations were reported in response to oral dosing of rat weanlings or pregnant rats with selected glyphosate formulations in the range of 5–500 mg/kg/day.
- **Endocrine effects:** Decreased serum testosterone was noted in male rat weanlings administered a glyphosate formulation orally at 5 mg/kg/day.
- **Body weight effects:** Seriously depressed body weight gain was observed in mice administered a glyphosate formulation orally at 50 mg/kg/day.
- **Renal effects:** Histopathologic kidney lesions were noted in male rats gavaged once with a glyphosate formulation at 250 mg/kg.
- **Hepatic effects:** Increased serum liver enzyme activity and histopathologic liver lesions were reported in male rats repeatedly gavaged with a glyphosate formulation at 487 mg/kg/day.
- **Hematological effects:** Decreases in red blood cells, hematocrit, and hemoglobin, and increases in mean corpuscular volume and neutrophils were reported in mice administered a glyphosate formulation orally at 500 mg/kg/day.
- **Reproductive effects:** Increased percentage of morphologically abnormal sperm was reported among rats receiving a glyphosate formulation from the drinking water for 8 days at 640 mg/kg/day.

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Figure 2-1. Overview of the Number of Animal Studies Examining Glyphosate Technical Health Effects*

Most studies examined the potential body weight, gastrointestinal, hematological, hepatic, and developmental effects of glyphosate technical (counts represent studies examining endpoint)



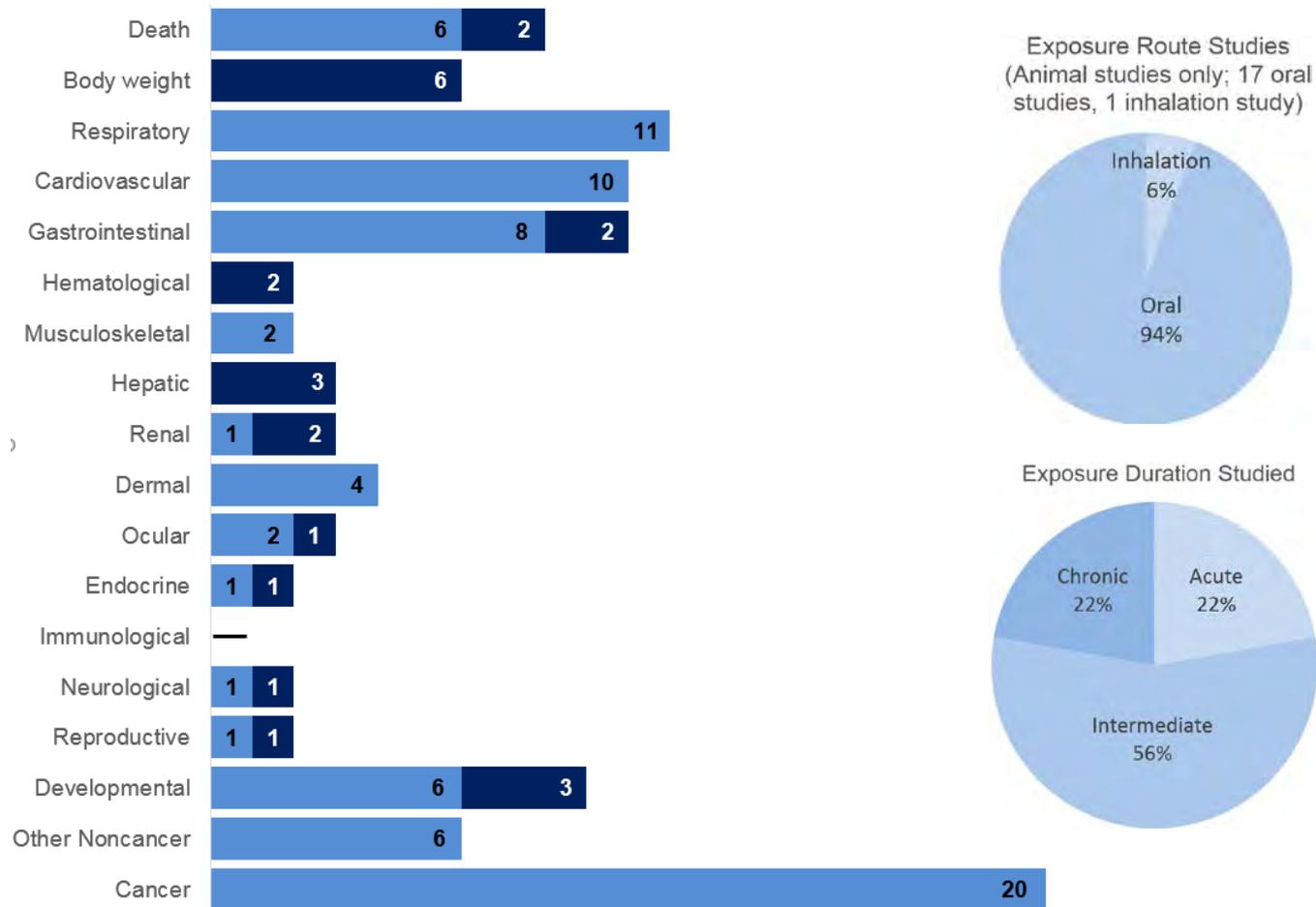
*Includes only animal studies that employed oral exposure to glyphosate technical as discussed in Chapter 2. A total of 22 studies include those finding no effect. Most studies examined multiple endpoints.

2. HEALTH EFFECTS

Figure 2-2. Overview of the Number of Studies Examining Glyphosate Formulations Health Effects*

Most epidemiological studies examined potential cancer, respiratory, and developmental effects associated with glyphosate-containing products; most animal studies examined potential body weight and developmental effects associated with glyphosate-containing products

More studies evaluated health effects in **humans** than **animals** (counts represent studies examining endpoint)



*A total of 42 studies, including those finding no effect. Many studies examined multiple endpoints. Reliable exposure route and duration information was not typically available for humans. Therefore, relative exposure route and duration proportions are plotted only for animal studies.

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Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
ACUTE EXPOSURE (≤14 days)									
1	Rat (Wistar) 8 M	Once (G)	0, 2,000	CS, GN, HP, LE, OW	Gastro		2,000		Diarrhea in 2/8 rats for 6 hours postdosing, resolving by sacrifice at 24 hours
Adam et al. 1997 – Glyphosate technical, purity not specified									
2	Rat (Sprague-Dawley) 5 (mixed)	Once (GW)	3,160, 3,980, 5,010, 6,310	CS, GN, LE	Death			4,320	LD ₅₀
EPA 1992b – Glyphosate technical, purity not specified									
3	Rat (Sprague-Dawley) 25 F	GDs 6–19 1 time/day (GW)	0, 300, 1,000, 3,500	BW, CS, DX, FX, GN, LE, MX, TG	Death Bd Wt Gastro Develop	1,000 1,000 1,000 1,000		3,500 3,500 3,500 3,500	6/25 Dams died 28.5% depressed mean maternal body weight gain Diarrhea, soft stools 9% depressed mean fetal body weight, increased incidence of unossified sternebrae at serious maternally-toxic dose level
EPA 1992e – Glyphosate technical, purity 98.7%									
4	Rat (Alpk: APfSD) 10 M, 10 F	Once (GW)	0, 500, 1,000, 2,000	BW, CS, FI, GN, HP, LE, OF, OW	Bd Wt Gastro Neuro Other	2,000 1,000 1,000 1,000		2,000 2,000 2,000 2,000	Diarrhea Decreased activity, subdued behavior, hunched posture Hypothermia
EPA 2013c – Glyphosate technical, purity 95.6%									

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
5	Rat (Alpk: APfSD) 24 F	GDs 7–16 1 time/day (GW)	0, 250, 500, 1,000	BW, CS, DX, FI, FX, GN, LE, MX, OW	Bd Wt Develop	1,000 1,000			
EPA 2017b – Glyphosate acid, purity 95.6%									
6	Rabbit (New Zealand white) 20 F	GDs 8–20 1 time/day (GW)	0, 100, 175, 300	BW, CS, DX, FI, FX, GN, LE, MX, OW	Bd Wt Gastro Develop	300 100 ^b 300	175		NOAEL for maternal body weight Diarrhea, few feces
EPA 2017b – Glyphosate acid, purity 95.6%									
INTERMEDIATE EXPOSURE (15–364 days)									
7	Rat (Sprague-Dawley) 30 M, 30 F	2-Generation, up to 19 weeks/ generation (F)	F0 M: 0, 137, 754, 2,219 F0 F: 0, 160, 802, 3,134 F1 M: 0, 165, 818, 2,633 F1 F: 0, 194, 947, 3,035	NS	Bd Wt Gastro Repro Develop	754 M 802 F 754 M 802 F 2,219 M 3,134 F 802	2,219 M 3,134 F 2,219 M 3,134 F		Up to 12% depressed mean paternal body weight gain Up to 18% depressed mean maternal body weight gain Soft stool Soft stool Up to 14–20% depressed mean pup body weight or body weight gain during lactation at maternally- toxic dose level
EPA 1992a – Glyphosate technical, purity 97.67%									
8	Rat (Sprague-Dawley) 12 M, 24 F	3-Generation (F)	0, 3, 10, 30	BW, CS, DX, FI, FX, GN, HP, LE, MX, OW	Bd Wt Repro	30 30			
EPA 1992g – Glyphosate technical, purity 98.7%									

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
9	Rat (Sprague-Dawley) 28 M, 28 F	2-Generation, up to 19 weeks/generation (F)	M: 0, 121, 408, 1,234; F: 0, 126, 423, 1,273	BW, CS, DX, FI, FX, GN, HP, LE, MX, OF, OW, TG	Bd Wt Hepatic Renal Repro Develop	1,234 M 1,273 F 1,234 M 1,273 F 1,234 M 1,273 F 408 M		1,234 M	Delayed preputial separation
EPA 2013a – Glyphosate technical, purity 95.7%									
10	Rat (Alpk: AP _r SD) 12 M, 12 F	13 weeks (F)	M: 0, 155.5, 617.1, 1,546.5 F: 0, 166.3, 672.1, 1,630.6	BW, CS, FI, GN, HP, LE, OF, OW	Neuro	1,546.5 M 1,630.6 F			
EPA 2013c – Glyphosate technical, purity 95.6%									

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect		
11	Rat (F344/N) 10 M, 10 F	13 weeks (F)	M: 0, 205, 410, 811, 1,678, 3,393 F: 0, 213, 421, 844, 1,690, 3,393	BC, BW, CS, EA, FI, GN, HE, HP, LE, OF, OW	Bd Wt	1,678 M	3,393 M		18% lower mean body weight and body weight gain		
					Gastro	3,393 F					
						205	410 M				
						213	421 F				
					Hemato	3,393					
					Hepatic	811 M	1,678 M				
		1,690 F	3,393 F								
NTP 1992 – Glyphosate technical, purity 99%											
12	Mouse (B6C3F1/ Ctrl) 10 F	28 days (F)	0, 150.1, 449.1, 1,447.5	BW, CS, FI, GN, OF, OW, WI	Bd Wt	1,447.5					
					Immuno	1,447.5					
EPA 2013b – Glyphosate technical, purity 85.2%											

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
13	Mouse (B6C3F1) 10 M, 10 F	13 weeks (F)	M: 0, 507, 1,065, 2,273, 4,776, 10,780 F: 0, 753, 1,411, 2,707, 5,846, 11,977	BW, CS, FI, GN, HP, LE, OF, OW	Bd Wt Gastro Hepatic	2,273 M 5,846 F 1,065 M 1,411 F 10,780 M 11,977 F	4,776 M 11,977 F 2,273 M 2,707 F	350	11% lower mean final body weight 10% lower mean final body weight Increased severity of basophilia of acinar cells in parotid salivary gland
NTP 1992 – Glyphosate technical, purity 99%									
14	Rabbit (Dutch belted) 16 F	GDs 6–27 1 time/day (GW)	0, 75, 175, 350	BW, CS, DX, FX, GN, LE, MX, TG	Death Bd Wt Gastro Develop	350 350 175 350	350	350	10/16 maternal rabbits died Increased incidence of soft stool and/or diarrhea
EPA 1992f – Glyphosate technical, purity 98.7%									
CHRONIC EXPOSURE (≥365 days)									
15	Rat (Sprague-Dawley) 60 M, 60 F	Up to 24 months (F)	M: 0, 89, 362, 940 F: 0, 113, 457, 1,183	BC, BW, CS, FI, GN, HE, HP, LE, OW	Bd Wt Gastro Hemato Hepatic	940 M 457 F 940 M 113 F ^c 940 M 1,183 F 940 M 1,183 F	1,183 F 457 F		13% lower mean body weight at treatment week 81 Inflammation of gastric squamous mucosa

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
					Renal	362 M	940 M		Increased specific gravity and decreased pH of urine
						1,183 F			
					Ocular	362 M	940 M		Increased incidence of lens abnormalities
						1,183 F			
EPA 1991a, 1991b – Glyphosate technical, purity 96.5%									
16	Rat (Sprague-Dawley) 50 M, 50 F	26 months (F)	M: 0, 3.05, 10.30, 31.45 F: 0, 3.37, 11.22, 34.02	BC, BW, CS, FI, GN, HE, HP, LE, OF, OW, UR	Bd Wt Gastro Hemato Hepatic Renal	31.45 M 34.02 F 31.45 M 34.02 F 31.45 M 34.02 F 31.45 M 34.02 F			
EPA 1992d – Glyphosate technical, purity 98.7%									

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
17	Rat (Alpk: AP _r SD Wistar) 64 M, 64 F	Up to 2 years (F)	M: 0, 121, 361, 1,214 F: 0, 145, 437, 1,498	BC, BH, BW, CS, EA, FI, GN, HE, HP, LE, OF, OP, OW, UR	Bd Wt Gastro Hemato Hepatic Renal Ocular Neuro	1,214 M 1,498 F 361 M 1,498 F 1,214 M 361 M 437 F 361 M 437 F 1,214 M 1,498 F 1,214 M 1,498 F	1,214 M 1,214 M 1,214 M 1,214 M 1,498 F		Exocrine hyperplasia in pancreas in males Increased serum AP, ALT, bilirubin Increased serum AP and ALT Papillary necrosis in kidney; decreased pH of urine Papillary necrosis in kidney

EPA 2015c – Glyphosate technical, purity 97.6%

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
18	Rat (Sprague-Dawley) 85 M, 85 F	Up to 2 years (F)	0, 10, 100, 300, 1,000	BC, BW, CS, EA, FI, GN, HE, HP, LE, OF, OP, OW, UR	Bd Wt	300	1,000		11–14% lower mean body weight and body weight gain
					Gastro	100	300	Increased severity of basophilia and hypertrophy of acinar cells in parotid and mandibular salivary glands	
					Hemato	1,000			
					Hepatic	1,000			
					Renal	300 M 1,000 F	1,000 M	Decreased pH of urine	
					Ocular	1,000			
EPA 2015c – Glyphosate technical, purity 98.7 and 98.9%									
19	Mouse (CD-1) 50 M, 50 F	24 months (F)	M: 0, 161, 835, 4,945 F: 0, 195, 968, 6,069	BW, CS, FI, GN, HE, HP, LE	Bd Wt	4,945 M 6,069 F			
					Gastro	4,945 M 6,069 F			
					Hemato	4,945 M 6,069 F			
					Hepatic	835 M 6,069 F	4,945 M	Centrilobular hepatocellular necrosis	
					Renal	4,945 M 968 F	6,069 F	Renal tubular epithelial basophilia	
EPA 2015a – Glyphosate technical, purity 99.7%									

2. HEALTH EFFECTS

Table 2-2. Levels of Significant Exposure to Glyphosate Technical – Oral

Figure key ^a	Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
20	Mouse (CD-1) 50 M, 50 F	104 weeks (F)	0, 100, 300, 1,000	BW, CS, FI, GN, HE, HP, LE, WI	Bd Wt Hepatic Renal	1,000 1,000 1,000			
EPA 2015c – Glyphosate technical, purity ≥97.5%									
21	Dog (Beagle) 6 M, 6 F	1 year (C)	0, 20, 100, 500	BC, BW, CS, FI, GN, HE, HP, LE, OP, OW, UR, WI	Bd Wt Hemato Ocular	500 500 500			
EPA 1986a, 1987 – Glyphosate technical, purity 96.13%									

^aThe number corresponds to entries in Figure 2-3; differences in levels of health effects and cancer effects between male and females are not indicated in Figure 2-3. Where such differences exist, only the levels of effect for the most sensitive gender are presented.

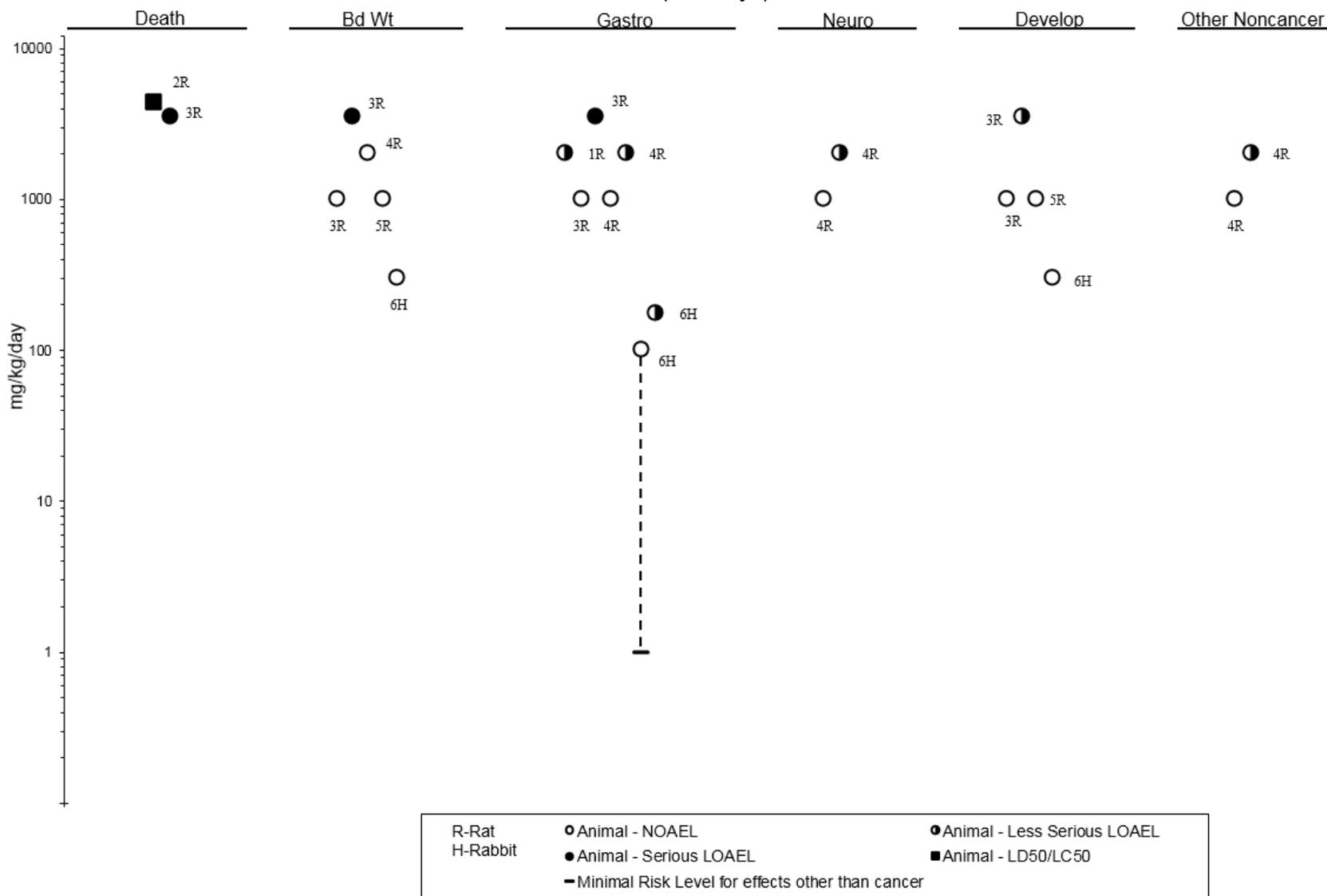
^bUsed to derive a provisional acute-duration oral MRL for glyphosate; NOAEL divided by an uncertainty factor of 100 (10 for animal to human extrapolation and 10 for human variability); see Appendix A for more detailed information regarding the provisional MRL.

^cUsed to derive a provisional chronic-duration oral MRL for glyphosate; NOAEL divided by an uncertainty factor of 100 (10 for animal to human extrapolation and 10 for human variability); see Appendix A for more detailed information regarding the provisional MRL.

ALT = alanine aminotransferase; AP = alkaline phosphatase; BC = biochemistry; BW or Bd Wt = body weight; C = capsule; CS = clinical signs; Develop = developmental; DX = developmental toxicity; EA = enzyme activity; (F) = exposure in feed; F = female(s); FI = food intake; FX = fetal toxicity; G = gavage, neat; Gastro = gastrointestinal; GD = gestation day; GN = gross necropsy; GW = gavage in water vehicle; HE = hematology; Hemato = hematological; HP = histopathology; Immuno = immunological; LD₅₀ = lethal dose, 50% kill; LE = lethality; LOAEL = lowest-observed-adverse-effect level; M = male(s); MRL = Minimal Risk Level; MX = maternal toxicity; NOAEL = no observed-adverse-effect level; NS = not specified; OF = organ function; OP = ophthalmology; OW = organ weight; Repro = reproductive; TG = teratogenicity; UR = urinalysis; WI = water intake

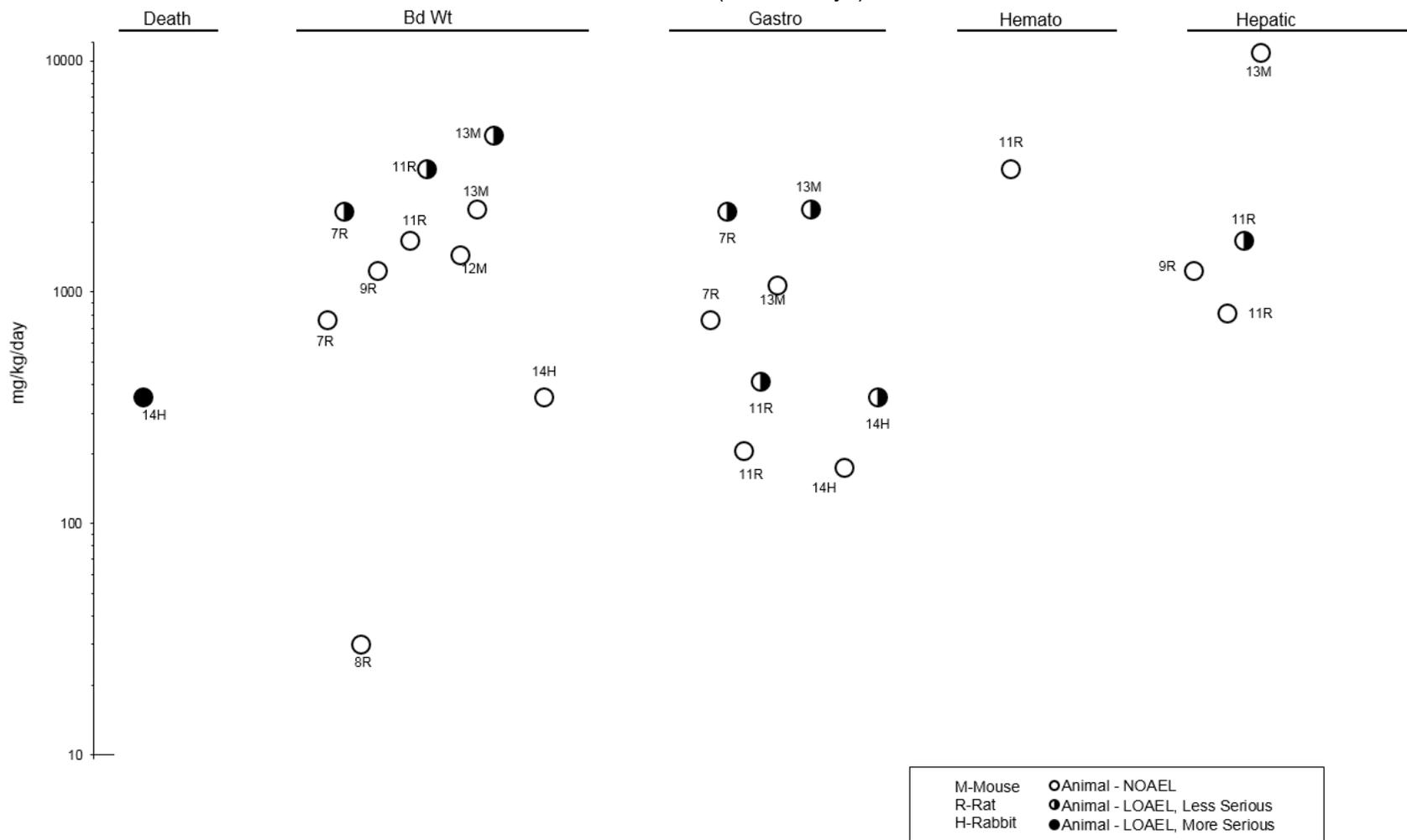
2. HEALTH EFFECTS

Figure 2-3. Levels of Significant Exposure to Glyphosate Technical – Oral
Acute (≤14 days)



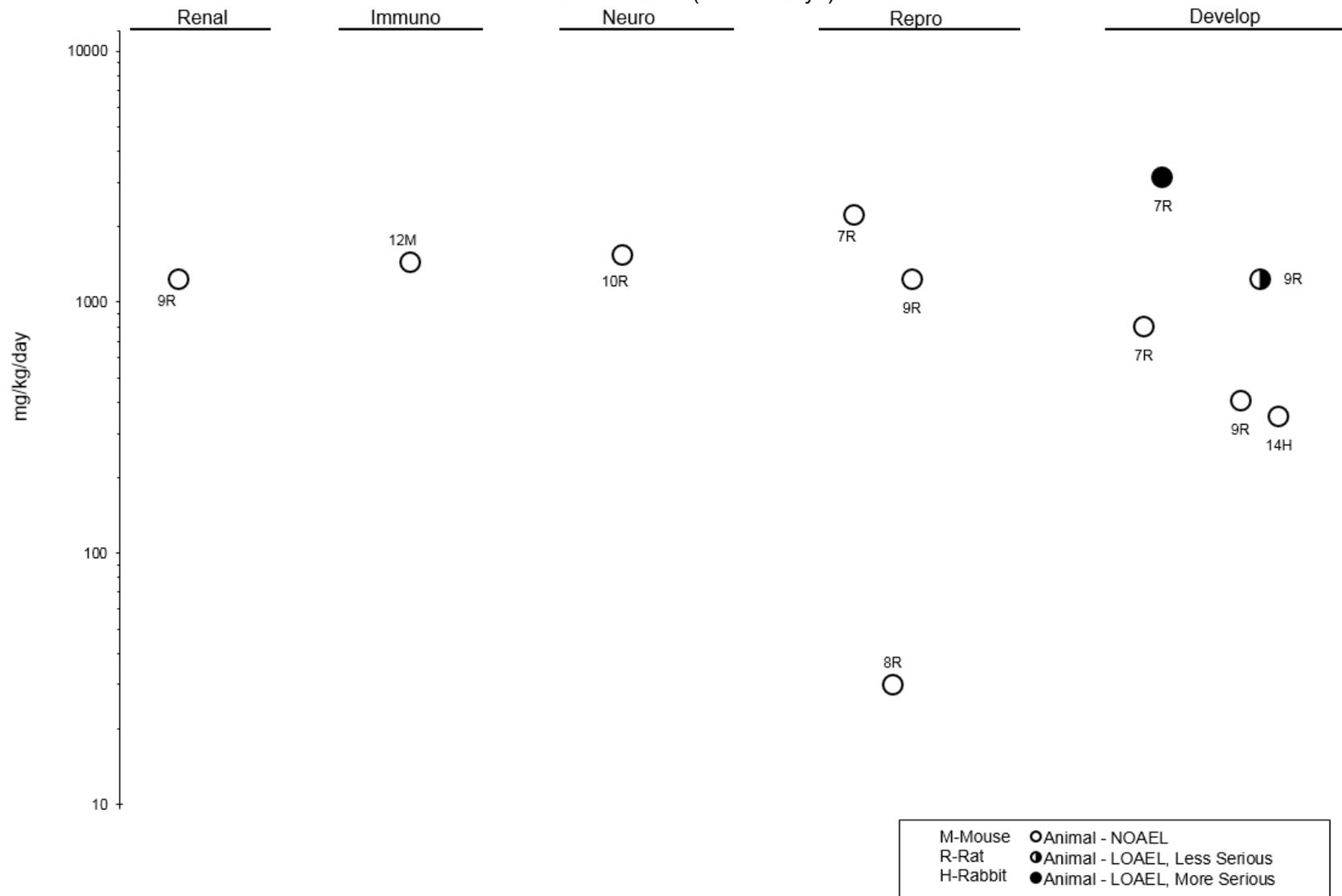
2. HEALTH EFFECTS

Figure 2-3. Levels of Significant Exposure to Glyphosate Technical – Oral
Intermediate (15-364 days)



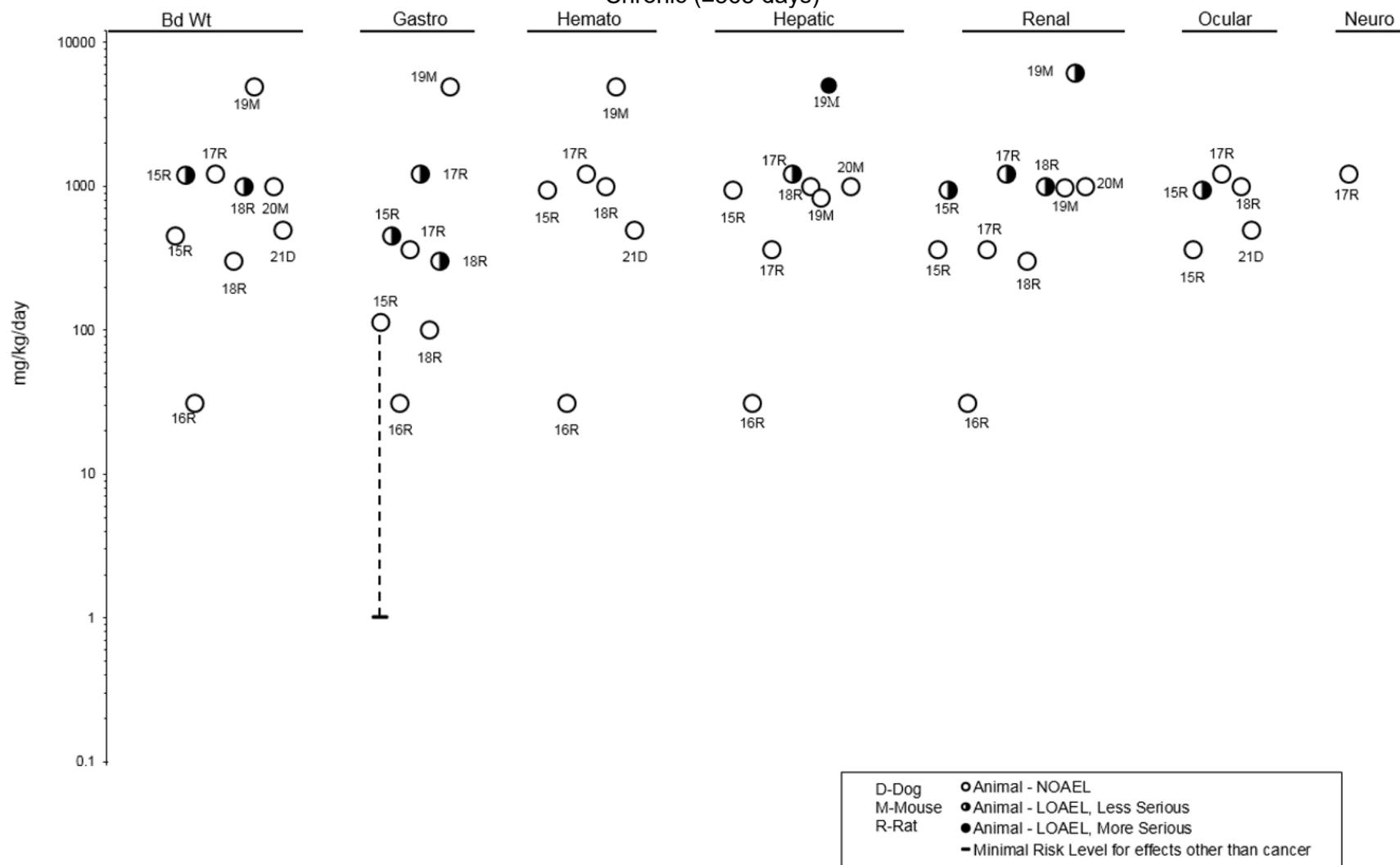
2. HEALTH EFFECTS

Figure 2-3. Levels of Significant Exposure to Glyphosate Technical – Oral
Intermediate (15-364 days)



2. HEALTH EFFECTS

Figure 2-3. Levels of Significant Exposure to Glyphosate Technical – Oral
Chronic (≥ 365 days)



2. HEALTH EFFECTS

Table 2-3. Levels of Significant Exposure to Glyphosate Formulations – Oral

Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
ACUTE EXPOSURE								
Rat (Wistar) 8 M	Once (G)	0, 2,000	CS, GN, HP, LE, OW	Gastro			2,000	Diarrhea in rats administered Roundup® (41% w/v glyphosate isopropylamine salt and 18% w/v polyoxyethyleneamine [POEA]) or glyphosate isopropylamine salt + POEA at the same concentrations as contained in the Roundup® formulation
Adam et al. 1997 – Roundup® (41% w/v glyphosate isopropylamine salt and 18% POEA)								
Rat (Sprague-Dawley) 15 M	8 days (W)	0, 640	BW, OF, OW, WI	Repro		640		Up to 18% increased percent abnormal sperm morphology;
Cassault-Meyer et al. 2014 – Roundup® Grand Travaux Plus (607 g/L glyphosate isopropylamine salt and adjuvants such as POEA)								
Rat (Wistar) 15 F	GDs 6–15, 1 time/day (GW)	0, 500, 750, 1,000	BW, DX, FI, FX, GN, HP, LE, MX, OW, TG, WI	Death Bd Wt Develop	1,000 F		1,000 F 500	8/15 dams died Increased incidence of fetal skeletal malformations
Dallegrave et al. 2003 – Roundup® (Monsanto of Brazil; 360 g/L glyphosate, 18% w/v POEA).								
Rat (Wistar) 4 M	Once (GW)	0, 250, 500, 1,200, 2,500	HP, OF	Renal		250 M		Histopathologic kidney lesions.
Wunnapuk et al. 2014 – Concentrate Roundup® Weedkiller (Monsanto Australia, containing 360 g/L of glyphosate)								
INTERMEDIATE EXPOSURE								
Rat (Wistar) 14 or 16 M	75 days, 1 time/ 2 days (GW)	0, 4.87, 48.7, 487	EA, OF	Hepatic	48.7 M	487 M		Increased serum liver enzyme activity, histopathologic liver lesions
Benedetti et al. 2004 – Glyphosate-Biocarb® (360 g/L glyphosate and 18% w/v POEA)								

2. HEALTH EFFECTS

Table 2-3. Levels of Significant Exposure to Glyphosate Formulations – Oral

Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
Rat (Wistar) NS	5 weeks, 1 time/day (GW)	0, 56, 560	BW, EA, FI, HE, HP, OF, OW, WI	Bd Wt Hepatic	560 560			
Caglar and Kolankaya 2008 – Roundup® (Monsanto of Brazil; 360 g/L glyphosate and 18% w/v POEA)								
Rat (Wistar) NS	13 weeks, 1 time/day (GW)	0, 56, 560	BW, EA, FI, HE, HP, OF, OW, WI	Bd Wt Hepatic	560 560			
Caglar and Kolankaya 2008 – Roundup® (Monsanto of Brazil; 360 g/L glyphosate and 18% w/v POEA)								
Rat (Wistar) 15 F	42–44 days (gestation, lactation) (GW)	0, 50, 150, 450	BW, CS, DX, FX, HP, LE, MX, OW, TG	Bd Wt Develop	450 F		50 M	Decreased sperm production, histopathologic testicular lesions
Dallegrave et al. 2007 – Roundup® (Monsanto of Brazil; 360 g/L glyphosate and 18% w/v POEA)								
Mouse (albino Swiss) 10 M, 10 F	15 days 1 time/day (GW)	0, 50, 500	BW, EA, HE, HP, OF	Bd Wt Hemato	50 50		50 500	60–66% depressed mean body weight gain Decreased red blood cells, hematocrit, hemoglobin; increased mean corpuscular volume, neutrophils
Hepatic 500								
Jasper et al. 2012 –Roundup® Original (41% glyphosate and 16% POEA)								

2. HEALTH EFFECTS

Table 2-3. Levels of Significant Exposure to Glyphosate Formulations – Oral

Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL (mg/kg/day)	Less serious LOAEL (mg/kg/day)	Serious LOAEL (mg/kg/day)	Effect
Rat (Wistar) 16–18 M	30 days, (PPDs 23– 53) (GW)	0, 5, 50, 250	BW, DX, HP, OF, OW	Bd Wt Endocr Develop	250 M	5 M 5 M		Decreased serum testosterone Decreased epithelial thickness and increased luminal diameter in seminiferous tubules

Romano et al. 2010 – Roundup Transorb® (648 g/L isopropylamine salt of glyphosate and 594 g/L inerts)

Bd Wt or BW = body weight; CS = clinical signs; Develop = developmental; DX = developmental toxicity; EA = enzyme activity; Endocr = endocrine; F = female(s); FI = food intake; FX = fetal toxicity; Gastro = gastrointestinal; GD = gestation day; GN = gross necropsy; GW = gavage in water vehicle; HE = hematology; Hemato = hematological; HP = histopathology; IT = intratracheal; LE = lethality; LOAEL = lowest-observed-adverse-effect level; M = male(s); MX = maternal toxicity; NOAEL = no observed-adverse-effect level; NS = not specified; OF = organ function; OW = organ weight; POEA = polyoxyethyleneamine; PPD = post-parturition day; Repro = reproductive; TG = teratogenicity; W = water vehicle; WI = water intake

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Table 2-4. Levels of Significant Exposure to Glyphosate Technical – Dermal

Species (strain) No./group	Exposure parameters	Doses (mg/kg/day)	Parameters monitored	Endpoint	NOAEL	Less serious LOAEL	Serious LOAEL	Effect
INTERMEDIATE EXPOSURE								
Rabbit (New Zealand) 10 M, 10 F	21 days, 5 days/week, 6 hours/day	0, 100, 1,000, 5,000	BC, BW, CS, EA, FI, GN, HE, HP, LE, OW	Bd Wt Hemato Hepatic Dermal	5,000 5,000 5,000 1,000		5,000	Very slight erythema and edema at application site
EPA 1992c – glyphosate technical, purity not specified								

BC = biochemistry; BW or Bd wt = body weight; CS = clinical signs; EA = enzyme activity; F = female(s); FI = food intake; GN = gross necropsy; HE = hematology; Hemato = hematological; HP = histopathology; LE = lethality; LOAEL = lowest-observed-adverse-effect level; M = male(s); NOAEL = no observed-adverse-effect level; OW = organ weight

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2.2 DEATH

Several case report series have reported deaths in individuals intentionally ingesting glyphosate products (Chen et al. 2009; Kim et al. 2014; Roberts et al. 2010; Sawada et al. 1988; Talbot et al. 1991; Tominack et al. 1991). The predominant cause of death was often shock (hypovolemic or cardiogenic), hypotension, and respiratory failure, often due to aspiration (Chen et al. 2009; Kim et al. 2014; Talbot et al. 1991).

An acute oral LD₅₀ value of 4,320 mg/kg/day was reported following single oral dosing of rats with glyphosate technical (EPA 1992b). In a developmental toxicity study, 6/25 pregnant rats died during oral dosing of glyphosate technical at 3,500 mg/kg/day; there were no deaths during treatment at 1,000 mg/kg/day (EPA 1992e). No adequate sources were located regarding death in laboratory animals exposed to glyphosate technical by inhalation or dermal routes.

In a study that employed oral dosing of pregnant rats with Roundup®, 8/15 dams died during the first 8 days of treatment at 1,000 mg/kg/day glyphosate (Dallegrave et al. 2003). No deaths occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c). No adequate sources were located regarding death in laboratory animals exposed to glyphosate formulations by the dermal route.

2.3 BODY WEIGHT

Oral exposure of rats to glyphosate technical at relatively high doses resulted in significant effects on body weight and/or body weight gain. Pregnant rats gavaged at 3,500 mg/kg/day during GDs 6–19 exhibited as much as 28.5% lower mean body weight gain than controls (EPA 1992e). Body weight gain was 12–18% less than that of controls in two generations of parental male and female rats exposed via the diet for 14–19 weeks at 2,219 or 3,134 mg/kg/day, respectively (EPA 1992a). No treatment-related effects on body weight were seen among young female mice treated for 28 days at estimated doses up to 1,447.5 mg/kg/day (EPA 2013b). In 13-week oral studies, body weight and/or body weight gain among rats and mice at oral doses in the range of 2,273–11,977 mg/kg/day were 10–18% less than controls (NTP 1992). In a 2-year study, female rats dosed at 1,183 mg/kg/day exhibited 13% lower mean body weight than controls at treatment week 81 (EPA 1991a). There was no evidence of treatment-related effects on body weight among laboratory animals receiving oral doses of glyphosate technical at ≤1,000 mg/kg/day during acute-, intermediate-, or chronic-duration exposure (EPA 1986a, 1987, 1991a, 1991b, 1992a, 1992d, 1992e, 1992f, 1992g, 2013a, 2013b, 2017b).

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No significant treatment-related effects on body weight were observed among rabbits administered repeated dermal applications of glyphosate technical at doses in the range of 100–5,000 mg/kg/application for 21 days (EPA 1992c).

No significant body weight effects occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c). Several studies evaluated effects of oral exposure to glyphosate formulations on body weight. Limited results indicate that mice may be more sensitive than rats to body weight effects from repeated oral exposure to glyphosate formulations. Seriously-depressed mean body weight gain (60–66% less than controls) was reported for albino Swiss mice gavaged with Roundup Original® at 50 mg/kg/day for 15 days and approximately 10% body weight loss for mice dosed at 500 mg/kg/day (Jasper et al. 2012). No significant effects on body weight were observed among Wistar rats gavaged with Roundup® at 56 or 560 mg/kg/day for up to 13 weeks (Caglar and Kolankaya 2008), pregnant Wistar rats gavaged with Roundup® at 1,000 mg/kg/day during GDs 6–15 (Dallegrave et al. 2003), or maternal Wistar rats gavaged with Roundup® at 50–450 mg/kg/day during gestation and lactation (Dallegrave et al. 2007). No effects on body weight were observed among male Wistar rats gavaged with Roundup Transorb® at 250 mg/kg/day during postnatal days (PNDs) 23–53 (Romano et al. 2010).

2.4 RESPIRATORY

As summarized in Table 2-5, several investigations of the Agricultural Health Study participants have examined the possible associations between use of glyphosate-containing products and increased risk of rhinitis, wheezing, atopic asthma, allergic asthma, or chronic bronchitis (Hoppin et al. 2002, 2006a, 2006b, 2007, 2008, 2009; Slager et al. 2009, 2010). No associations were found for diagnosed chronic bronchitis (Hoppin et al. 2007) or for wheezing after adjusting for confounding exposure to other pesticides (Hoppin et al. 2002, 2006a, 2006b). Current rhinitis was associated with glyphosate use among commercial applicators (Slager et al. 2009) and farmers (Slager et al. 2010), but no relationship between risk and the number of days of use per year was found among the commercial applicators (Slager et al. 2009). An association between glyphosate use and the risk of atopic asthma was found among farm women, but there was no association with nonatopic asthma (Hoppin et al. 2008). No associations were found between glyphosate use by male farmers and risk of allergic or nonallergic asthma (Hoppin et al.

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Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Respiratory		
Hoppin et al. 2002 Cohort study of 20,468 participants in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use and application frequency categories Logistic regression adjustments: age, state, smoking history, asthma-atopy status	Wheeze, self-reported OR 1.05 (0.95–1.17), p=0.04 for trend of increasing exposure days
Hoppin et al. 2006a Prospective cohort study of 20,175 participants in the Agricultural Health Study in Iowa and North Carolina (17,920 farmers and 2,255 commercial pesticide applicators)	Exposure: glyphosate ever use in the year prior to enrollment Logistic regression adjustments: age, state, smoking history, BMI	Wheeze, self-reported OR 1.05 (0.94–1.17), farmers OR 1.14 (0.83–1.57), applicators
Hoppin et al. 2006b Cohort study of 2,255 commercial pesticide applicators participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use in the year prior to enrollment Logistic regression adjustments: age, smoking status, asthma and atopy history, BMI	Wheeze, self-reported OR 1.38 (1.03–1.86) OR 1.14 (0.83–1.57), with adjustment for use of chlorimuron-ethyl pesticide
Hoppin et al. 2007 Prospective cohort study of 20,908 participants in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use Logistic regression adjustments: age, state, sex, smoking (pack-years)	Chronic bronchitis OR 0.99 (0.82–1.19)
Hoppin et al. 2008 Prospective cohort study of 25,814 farm women participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use Logistic regression adjustments: age, state, smoking status, “grew up on farm”	Atopic asthma OR 1.31 (1.02–1.67) Nonatopic asthma OR 1.13 (0.92–1.39)
Hoppin et al. 2009 Prospective cohort study of 19,704 male farmers participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use Logistic regression adjustments: age, state, smoking status, BMI	Allergic asthma OR 1.37 (0.86–2.17) Nonallergic asthma OR 1.15 (0.87–1.51)

2. HEALTH EFFECTS

Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Slager et al. 2009 Prospective cohort study of 2,245 commercial applicators participating in the Agricultural Health Study in Iowa	Exposure: any glyphosate use and application frequency categories during the past year Logistic regression adjustments: age, education, "growing up on farm"	Current rhinitis OR 1.32 (1.08–1.61), p=0.735 for trend for increasing use days per year
Slager et al. 2010 Prospective cohort study of 19,565 farmers participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: any glyphosate use and application frequency categories during the past year Logistic regression adjustments: age; race; education; state; BMI; currently working on farm; years mixing pesticides, repairing engines or pesticide equipment, welding, painting, handling stored grain or hay, working in swine areas, working with hogs or other farm animals, butchering animals, and growing cabbage, Christmas trees, field corn, sweet corn, and hay	Current rhinitis OR 1.09 (1.05–1.13)
Cardiovascular Effects		
Dayton et al. 2010 Case control study of 168 cases of nonfatal myocardial infarction and 22,257 controls in women in Iowa and North Carolina participating in the Agricultural Health Study	Exposure: glyphosate ever use Logistic regression adjustments: age, BMI, smoking, state	Nonfatal myocardial infarction OR 0.8 (0.6–1.2)
Mills et al. 2009 Prospective study of male participants in the Agricultural Health Study in Iowa and North Carolina (n=54,069 for fatal myocardial infarction and 32,024 for nonfatal incidence)	Exposure: glyphosate ever use Cox proportional regression adjustments: age, state, smoking, BMI (nonfatal analysis only)	Fatal myocardial infarction HR 0.99 (0.80–1.23) Nonfatal myocardial infarction HR 1.10 (0.93–1.31)

2. HEALTH EFFECTS

Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Musculoskeletal Effects		
De Roos et al. 2005b Nested case control study of 135 cases of physician-confirmed rheumatoid arthritis and 675 controls participating in the Agricultural Health Study in Iowa and North Carolina (female participants only)	Exposure: glyphosate ever use Unconditional logistic regression adjustments: birth date, state	Rheumatoid arthritis OR 1.2 (0.8–1.8)
Parks et al. 2016 Nested case-control study of cases of physician-confirmed rheumatoid arthritis or self-reported use of disease modifying antirheumatic drugs and noncases participating in the Agricultural Health Study in Iowa and North Carolina (female spouses of licensed pesticide applicators only); enrolled between 1993 and 1997 and followed through 2010	Exposure: glyphosate ever use Logistic regression adjustments: age, state, pack-years smoking	Rheumatoid arthritis OR 1.2 (0.95–1.6); based on 100 prevalent cases OR 1.4 (1.0–2.0); based on 54 incident cases
Dermal Effects		
Maibach 1986 Experimental study of 24 males and females	Exposure: 0.1 mL applied to intact and Draize-type abraded skin; patch removed after 24 hours	No skin irritation 24 or 48 hours after application to intact skin Irritancy scores 24 hours after application to abraded skin were negative in 10 subjects, equivocal in 4 subjects and erythema was noted in 10 subjects; at 48 hours, the scores were negative in 10 subjects, equivocal in 6 subjects, and erythema was noted in 8 subjects
Maibach 1986 Experimental study of 23 males and females	Exposure: 0.1 mL applied 5 days/week for 21 days	The average score was 1.4 where a score of 1 indicates erythema and 2 indicates erythema and induration; none of the subjects reported burning, stinging, or itching from the test compound

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Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Maibach 1986 Experimental study of 204 males and females	Exposure: 0.2 mL applied to 3 days/week for 3 weeks with patches remaining in place for 48–72 hours; a challenge patch was applied after a 2-week rest period	No skin irritation was observed
Maibach 1986 Experimental study of 15 males and females	Exposure: Full-strength glyphosate was applied to skin stripped of the stratum corneum; the test site received irradiation with ultraviolet A and ultraviolet B light	No positive results for photoirritation or photosensitization were found
Ocular Effects		
Kirrane et al. 2005 Prospective study of 31,173 female spouses of commercial pesticide applicators participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use Hierarchical regression adjustments: age, state	Retinal degeneration OR 1.1 (0.8–1.5)
Endocrine Effects		
Goldner et al. 2010 Prospective study of 16,529 participants (female spouses only) in the Agricultural Health Study in Iowa and North Carolina Thyroid disease was self-reported clinically diagnosed	Exposure: glyphosate ever use Polytomous logistic regression adjustments: age, education, smoking status, hormone replacement therapy, BMI	Hyperthyroid disease OR 0.98 (0.78–1.2) Hypothyroid disease OR 1.0 (0.91–1.2) Other thyroid disease OR 0.97 (0.81–1.2)
Neurological Effects		
Kamel et al. 2007 Case control study of cases of self-reported Parkinson's disease (n=83 prevalent cases and 78 incident cases) and controls (n=79,557 prevalent controls and 55,931 incident controls) participating in the Agricultural Health Study in Iowa and North Carolina	Exposure: glyphosate ever use Logistic regression adjustments: age, state, type of participant	Parkinson's disease OR 1.0 (0.6–1.7), prevalent disease OR 1.1 (0.6–2.0), incident disease Prevalent disease defined as reporting Parkinson's disease at enrollment and incident disease defined as Parkinson's disease reported at the study follow-up

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Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Reproductive Effects		
Curtis et al. 1999 Retrospective cohort study of 2,012 planned pregnancies among participants in the Canadian Ontario Farm Family Health Study	Exposure: glyphosate use on the farm Cox proportional hazard adjustments: age when beginning to try to conceive, recent oral contraceptive use, men's and women's smoking, and use of other pesticides	Fecundability CFR 0.61 (0.30–1.26), pesticide use on the farm and women reported pesticide activities CFR 1.30 (1.07–1.56), pesticide use on the farm, but no pesticide activities reported by women
Developmental Effects		
Arbuckle et al. 2001 Retrospective cohort study of 2,110 female participants in the Canadian Ontario Farm Family Health Study	Exposure: glyphosate use during gestation Logistic regression adjustments: none	Spontaneous abortion, preconception exposure OR 1.4 (1.0–2.1), all gestational ages OR 1.1 (0.7–1.9), <12 weeks gestation OR 1.7 (1.0–2.9), >12 weeks gestation Spontaneous abortion, postconception exposure OR 1.1 (0.7–1.7), all gestational ages OR 0.8 (0.4–1.6), <12 weeks gestation OR 1.4 (0.8–2.5), >12 weeks gestation
Garcia et al. 1998 Case control study of 261 cases of congenital malformations and 261 matched controls in Spain	Exposure: paternal glyphosate use Conditional logistic regression adjustments: paternal age and paternal job and maternal history of spontaneous abortion, twins, drug consumption, heavy smoking, education, occupation	Congenital malformations OR 0.94 (0.37–2.34) for the acute risk period (during 3 months preceding conception or during the first trimester of pregnancy or both for the father and during 1 month preceding conception or during the first trimester of pregnancy or both for the mother)
Garry et al. 2002 Cross sectional study of 695 families and 1,532 children in Minnesota	Exposure: glyphosate ever use Regression adjustments: maternal age, smoking status, alcohol use, season of conception	ADD/ADHD, parent reported OR 3.6 (1.35–9.65)

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Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
<p>Rull et al. 2006</p> <p>Case control study of 731 cases of neural tube defects and 940 controls in California</p>	<p>Exposure: maternal residential proximity to glyphosate application (within 1,000 m)</p> <p>Unconditional logistic regression adjustments: maternal ethnicity, education, periconceptional smoking, vitamin use</p>	<p>Neural tube defects OR 1.5 (1.0–2.4) OR 1.5 (0.8–2.9) with adjustment for other pesticide exposure</p>
<p>Sathyanarayana et al. 2010</p> <p>Prospective study of 2,246 women whose most recent singleton birth occurred within 5 years of enrollment in the Agricultural Health Study in Iowa and North Carolina</p>	<p>Exposure: maternal glyphosate ever use (n=700)</p> <p>Linear regression adjustments: maternal BMI and height, parity, preterm status, state, maternal smoking during pregnancy</p>	<p>Multiple regression estimates of change in birth weight (g) in relation to maternal self-reported glyphosate use (coefficient = 4 g; 95% CI -40 to +48 g) indicate no significant association between birth weight and maternal use of glyphosate</p>
<p>Savitz et al. 1997</p> <p>Retrospective cohort study of 1,898 couples participating in the Canadian Ontario Farm Family Health Study</p>	<p>Exposure: any paternal glyphosate use from 3 months prior to conception through the month of conception</p> <p>Logistic regression adjustments: maternal age, parity, maternal and paternal education, income, maternal and paternal off farm job, maternal smoking and alcohol use during pregnancy, conception to interview interval</p>	<p>Miscarriage OR 1.5 (0.8–2.7) Preterm delivery OR 2.4 (0.8–7.9) Small for gestational age OR 0.8 (0.2–2.3)</p>
Other Noncancer Effects		
<p>Montgomery et al. 2008</p> <p>Prospective study of 33,457 participants (white males only) in the Agricultural Health Study in Iowa and North Carolina</p>	<p>Exposure: glyphosate ever use</p> <p>Logistic regression adjustments: age, state, BMI</p>	<p>Diabetes incidence OR 0.85 (0.74–0.98)</p>

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Table 2-5. Noncancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study population	Exposure	Outcomes
Saldana et al. 2007 Prospective study of 11,273 participants in the Agricultural Health Study in Iowa and North Carolina	Exposure: any agricultural glyphosate exposure during the first trimester Unconditional logistic regression adjustments: BMI at enrollment, mother's age at pregnancy, parity, race, state, commonly used pesticides by women	Gestational diabetes mellitus OR 0.7 (0.2–1.75)

ADD/ADHD = attention deficit disorder/attention deficit hyperactivity disorder; BMI = body mass index; CFR = conditional fecundability ratio; CI = confidence interval; HR = hazard ratio; OR = odds ratio

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2009). It is noted that many of these studies did not account for use of other pesticides. Respiratory failure or distress was reported in about 10–25% of the cases of intentional ingestion of glyphosate products (Lee et al. 2000; Moon and Chun 2010; Tominack et al. 1991).

Available data regarding respiratory effects in laboratory animals exposed to glyphosate are limited. Kumar et al. (2014) reported an inflammatory respiratory response (evidenced by increased eosinophil and neutrophil counts, mast cell degranulation, and production of IL-33, TSLP, IL-13, and IL-5) in anesthetized mice exposed intranasally to glyphosate. Adam et al. (1997) designed a study to evaluate the effects of glyphosate technical (200 mg/kg), glyphosate + POEA (200 and 100 mg/kg, respectively), POEA alone (100 mg/kg), and Roundup® in rats evaluated for 24 hours following intratracheal instillation (Adam et al. 1997). Control rats received normal saline. Obvious clinical signs of adverse pulmonary effects and mortalities occurred in each group except the saline controls. The study authors stated that the pulmonary effects were more severe and lasted longer in rats treated with POEA alone or in combination with glyphosate compared to responses in glyphosate only-treated rats. These results suggest POEA was more acutely toxic than glyphosate to the lungs. No respiratory effects occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c).

2.5 CARDIOVASCULAR

Two studies of Agricultural Health Study participants did not find associations between the use of glyphosate-containing products and the risk of myocardial infarctions (Dayton et al. 2010; Mills et al. 2009); see Table 2-5 for details. In case series reports, abnormal electrocardiogram (EKG) readings have been found in patients ingesting large doses of glyphosate-containing products (Kim et al. 2014; Lee et al. 2000, 2008; Moon and Chun 2010; Talbot et al. 1991). The most commonly reported alterations included prolonged QTc interval and sinus tachycardia. In the most severe poisoning cases, hypotension and shock have been reported (Roberts et al. 2010; Sawada et al. 1988; Tominack et al. 1991).

No data were available regarding evaluation of cardiovascular endpoints in laboratory animals exposed to glyphosate technical or glyphosate formulations by any exposure route.

2.6 GASTROINTESTINAL

Gastrointestinal symptoms are commonly reported in case series reports of patients who ingested glyphosate products. In numerous reports, over 40% of the patients reported nausea/vomiting (Lee et al.

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2000, 2008; Roberts et al. 2010; Sawada et al. 1988; Tominack et al. 1991). Other effects reported included abdominal pain (Lee et al. 2000, 2008; Moon and Chun 2010; Roberts et al. 2010; Sawada et al. 1988; Talbot et al. 1991), sore throat (Lee et al. 2000; Tominack et al. 1991), and damage to mucosal tissue in the mouth and esophagus (Chang et al. 1999; Sawada et al. 1988; Talbot et al. 1991; Tominack et al. 1991).

Several studies evaluated effects of glyphosate technical oral exposure in laboratory animals. The most common effect was clinical signs of gastrointestinal disturbances. Such clinical signs are commonly observed in studies of laboratory animals receiving bolus gavage doses of test substances, in which cases the clinical signs may be at least partially the result of the method of gavage dosing. Diarrhea was observed among rats gavaged once with glyphosate technical at 2,000 mg/kg (EPA 2013c). Gastrointestinal disturbances (e.g., soft stool, diarrhea, few feces) were reported among pregnant rats gavaged at 3,500 mg/kg/day during GDs 6–19 (EPA 1992e) and pregnant rabbits gavaged at 350 mg/kg/day during GDs 6–27 (EPA 1992f) or 175 mg/kg/day during GDs 8–20 (EPA 2017b). A slight increase in observations of soft stool and/or diarrhea was noted in the rabbits dosed at 175 mg/kg/day during GDs 6–27 as well (EPA 1992f). Soft stools were observed in rats exposed via the diet for 2 generations at concentrations resulting in estimated doses in the range of 2,219–2,633 and 3,035–3,134 mg/kg/day for parental males and females, respectively (EPA 1992a). Mao et al. (2018) reported that glyphosate added to the drinking water of rat dams from GD 6 through lactation and to F1 offspring up to PND 125 at a concentration resulting in a daily dose of 1.75 mg/kg/day (the U.S. acceptable daily intake [ADI]) resulted in modifications to the gut microbiota in early development, particularly among prepubertal rats. In a 2-year study of rats exposed via the diet (EPA 1991a, 1991b), inflammation of gastric squamous mucosa was observed in females at an estimated dose level of 457 mg/kg/day; there were no signs of gastrointestinal effects in males at estimated doses as high as 940 mg/kg/day. In another chronic-duration oral rat study (EPA 1992d), there were no signs of treatment-related gastrointestinal effects at the highest estimated dose level (31.45–34.02 mg/kg/day). No clinical signs or histopathological evidence of treatment-related gastrointestinal effects were seen among male or female mice exposed via the diet for 24 months at estimated doses as high as 4,945 and 6,069 mg/kg/day, respectively (EPA 1985a, 2015a). Increased incidence of exocrine hyperplasia in the pancreas was reported for male rats receiving glyphosate technical from the diet for up to 2 years at an estimated dose of 1,214 mg/kg/day (EPA 2015c). Increased severity of cytoplasmic changes in salivary gland cells (basophilia and hypertrophy of acinar cells in parotid and submandibular salivary glands) was reported for male and female rats receiving glyphosate from the diet for 13 weeks at 410 and 421 mg/kg/day, respectively (NTP 1992) and other rats similarly treated at 300 mg/kg/day for up to 2 years (EPA 2015c).

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Similar effects on salivary glands were observed in male and female mice treated for 13 weeks at much higher doses (1,065 and 2,707 mg/kg/day, respectively; not observed at 507 and 753 mg/kg/day, respectively) (NTP 1992). Although salivary gland cytoplasmic changes were noted in rats at doses <300 mg/kg/day as well, the changes were reported to be only of minimal or mild severity; therefore, they are not considered adverse effects. The toxicological significance of the glyphosate treatment-related effects on salivary glands is uncertain.

Limited information was located regarding gastrointestinal effects in laboratory animals following oral exposure to glyphosate formulations. In a study designed to evaluate the effects of glyphosate technical (2,000 mg/kg), glyphosate + POEA (2,000 and 1,000 mg/kg, respectively), POEA alone (1,000 mg/kg), or Roundup® were administered to rats by gavage, followed by 24 hours of posttreatment observation (Adam et al. 1997). Control rats received normal saline. Two rats in the POEA-only treatment group died. Diarrhea was noted in all groups except the control group. The study authors stated that the groups given POEA or mixtures that included POEA experienced more rapid and severe diarrhea than those given glyphosate alone. These results suggest that POEA was more acutely toxic than glyphosate to the gastrointestinal system. Mao et al. (2018) reported that Roundup® added to the drinking water of rat dams from GD 6 through lactation and to F1 offspring up to PND 125 at a concentration designed to deliver a daily dose of 1.75 mg glyphosate/kg/day (the U.S. glyphosate ADI) resulted in modifications to the gut microbiota in early development, particularly among prepubertal rats.

2.7 HEMATOLOGICAL

No information was located regarding hematological effects in humans exposed to glyphosate-containing products; results from available animal studies do not implicate the hematological system as a sensitive target of glyphosate toxicity. Hematological endpoints were evaluated in chronic-duration oral studies of rats (EPA 1991a, 1991b, 1992d), mice (EPA 2015a), and dogs (EPA 1986a, 1987) exposed to glyphosate technical. There were no apparent treatment-related effects in chronic-duration oral studies of rats, mice, or dogs administered glyphosate technical at oral doses as high as 940–1,183 mg/kg/day for rats (EPA 1991a, 1991b, 1992d), 4,945–6,069 mg/kg/day for mice (EPA 2015a), and 500 mg/kg/day for dogs (EPA 1986a, 1987). Rabbits administered repeated dermal applications of glyphosate technical at doses in the range of 100–5,000 mg/kg/application for 21 days exhibited no evidence of treatment-related hematological effects (EPA 1992c). Small changes in hematological parameters were seen in both male and female rats in the 13-week NTP (1992) study. These were considered to be unremarkable and most likely due to mild dehydration.

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Available information regarding hematological effects related to glyphosate formulations is limited. No hematological effects occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c). Decreases in red blood cell count, hematocrit, and hemoglobin, and increases in corpuscular volume and neutrophil count were reported in mice gavaged with Monsanto Roundup® Original for 15 days at 500 mg/kg/day (Jasper et al. 2012).

2.8 MUSCULOSKELETAL

De Roos et al. (2005b) did not find an association between glyphosate use and the risk of rheumatoid arthritis among participants of the Agricultural Health Study. In a subsequent study of female spouses of licensed pesticide applicators, Parks et al. (2016) reported a weakly positive association between spousal use of glyphosate and risk of rheumatoid arthritis. See Table 2-5 for additional study details.

No data were available regarding evaluation of musculoskeletal endpoints in laboratory animals exposed to glyphosate technical or glyphosate formulations by any exposure route.

2.9 HEPATIC

No information was located regarding hepatic effects in humans exposed to glyphosate-containing products. The potential for glyphosate technical to cause liver toxicity was evaluated in studies of rats and mice; there is some evidence that oral doses near or above recommended limit dosing for animal studies (2,000 mg/kg/day) may cause adverse liver effects. In a 13-week rat dietary study of glyphosate technical, increases in liver weight and serum ALT were observed in males at 1,678 mg/kg/day; increased liver weight and increased serum AP, ALT, and bile acids were noted in females at 3,393 mg/kg/day. There were no indications of treatment-related liver effects among male and female rats treated via the diet for 2 generations at estimated doses as high as 1,234–1,273 mg/kg/day (EPA 2013a) or other rats treated for 2 years to doses as high as 940–1,183 mg/kg/day (EPA 1991a, 1991b). Male mice exposed via the diet for 13 weeks at doses $\geq 2,273$ mg/kg/day exhibited increased mean relative liver weight (4–9% greater than controls) in the absence of histopathologic liver lesions; there were no effects on liver weight in similarly-treated female mice at doses up to and including 11,977 mg/kg/day (NTP 1992). Male mice exposed via the diet for 2 years at an estimated dose of 4,945 mg/kg/day exhibited increased incidence of histopathologic central lobular hepatocyte necrosis; there was no evidence of treatment-related liver effects in similarly-treated female mice at an estimated dose of 6,069 mg/kg/day (EPA 2015a). Rabbits

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administered repeated dermal applications of glyphosate technical at doses in the range of 100–5,000 mg/kg/application for 21 days exhibited no evidence of treatment-related hepatic effects (EPA 1992c).

Available information regarding hepatic endpoints in animals exposed to glyphosate formulations is limited. No hepatic effects occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c). Increased serum ALT and aspartate aminotransferase (AST) activity and histopathologic liver lesions (increased Kupffer cells in hepatic sinusoids and deposition of reticulin fibers) were seen in male rats treated with Glyphosate-Biocarb® by gavage for 75 days (one dose every 2 days) at 487 mg/kg/dosing (Benedetti et al. 2004).

2.10 RENAL

One case-control study of patients with chronic kidney disease found an increased risk of chronic kidney disease among glyphosate applicators (Jayasumana et al. 2015). However, uncertainty regarding an association between exposure to glyphosate-containing products and risk of chronic kidney disease includes the finding that the applicators were also exposed to high levels of calcium, magnesium, barium, strontium, iron, titanium, and vanadium by drinking water from abandoned wells.

Several studies evaluated possible renal toxicity in laboratory animals treated with glyphosate technical. In a 2-generation reproductive toxicity study (EPA 2013a), slightly increased absolute and relative kidney weights (7–11% greater than controls) were reported among F0 parental female rats dosed at 1,273 mg/kg/day; there was no evidence of histopathologic kidney lesions. Therefore, the slightly increased kidney weight was not considered to represent an adverse effect. During 2 years of dietary treatment of rats, urinalysis revealed increased specific gravity of urine and decreased urinary pH among males treated at an estimated dose of 940 mg/kg/day (NOAEL=362 mg/kg/day); there were no signs of treatment-related renal effects in urinalysis results from females treated at an estimated dose as high as 1,183 mg/kg/day (EPA 1991a, 1991b). Papillary necrosis (males and females) and decreased pH of urine (males only) were observed in a study of rats administered glyphosate in the diet for up to 2 years at estimated doses of 1,214 mg/kg/day (males) and 1,498 mg/kg/day (females); respective NOAELs were 361 and 437 mg/kg/day (EPA 2015c). Another 2-year rat study reported decreased pH of urine among males treated at 1,000 mg/kg/day (NOAEL=300 mg/kg/day); no renal effects were observed in females at doses as high as 1,000 mg/kg/day (EPA 2015c). Female mice treated for 2 years at an estimated dose of

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6,069 mg/kg/day exhibited significantly increased incidence of renal proximal tubule epithelial basophilia and hypertrophy (NOAEL=968 mg/kg/day); there was no evidence of renal effects in similarly-treated male mice at doses as high as 4,945 mg/kg/day (EPA 2015a).

Information regarding renal effects in animals exposed to glyphosate formulations is limited. No renal effects occurred in a 4-week study of rats intermittently exposed to Roundup® at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c). Histopathologic kidney lesions (necrotic and apoptotic cells, localized primarily in tubular epithelium of the proximal straight tubule and thick ascending limb of the loop of Henle) were reported in male rats gavaged once with Concentrate Roundup® Weedkiller at dose levels ranging from 250 to 2,500 mg/kg (Wunnapuk et al. 2014). There is some uncertainty regarding the role of glyphosate in the reported effects.

2.11 DERMAL

One study evaluated the potential dermal toxicity of glyphosate in humans. In an experimental study (see Table 2-5), a single application of Roundup® to intact skin for 24 hours did not result in irritation (Maibach 1986). When applied to abraded skin, erythema was noted in 42% of the subjects after 24 hours. Mild skin irritation was observed in a repeated exposure test study (Maibach 1986). No skin irritation was observed in a Draize skin sensitization test or in a photosensitivity/photoirritation test (Maibach 1986).

Available information regarding dermal effects in animals is limited. Minor dermal irritation was reported in response to dermally-applied glyphosate technical. At the application site, very slight erythema and edema were observed in rabbits during 21 days of repeated dermal application of glyphosate technical at 5,000 mg/kg/application; no dermal effects were seen at doses ≤1,000 mg/kg/application (EPA 1992c). According to EPA (1993), glyphosate is considered a slight dermal irritant following acute dermal application.

2.12 OCULAR

In a study of wives of commercial pesticide applicators, no association was found between glyphosate use among the wives and retinal degeneration (Kirrane et al. 2005); see Table 2-5 for details. In a case series report of 1,513 ocular exposures to glyphosate, minor symptoms (primarily transient irritation) were observed in 70% of the cases; most (99%) complained of eye pain (Acquavella et al. 1999). Moderate effects, such as persistent irritation or low-grade corneal burns or abrasions, were observed in about 2% of

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the cases. Among the cases with moderate effects, 93% reported eye pain, 20% reported lacrimation, and 27% reported blurred vision.

Two chronic-duration oral studies included ophthalmoscopic examinations of laboratory animals exposed to glyphosate technical. EPA (1991a, 1991b) reported significantly increased incidence of lens abnormalities in male rats treated via the diet for 2 years at an estimated dose of 940 mg/kg/day; there were no indications of a treatment-related ocular effect in female rats at the highest estimated dose level (1,183 mg/kg/day). No signs of treatment-related ocular effects were seen among dogs treated via capsule for 1 year at estimated doses as high as 500 mg/kg/day (EPA 1986a). According to EPA (1993), glyphosate is considered mildly irritating to the eye following ocular instillation. According to FAO and WHO (2016), glyphosate was moderate to severely irritating to the rabbit eye. EFSA (2015) stated that glyphosate acid was a severe ocular irritant, but that salts of glyphosate do not require classification as ocular irritants. There were no signs of exposure-related effects in ophthalmologic examinations of rats intermittently exposed to Roundup® for 4 weeks at exposure levels as high as 360 mg/m³ (approximately 36 mg Roundup®/m³) (EPA 1985c).

2.13 ENDOCRINE

Available human information regarding possible associations between exposure to glyphosate-containing products and risk of endocrinological effects is limited to results from one study that reported no associations between any glyphosate exposure and the risks of thyroid diseases (Table 2-5) in the female spouses of Agricultural Health Study participants (Goldner et al. 2010).

In a weight-of-evidence approach to evaluate the potential for glyphosate to affect the endocrine system, EPA (2015b) subjected glyphosate to the Endocrine Disruptor Screening Program Tier 1 (a battery of *in vitro* assays designed assist in evaluation of the potential for a substance to interact with estrogen, androgen, or thyroid signaling pathways). EPA evaluated results from the battery of *in vitro* assays and relevant laboratory mammalian and wildlife studies. Using this approach, EPA determined that there is no convincing evidence of potential interaction between glyphosate and estrogen, androgen, or thyroid pathways in mammals or wildlife. Included in the evaluation of the estrogen pathway were estrogen receptor (ER) binding assays, an ER transactivation assay, aromatase and steroidogenesis assays, a fish short-term reproduction assay, and mammalian and wildlife studies that assessed female reproductive parameters. Included in the evaluation of the androgen pathway were androgen receptor (AR) binding and steroidogenesis assays, a fish short-term reproduction assay, Hershberger and male pubertal assays,

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an AR transactivation assay, and mammalian and wildlife studies that assessed male reproductive parameters. Included in the evaluation of the thyroid pathway were male and female pubertal assays, an amphibian metamorphosis assay, and mammalian and wildlife studies that assessed thyroid parameters. Refer to EPA (2015b) for study summaries and EPA (2015d) for DERs from most studies that contributed to EPA's conclusions regarding the potential for glyphosate to affect the endocrine system.

Limited information was located regarding the potential for glyphosate formulations to affect the endocrine system. Romano et al. (2010) reported dose-related 30–50% decreased serum testosterone in young male rats gavaged with Roundup Transorb® at 5–250 mg/kg/day during postpartum days 23–53. Romano et al. (2012) implicated disruption of gonadotropin expression as a mechanism of action for glyphosate-induced effects on male rat sexual development.

2.14 IMMUNOLOGICAL

Studies examining possible associations between glyphosate exposure and asthma risk or rheumatoid arthritis risk are discussed in Sections 2.4 and 2.8, respectively.

Limited information is available regarding immunological effects. There was no evidence of treatment-related effects on spleen or thymus of mice administered glyphosate technical in the diet for 28 days at estimated doses as high as 1,447.5 mg/kg/day and no evidence of treatment-related effects on splenic anti-sheep red blood cell (SRBC) anti-body forming cell (AFC) responses to SRBC (EPA 2013b). EPA (1992d) reported significantly increased incidences of lymphocytic hyperplasia in the thymus from female rats administered glyphosate technical in the diet for up to 26 months at doses of 3.37, 11.22, and 34.02 mg/kg/day (13/32, 18/37, and 17/34, respectively, versus 5/25 controls). However, EPA (1992d) did not consider the lesion to be compound-related because the lesion occurs spontaneously in older rats and is quite variable in the thymus, there was no apparent effect on lymphocytes in the spleen (a much less variable indicator for lymphocytic hyperplasia), and the severity of the lesion was similar among controls and glyphosate-treated groups. Kumar et al. (2014) reported an inflammatory respiratory response (evidenced by increased eosinophil and neutrophil counts, mast cell degranulation, and production of IL-33, TSLP, IL-13, and IL-5) in anesthetized mice exposed intranasally to glyphosate.

2.15 NEUROLOGICAL

Available information regarding possible associations between exposure to glyphosate-containing products and risk of neurological effects in humans is limited to a single case-control study that did not

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find an association between glyphosate exposure and Parkinson's disease (see Table 2-5 for details) (Kamel et al. 2007).

In one animal study, rats were administered glyphosate technical once by gavage at up to 2,000 mg/kg and observed for up to 2 weeks postdosing. In a separate study, rats were treated via the diet for 13 weeks at doses as high as 1,547–1,631 mg/kg/day (EPA 2013c). There was no evidence of treatment-related neurotoxicity in either study as assessed by clinical signs, functional observational battery, motor activity testing, and gross and histopathologic examination of brain and peripheral nervous tissue. However, clinical signs included decreased activity, subdued behavior, and hunched posture.

2.16 REPRODUCTIVE

No association between glyphosate use and fecundability was found among women living at farms in which pesticides were used and were involved in pesticide activities (Curtis et al. 1999). This study also reported an association with improved fecundability when the women were not involved in pesticide activities; see Table 2-5 for additional information.

Increased incidence of prostatitis was reported among male rats receiving glyphosate technical from the diet for up to 2 years at estimated doses of ≥ 361 or 1,214 mg/kg/day (EPA 2015c). There was no evidence of treatment-related reproductive effects among parental male or female rats administered glyphosate technical in the diet for 2 generations at estimated doses as high as 1,234–3,134 mg/kg/day (EPA 1992a, 2013a). Cassault-Meyer et al. (2014) reported increased abnormal sperm morphology in rats receiving Roundup® Grand Travaux Plus from the drinking water for 8 days at 640 mg/kg/day (the only dose level tested). See Section 2.17 for information regarding treatment-related effects on the reproductive system of male rats exposed to glyphosate formulations during *in utero* and/or postnatal development.

2.17 DEVELOPMENTAL

Several epidemiology studies have examined possible associations between glyphosate use and developmental toxicity; these studies are summarized in Table 2-5. Given that only one study examined each endpoint and the lack of quantification of glyphosate exposure across studies, these results were not considered sufficient for drawing conclusions on the risk of developmental toxicity associated with glyphosate exposure in humans. Arbuckle et al. (2001) reported a positive association between maternal preconception exposure to glyphosate and increased risk of spontaneous abortion (miscarriage). Garry et

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al. (2002) reported a positive association between glyphosate exposure and parent-reported attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD). No associations were found between paternal exposure and risk of miscarriages (Savitz et al. 1997), preterm delivery (Savitz et al. 1997), small for gestational age risk (Savitz et al. 1997), or congenital malformations (Garcia et al. 1998). Similarly, no associations were found between maternal glyphosate exposure and birth weight (Sathyanarayana et al. 2010) or neural tube defects (Rull et al. 2006).

Developmental endpoints were evaluated in animals orally exposed to glyphosate technical. Depressed weight and increased incidence of unossified sternebrae were observed in fetuses from rat dams treated by gavage at 3,500 mg/kg/day during GDs 6–19 (EPA 1992e). Increased incidence of kidney tubular dilation was reported for F3b male weanlings in a 3-generation study of glyphosate technical (98.7% purity) administered to male and female Sprague-Dawley rats in the diet at an estimated dose level of 30 mg/kg/day; the reported NOAEL was 10 mg/kg/day (EPA 1992g). However, there were no signs of treatment-related effects on kidneys of rat offspring in two subsequent 2-generation rat studies at dose levels up to 1,234 mg/kg/day (EPA 2013a) or 3,134 mg/kg/day (EPA 1992a). Therefore, the finding of increased incidence of kidney tubular dilation in the 3-generation rat study (EPA 1992g) was considered a spurious result rather than a glyphosate-induced adverse developmental effect. In one 2-generation oral rat study, exposure via the diet at an estimated dose level of 1,234 mg/kg/day resulted in delayed preputial separation in male pups (EPA 2013a). In the other 2-generation study, the highest dose level (3,134 mg/kg/day) resulted in up to 14–20% depressed pup body weight and/or body weight gain during the lactation period (EPA 1992a). There were no apparent treatment-related developmental effects in a study of rabbits treated by gavage at up to 350 mg/kg/day during GDs 6–27 (EPA 1992f). Depressed mean fetal weight (8% less than controls) was noted in a study of pregnant rabbits administered glyphosate acid at 300 mg/kg/day during GDs 8–20 (EPA 2017b). However, on a per litter basis, there was no statistically significant difference between controls and glyphosate-treated groups. Therefore, the 300 mg/kg/day dose level is considered a NOAEL for fetal body weight.

Developmental endpoints were evaluated in three open-literature studies that employed oral exposure to glyphosate formulations. The specific role of glyphosate in the reported results is uncertain. Dallegrave et al. (2003) observed an increased incidence of skeletal malformations in fetuses from rat dams gavaged with Roundup® at 500 mg/kg/day during GDs 6–15. Dallegrave et al. (2007) reported decreased sperm production and histopathologic testicular lesions in offspring of rat dams gavaged with Roundup® at 50 mg/kg/day during gestation and lactation. Romano et al. (2010) reported decreased epithelial thickness and increased luminal diameter in seminiferous tubules of male rat pups treated with Roundup

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Transorb® by gavage at 5 mg/kg/day on postpartum days 23–53 and delayed preputial separation at a dose level of 50 mg/kg/day.

2.18 OTHER NONCANCER

No associations were found between glyphosate exposure and increased risks of diabetes (Montgomery et al. 2008) or gestational diabetes (Saldana et al. 2007) in epidemiology studies (see Table 2-5). Metabolic acidosis (Kim et al. 2014; Lee et al. 2008; Moon and Chun 2010; Tominack et al. 1991), hyperkalemia (Kim et al. 2014; Lee et al. 2008; Moon and Chun 2010), and acute pancreatitis (Hsiao et al. 2008; Kim et al. 2014; Moon and Chun 2010) have been reported in case series of individuals ingesting glyphosate; metabolic acidosis was typically reported in >35% of the cases.

Hypothermia was reported among rats following single gavage dosing of glyphosate technical at 2,000 mg/kg (EPA 2013c).

2.19 CANCER*Meta-Analyses of Epidemiological Studies*

Lymphohematopoietic Cancers. From 2014 to 2016, several meta-analyses were conducted for lymphohematopoietic cancers. The results of these analyses are presented in Table 2-6. The primary literature used in these meta-analyses is discussed later in this section.

Schinasi and Leon (2014) conducted a systematic review and meta-analysis of 21 pesticide active ingredients and chemical groups including glyphosate. The authors reported a positive association between glyphosate use and B-cell lymphoma based on two studies (meta-relative risk [RR] 2.0; 95% confidence interval [CI] 1.1–3.6) and a positive association between glyphosate use and non-Hodgkin's lymphoma (NHL) based on six studies (meta RR 1.5; 95% CI 1.1–2.0).

Chang and Delzell (2016) performed meta-analyses for NHL subtypes (diffuse large B-cell lymphoma, B-cell lymphoma, chronic lymphocytic leukemia/small lymphocytic leukemia [CLL/SLL], and hairy-cell leukemia), as well as other types of lymphohematopoietic cancers (leukemia, multiple myeloma, and Hodgkin's lymphoma). The authors reported a positive association between glyphosate use and the risk of NHL (meta RR 1.3; 95% CI 1.0–1.6; six studies), multiple myeloma (meta RR 1.4; 95% CI 1.0–1.9; four studies), and the NHL subtype B-cell lymphoma (meta RR 2.0; 95% CI 1.1–3.6; two studies). The

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Table 2-6. Summary of Meta-Analyses of Results from Studies Examining Possible Association Between Self-Reported Use of Glyphosate and Lymphohematopoietic Cancers

Outcome	Studies included in analysis	Number of participants	Number reporting glyphosate use	Meta-analysis ^a relative risk (95% CI)	Reference
Non-Hodgkin's lymphoma	De Roos et al. 2003	650 cases/1,933 controls	36 cases/61 controls	1.5 (1.1–2.0) I ² =32.7%	Schinasi and Leon 2014
	De Roos 2005a	54,315	71 cases		
	Eriksson et al. 2008	1,163 cases/1,016 controls	29 cases/18 controls		
	Hardell et al. 2002	515 cases/1,141 controls	8 cases/8 controls		
	McDuffie et al. 2001	517 cases/1,506 controls	51 cases/133 controls		
Orsi et al. 2009	244 cases/436 controls	12 cases/24 controls			
Non-Hodgkin's lymphoma	De Roos et al. 2003	Not stated	Not stated	1.3 (1.03–1.65) I ² =0.0%, p=0.589 for heterogeneity	IARC 2017
	De Roos 2005a	54,315	Not stated		
	Eriksson et al. 2008	910 cases/1,016 controls	29 cases		
	Hardell et al. 2002	404 cases/741 controls	8 cases		
	McDuffie et al. 2001	517 cases/1,506 controls	51 cases		
Orsi et al. 2009	244 cases/456 controls	12 cases			
Non-Hodgkin's lymphoma	De Roos et al. 2003	650 cases/1,933 controls	36 cases/61 controls	1.3 (1.0–1.6) I ² =0.0%, p=0.84 for heterogeneity	Chang and Delzell 2016
	De Roos 2005a	49,211	71 cases		
	Eriksson et al. 2008	995 cases/1,016 controls	29 cases/18 controls		
	Hardell et al. 2002	515 cases/1,141 controls	8 cases/8 controls		
	McDuffie et al. 2001	517 cases/1,506 controls	51 cases/133 controls		
Orsi et al. 2009	244 cases/456 controls	12 cases/24 controls			
B-cell lymphoma	Cocco et al. 2013	2,348 cases/2,462 controls	4 cases/2 controls	2.0 (1.1–3.6) I ² =0.0%, p=0.58 for heterogeneity	Chang and Delzell 2016; Schinasi and Leon 2014
	Eriksson et al. 2008	1,163 cases/1,016 controls	Not stated		
Leukemia	Brown et al. 1990	578 cases/1,245 controls	15 cases/49 controls	1.0 (0.6–1.5) I ² =0.0% ^a , p=0.92 for heterogeneity	Chang and Delzell 2016
	De Roos et al. 2005a	49,211	43 cases		
	Kaufman et al. 2009	180 cases/756 controls	1 case/3 controls		
Multiple myeloma	Brown et al. 1993	173 cases/650 controls	11 cases/40 controls	1.4 (1.0–1.9) I ² =0.0%, p=0.63 for heterogeneity	Chang and Delzell 2016
	De Roos et al. 2005a	19 cases	Not stated		
	Kachuri et al. 2013	342 cases/1,357 controls	32 cases/131 controls		
	Orsi et al. 2009	56 cases/456 controls	5 cases/24 controls		
	Pahwa et al. 2012	32 cases/133 controls	Not stated		
	Sorahan 2015	40,719	24 cases		

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Table 2-6. Summary of Meta-Analyses of Results from Studies Examining Possible Association Between Self-Reported Use of Glyphosate and Lymphohematopoietic Cancers

Outcome	Studies included in analysis	Number of participants	Number reporting glyphosate use	Meta-analysis ^a relative risk (95% CI)	Reference
Hodgkin's lymphoma	Karunanayake et al. 2012 Orsi et al. 2009	316 cases/1,506 controls 87 cases/496 controls	38 cases/133 controls 6 cases/24 controls	1.1 (0.7–1.6) I ² =0.0%, p=0.36 for heterogeneity	Chang and Delzell 2016
Diffuse large B-cell lymphoma	Eriksson et al. 2008 Orsi et al. 2009	955 cases/1,016 controls 456 controls	Not stated 5 cases/24 controls	1.1 (0.5–2.3) I ² =0.0%, p=0.79 for heterogeneity	Chang and Delzell 2016
CLL/SLL	Eriksson et al. 2008 Orsi et al. 2009	955 cases/1,016 controls 456 controls	Not stated 2 cases/18 controls	1.3 (0.2–10) I ² =83.7%, p=0.01 for heterogeneity	Chang and Delzell 2016
Follicular lymphoma	Eriksson et al. 2008 Orsi et al. 2009	955 cases/1,016 controls 456 controls	Not stated 3 cases/24 controls	1.7 (0.7–3.9) I ² =0.0%, p=0.73 for heterogeneity	Chang and Delzell 2016
Hairy cell leukemia	Orsi et al. 2009 Nordstrom et al. 1998	456 controls 111 cases/400 controls	2 cases/18 controls 4 cases/5 controls	2.5 (0.9–7.3) I ² =0.0%, p=0.63 for heterogeneity	Chang and Delzell 2016

^aI² is a measure of total variance explained by study heterogeneity and measure of inconsistency in results; higher values indicate greater inconsistency.

CI = confidence interval; CLL/SLL = chronic lymphocytic leukemia/small lymphocytic lymphoma

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authors concluded that associations were statistically null for Hodgkin's lymphoma (meta RR 1.1; 95% CI 0.7–1.6; two studies), leukemia (meta RR 1.0; 95% CI 0.6–1.5; three studies); and the NHL subtypes diffuse large B-cell lymphoma (meta RR 1.1; 95% CI 0.5–2.3; two studies), CLL/SLL (meta RR 1.3; 95% CI 0.2–10; two studies), follicular lymphoma (meta RR 1.7; 95% CI 0.7–3.9; two studies), and hairy cell leukemia (meta RR 2.5; 95% CI 0.9–7.3; two studies). Some of the RR CIs were wide, indicating uncertainty in the point estimate.

The IARC Working Group conducted a meta-analysis for NHL using the same six studies as Schinasi and Leon (2014) and Chang and Delzell (2016). The Working Group reanalyzed the data, but used the most fully adjusted risk estimates for the studies by Hardell et al. (2002) and Eriksson et al. (2008) and estimated a slightly lower meta-analysis relative risk (meta RR 1.3; 95% CI 1.03–1.65) (IARC 2017).

Epidemiological Studies

A number of case-control and prospective cohort epidemiology studies have examined possible associations between use of glyphosate-containing compounds and increased cancer risks. Detailed overviews—including a description of the exposure metric used, the results, and the conclusions and limitations as reported by the study authors—are presented in Table 2-7 for solid tumor types and Table 2-8 for lymphohematopoietic cancers.

The majority of the studies examined individuals who were occupationally exposed to pesticides and used self-reported or proxy-reported (ever/never use of glyphosate-containing compounds) use as the marker of exposure. A few studies examined potential cancer risk among family members (i.e., wife and children) of pesticide applicators. The cohort studies utilized data on participants from the Agricultural Health Study, a prospective study of cancer and other health outcomes. The cohort consisted of >89,000 licensed pesticide applicators and their spouses (52,394 applicators and 32,345 spouses) who were recruited between 1993 and 1997 from Iowa and North Carolina. Study limitations included self-reported exposure information, few cases for many of the cancer subtypes, limited information regarding the timing and duration of exposure, and recall bias.

Solid Tumors. The epidemiological studies on the association between glyphosate use and solid-type tumors are presented in Table 2-7. Overall, these studies did not detect a statistically significant association between glyphosate use and all cancer types studied, including melanoma, childhood cancers,

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Andreotti et al. 2018</p> <p>Prospective cohort study of 54,251 licensed pesticide applicators (97% white, 97% male) recruited between 1993 and 1997 in Iowa and North Carolina from the Agricultural Health Study to evaluate agricultural exposure to 50 pesticides (including glyphosate) and cancer incidence cases.</p> <p>44,932 participants reported ever use of glyphosate, including 5,779 participants with incident cancer cases.</p>	<p><u>Exposure:</u> Self-reported ever/never use of any glyphosate pesticides, lifetime days of glyphosate use (days per year x number of years), and intensity-weighted lifetime days (lifetime days x intensity score) at enrollment (1993–1997) or follow-up (1999–2005). Intensity-weighted lifetime days of glyphosate use was categorized into quartiles, tertiles, or the median, such that there were at least five exposed cases in each category.</p> <p><u>Outcome:</u> Incident cancer diagnoses ascertained via linkage to cancer registries in Iowa (enrollment through 2013) and North Carolina (enrollment through 2012).</p> <p><u>Data analysis:</u> Poisson regression Adjustments: Age, cigarette smoking status, alcohol drinks per month, family history of any cancer, state of recruitment, and the five pesticides (atrazine, alachlor, metolachlor, trifluralin, and 2,4-D). Confounders considered included BMI and pack-years of cigarettes smoked.</p>	<p>Oral cavity: Q4: RR 0.84 (0.48–1.46) p-trend: 0.54</p> <p>Colon: Q4: RR 1.01 (0.74–1.38) p-trend: 1.00</p> <p>Rectum: Q4: RR 0.84 (0.52–1.34) p-trend: 0.43</p> <p>Pancreas: Q4: RR 1.06 (0.57–1.97) p-trend: 0.14</p> <p>Lung: Q4: RR 1.00 (0.76–1.33) p-trend: 0.78</p> <p>Melanoma: Q4: RR 1.17 (0.78–1.74) p-trend: 0.53</p> <p>Prostate: Q4: RR 0.99 (0.86–1.13) p-trend: 0.89</p> <p>Testicular: T3: RR 0.57 (0.20–1.67) p-trend: 0.07</p> <p>Bladder: Q4: RR 1.26 (0.87–1.82) p-trend: 0.42</p>	<p><u>Conclusions:</u> The authors observed no associations between glyphosate use and overall cancer risk or risk of cancer of the oral cavity, colon, rectum, pancreas, lung, skin, prostate, testes, bladder or kidney. Risk estimates were similar in magnitude between the unlagged and lagged (5 or 20 years) exposure analyses for all sites evaluated.</p> <p><u>Limitations:</u> Some misclassification of exposure undoubtedly occurred; because many cancer sites were evaluated, there is the possibility that results were observed by chance, and should be interpreted with caution.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
		Kidney: Q4: RR 1.03 (0.66–1.61) p-trend: 0.95	
De Roos et al. 2005a Prospective cohort study of 54,315 certified pesticide applicators (97% male, 97% Caucasian) in Iowa and North Carolina (Agricultural Health Study) to evaluate agricultural exposure to glyphosate and cancer incidence. Among 54,315 subjects included in age-adjusted analyses, 41,035 subjects reported exposure to glyphosate and 13,280 reported no exposure. Number cases (exposed percent) for different cancer sites: All cancers: 2,088 (73.0%) Lung: 204 (72.1%) Oral cavity: 59 (76.3%) Colon: 174 (75.3%) Rectum: 76 (77.6%) Pancreas: 38 (76.3%) Kidney: 63 (73.0%) Bladder: 79 (76.0%) Prostate: 825 (72.5%) Melanoma: 75 (84.0%)	<u>Exposure:</u> Self-reported never/ever use of glyphosate. Cumulative exposure days (CEDs): 1–20 (reference), 21–56, and 57–2,678 days. Intensity weighted exposure days (IWEDs) of 0.1–79.5 (reference), 79.6–337.1, and 337.2–18,241 units. <u>Outcomes/endpoints:</u> Cancer registry files in Iowa and North Carolina for case identification. Incident cases were identified from enrollment to 2001 (median follow-up time: 6.7 years). <u>Data analysis:</u> Poisson regression analyses for all cancers combined and 12 specific cancer sites (with at least 30 cases). Adjustments: Age at enrollment, education, pack-years of cigarette smoking, alcohol consumption, family history of cancer, state of residency, and co-exposure to 10 other pesticides (2,4-D, alachlor, atrazine, metolachlor, trifluralin, benomyl, maneb, paraquat, carbaryl, and diazinon).	All cancers: Ever used: RR 1.0 (0.9–1.2) CED T3: RR 1.0 (0.9–1.1) p-trend: 0.57 IWED T3: RR 0.9 (0.8–1.1) p-trend: 0.35 Lung: Ever used: RR 0.9 (0.6–1.3) CED T3: RR 0.7 (0.4–1.2) p-trend: 0.21 IWED T3: RR 0.6 (0.3–1.0) p-trend: 0.02 Oral cavity: Ever used: RR 1.0 (0.5–1.8) CED T3: RR 0.8 (0.4–1.7) p-trend: 0.66 IWED T3: RR 1.0 (0.5–2.3) p-trend: 0.95 Colon: Ever used: RR 1.4 (0.8–2.2) CED T3: RR 0.9 (0.4–1.7) p-trend: 0.54 IWED T3: RR 1.4 (0.8–2.5) p-trend: 0.10 Rectum: Ever used: RR 1.3 (0.7–2.3)	<u>Conclusions:</u> No association between glyphosate exposure and all cancer incidence or most of the specific cancer subtypes, including NHL. A small number of cases suggested a positive association between multiple myeloma and glyphosate exposure. <u>Limitations:</u> Self-reported exposure information, few cases for many of the cancer subtypes, most applicators were male, there is no information on timing of pesticide use in relation to disease.

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
		<p>CED T3: RR 1.1 (0.6–2.3) p-trend: 0.70 IWED T3: RR 0.9 (0.5–1.9) p-trend: 0.82</p> <p>Pancreas: Ever used: RR 0.7 (0.3–2.0) CED T3: RR 1.3 (0.5–3.6) p-trend: 0.83 IWED T3: RR 0.5 (0.1–1.9) p-trend: 0.06</p> <p>Kidney: Ever used: RR 1.6 (0.7–3.8) CED T3: RR 0.7 (0.3–1.6) p-trend: 0.34 IWED T3: RR 0.5 (0.2–1.0) p-trend: 0.15</p> <p>Bladder: Ever used: RR 1.5 (0.7–3.2) CED T3: RR 1.2 (0.6–2.2) p-trend: 0.53 IWED T3: RR 0.8 (0.3–1.8) p-trend: 0.88</p> <p>Prostate: Ever used: RR 1.1 (0.9–1.3) CED T3: RR 1.1 (0.9–1.3) p-trend: 0.69 IWED T3: RR 1.1 (0.9–1.3) p-trend: 0.60</p> <p>Melanoma: Ever used: RR 1.6 (0.8–3.0)</p>	

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
		CED T3: RR 0.9 (0.5–1.8) p-trend: 0.77 IWED T3: RR 0.7 (0.3–1.2) p-trend: 0.44	
Engel et al. 2005 Prospective cohort study of 30,454 wives (98% Caucasian) of private pesticide applicators (largely farmers) in Iowa and North Carolina (Agricultural Health Study) to evaluate breast cancer risk in relation to use of individual pesticides by the women themselves or by their husbands. Glyphosate analysis for wife's pesticide use among all wives in the cohort included 82 exposed and 227 unexposed cases (n= 309) and 10,016 exposed and 20,129 (n= 30,145) unexposed controls. Further analysis of husband's pesticide use among wives who reported never having used pesticides themselves included 109 "exposed" (husband used pesticide) and 43 "unexposed" cases and 9,304 "exposed" and 3,993 "unexposed" controls.	<u>Exposure:</u> Self-reported ever/never use of any glyphosate products at enrollment (1993–1997). Husband's information was used as a measure of possible indirect pesticide exposure for their wives. <u>Outcomes/endpoints:</u> Breast cancer incident cases identified through state cancer registries from enrollment to 2000 (mean follow-up period: 4.8 years). <u>Data analysis:</u> Poisson regression <u>Adjustments:</u> Age, race, and state of residence. Confounders considered included BMI, age at menarche, parity, age at first birth, menopausal status, age at menopause, family history of breast cancer, physical activity, smoking, alcohol consumption, fruit and vegetable consumption, and education.	Breast cancer: Wife's pesticide use among all wives in cohort: RR 0.9 (0.7–1.1) Husband's pesticide use among wives who never used pesticides: RR 1.3 (0.8–1.9)	<u>Conclusions:</u> No specific conclusion was given on glyphosate exposure and breast cancer. <u>Limitations:</u> Some associations may have occurred by chance, data on pesticide-specific exposure-response relations were only available for the husband, lack of information on how long each woman had been married to her current partner, limited power to assess associations for less commonly used pesticides, pesticide use was based on self-reporting.

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Flower et al. 2004</p> <p>Prospective and retrospective cohort study of 17,280 children (52% male, 96% Caucasian) of pesticide applicators in Iowa (Agricultural Health Study) to evaluate parental exposure to 50 pesticides (including glyphosate) and childhood cancer risk.</p> <p>Glyphosate analysis included 6,075 children (13 cases) with maternal use and 3,231 children (6 cases) with paternal use of glyphosate.</p>	<p><u>Exposure:</u> Self-reported parental ever/never use of any glyphosate product by both applicators and spouses at enrollment (1993–1997).</p> <p><u>Outcomes/endpoints:</u> Childhood cancer cases were both retrospectively and prospectively identified after parental enrollment through Iowa Cancer registries from 1975 to 1998.</p> <p><u>Data analysis:</u> Multiple logistic regression.</p> <p>Adjustments: Child’s age at parent’s enrollment.</p> <p>Confounders considered included parental age at child’s birth, child’s sex, child’s birth weight, history of parental smoking, paternal history of cancer, and maternal history of miscarriage.</p>	<p>Childhood cancers:</p> <p>Maternal use (ever): OR 0.61 (0.32–1.16)</p> <p>Paternal use (prenatal): OR 0.84 (0.35–2.34)</p>	<p><u>Conclusions:</u> No significant associations were observed between maternal (or paternal) pesticide (including glyphosate) application, including increased frequency of application, and risk of childhood cancer risk.</p> <p><u>Limitations:</u> Small number of cases limits statistical power, maternal use is limited by lack of data on timing of exposure in relation to child’s birth, paternal prenatal use constitutes a broad window of exposure and not necessarily just prenatal.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Koutros et al. 2013a, 2013b</p> <p>Prospective cohort study of 54,412 certified pesticide applicators in Iowa and North Carolina (Agricultural Health Study) to evaluate agricultural exposure to 50 pesticides (including glyphosate) and prostate cancer risk. There were 1,962 incident prostate cancer cases, 919 of whom had aggressive prostate cancer.</p> <p>Glyphosate analysis included 1,464 exposed and 498 unexposed cases (n=1,962) and 42,420 exposed and 10,015 unexposed controls (n=52,435).</p>	<p><u>Exposure:</u> Self-reported ever/never glyphosate use, lifetime days of glyphosate use (years of use x days/year used), intensity-weighted lifetime days of glyphosate use (lifetime days x exposure intensity) at enrollment (1993–1997). Exposure was categorized into non-exposed and quartiles exposure on the basis of the distribution of exposed cases.</p> <p><u>Outcomes/endpoints:</u> Prostate cancer incidences determined through state cancer registries from enrollment to 2007.</p> <p><u>Data analysis:</u> Poisson regression.</p> <p>Adjustments: Age at enrollment, race, state, family history of prostate cancer, smoking, fruit servings, and leisure-time physical activity in the winter.</p> <p>Separate glyphosate analyses were conducted by disease aggressiveness and family history of prostate cancer (yes, no).</p>	<p>Cumulative lifetime exposure based on intensity-weighted days:</p> <p>Total prostate cancer: Q4: RR 0.99 (0.86–1.15)</p> <p>Aggressive prostate cancer: Q4: RR 0.94 (0.75–1.18)</p> <p>Total prostate cancer, no family history: Q4: RR 1.02 (0.86–1.21) p-trend: 0.27</p> <p>Total prostate cancer, with family history: Q4: RR 0.95 (0.64–1.40) p-trend: 0.71</p>	<p><u>Conclusions:</u> No significant association was found between any specific pesticide (including glyphosate) and risk of total prostate cancer.</p> <p><u>Limitations:</u> Information on Gleason score of severity was missing for some and not standardized, which most likely led to an underestimation of advanced cases; use of take-home questionnaire could introduce selection bias and exposure misclassification; large number of pesticides investigated so cannot rule out the possibility that some findings may be due to chance.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Koutros et al. 2016</p> <p>Prospective cohort study of 54,344 male pesticide applicators in Iowa and North Carolina (Agricultural Health Study) to evaluate agricultural exposure to 65 pesticides (including glyphosate) and bladder cancer risk (n=321 incident cases identified).</p> <p>Glyphosate analysis included 248 exposed and 73 unexposed cases (n=321) and 54,023 controls.</p>	<p><u>Exposure:</u> Self-reported ever/never glyphosate use, lifetime days of glyphosate use (years of use x days/year used), intensity-weighted lifetime days of glyphosate use (lifetime days x exposure intensity) at enrollment (1993–1997).</p> <p><u>Outcomes/endpoints:</u> Bladder cancer incidences determined through state-based cancer registries from enrollment through 2010 in North Carolina and 2011 in Iowa.</p> <p><u>Data analysis:</u> Poisson regression. Adjustments: Age, race, state, cigarette smoking, and pipe smoking.</p>	<p>Bladder cancer: Ever use: RR 1.17 (0.78–1.77)</p> <p>Cumulative lifetime exposure based on intensity-weighted days:</p> <p><u>Overall</u> Q4: RR 1.07 (0.73–1.56) p-trend: 0.99</p> <p><u>Stratification by smoking status</u></p> <p>Never smoker: Q4: RR 1.93 (0.95–3.91) p-trend: 0.03</p> <p>Former smoker: Q4: RR 1.00 (0.58–1.72) p-trend: 0.67</p> <p>Current smoker: Q4: RR 0.58 (0.25–1.34) p-trend: 0.17</p>	<p><u>Conclusions:</u> No specific conclusion given on glyphosate exposure and bladder cancer. Never smokers who were heavy users of the glyphosate had increased risk of bladder cancer.</p> <p><u>Limitations:</u> Potential for exposure misclassification, findings may be due to chance, due to small number of cases.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Lee et al. 2007</p> <p>Prospective cohort study of 56,813 certified pesticide applicators (97% male, 97% Caucasian) in Iowa and North Carolina (Agricultural Health Study) to evaluate agricultural exposure to 50 pesticides (including glyphosate) and colorectal cancer risk.</p> <p>Glyphosate analysis included 225 exposed and 67 unexposed for colorectal cancer cases (n=305), 151 exposed and 49 unexposed for colon cancer cases (n=212), and 74 exposed and 18 unexposed for rectal cancers (n=93).</p>	<p><u>Exposure:</u> Self-reported ever use of any glyphosate pesticides at enrollment (1993–1997).</p> <p><u>Outcomes/endpoints:</u> Colorectal cancer incidences determined through cancer registries from enrollment to 2002 (mean follow-up period: 7.3 years).</p> <p><u>Data analysis:</u> Unconditional multivariate logistic regressions. Adjustments: Age, state of residence, smoking history, total pesticide application days to any pesticide. Confounders considered included BMI, race, license type, education level, aspirin intake, family history of colorectal cancer, physical activity, smoking, and intakes of meat, fruits, vegetables, and alcohol.</p>	<p>Colorectal cancer: OR 1.2 (0.9–1.6)</p> <p>Colon cancer: OR 1.0 (0.7–1.5)</p> <p>Rectal cancer: OR 1.6 (0.9–2.9)</p>	<p><u>Conclusions:</u> No specific conclusion was given on glyphosate exposure and colorectal cancers.</p> <p><u>Limitations:</u> Since the study examined risks for 50 pesticides, it is possible that some significant findings might occur by chance alone due to the multiple comparisons. Potential recall bias and thus exposure misclassification associated with subjects recalling pesticide use from many years ago.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Andreotti et al. 2009</p> <p>Nested case-control study of 93 cases of pancreatic cancer (64 applicators and 29 spouses) and 82,503 controls (52,721 applicators and 29,782 spouses) from the Agricultural Health Study, conducted in Iowa and North Carolina, to evaluate the association of pancreatic cancer and use of 24 pesticides (including glyphosate).</p> <p>Glyphosate analysis included 55 exposed and 35 unexposed cases (n= 90) and 48,461 exposed and 31,282 unexposed controls (n= 79,743).</p>	<p><u>Exposure:</u> Self-reported ever/never use of any glyphosate product for applicators and spouses and intensity-weighted lifetime exposure days for applicators at enrollment (1993–1997).</p> <p><u>Outcomes/endpoints:</u> Pancreatic cancer incidences identified through state cancer registries from enrollment to 2004 (over 9 years of follow-up time).</p> <p><u>Data analysis:</u> Unconditional logistic regression. Adjustments: Age, cigarette smoking, diabetes, and subject type for ever/never pesticide exposure (applicator versus spouse).</p>	<p>Pancreatic cancer:</p> <p>Ever/never among applicators and spouses: OR 1.1 (0.6–1.7)</p> <p>Intensity weighted pesticide exposure among applicators: Never: 1.0 (reference) ≤184: 1.9 (0.9–3.8) ≥185: 1.2 (0.6–2.6) p-trend: 0.85</p>	<p><u>Conclusions:</u> No specific conclusion given on glyphosate exposure and pancreatic cancer.</p> <p><u>Limitations:</u> There was a limited number of exposed cases and limited in generalizability due to predominantly white male study population.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Band et al. 2011</p> <p>Case-control study on male cancer patients (96.8% Caucasian) in British Columbia, Canada, to evaluate exposure to 139 specific active compounds in pesticides (including glyphosate) and prostate cancer risk.</p> <p>Glyphosate analysis included 25 exposed and 1,128 unexposed cases (n=1,153) and 60 exposed and 3,939 age-matched internal controls (patients with cancer of other primary site) controls (n=3,999).</p>	<p><u>Exposure:</u> Self-reported ever/never use of glyphosate pesticides from questionnaire. Agricultural job exposure matrix (JEM) was developed for farm workers in British Columbia for the period of 1950–1998.</p> <p><u>Outcomes/endpoints:</u> Prostate cancer cases identified through British Columbia Cancer Registry for 1983–1990 and histologically confirmed.</p> <p><u>Data analysis:</u> Conditional logistic regression matched sets of cases and controls.</p> <p>Adjustments: Alcohol consumption, cigarette years, education level, p-years, and respondent.</p> <p>Confounders considered included marital status, smoking (age started smoking, average number of cigarettes, pipe or cigars smoked per day, total years smoked), and ethnicity.</p>	<p>Prostate cancer: OR 1.36 (0.83–2.25)</p>	<p><u>Conclusions:</u> No specific conclusion given on glyphosate exposure and prostate cancer. JEM likely to result in non-differential misclassification and may underestimate the true association; thus, negative findings should be regarded as inconclusive.</p> <p><u>Limitations:</u> Lack of information on familial history, potential for misclassification of exposure due to use of JEM, use of cancer controls may result in selection bias, statistically significant associations could have occurred by chance as a result of multiple comparisons since 142 active chemicals were examined.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Lee et al. 2004b</p> <p>Case control study of white men and women (ages ≥21 years) diagnosed with stomach adenocarcinoma (n=170) or esophagus adenocarcinoma (n=137) and 502 controls in eastern Nebraska to evaluate the risk of the stomach and esophageal adenocarcinomas associated with farming and agricultural use of 16 insecticides and 14 herbicides (including glyphosate).</p> <p>Glyphosate analysis included 12 cases of stomach cancer and 12 cases of esophageal cancer among farmers, and 46 controls compared to non-farmers (59 stomach cancer, 62 esophageal cancer cases and 184 controls).</p> <p>Controls were randomly selected from a group of controls interviewed in 1986–1987 for a previous population-based case-control study. Controls were frequency-matched by sex and age to the combined distribution of the stomach and esophagus cases.</p>	<p><u>Exposure:</u> Self- or proxy-reported ever use of glyphosate pesticide at enrollment (1992–1994).</p> <p><u>Outcomes:</u> Stomach and esophageal cancer cases were identified from the Nebraska Cancer Registry (1988–1990) or by review of discharge diagnosis and pathology records at 14 hospitals (1991–1993).</p> <p><u>Data analysis:</u> Unconditional logistic regression. Adjustments: Age, sex. Confounders considered included BMI, smoking, alcohol consumption, educational level, family history of stomach or esophageal cancer, respondent type, dietary intake of vitamin A and C, b-cryptoxanthin, riboflavin, folate, zinc, dietary fiber, protein, and carbohydrate.</p>	<p>Stomach cancer: OR 0.8 (0.4–1.5)</p> <p>Esophageal cancer: OR 0.7 (0.3–1.4)</p>	<p><u>Conclusions:</u> “No significant associations were found between specific agricultural pesticide exposures (including glyphosate) and the risk of stomach or esophageal adenocarcinomas among Nebraska farmers.”</p> <p><u>Limitations:</u> Possible misclassification of pesticide exposure and generally small number of farmers exposed to some of the individual pesticides.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Lee et al. 2005</p> <p>Case control study of 251 white men and women (ages ≥21 years) diagnosed with gliomas and 498 controls in eastern Nebraska (Nebraska Health Study II) to evaluate adult glioma associated with farming and agricultural use of 20 insecticides and 17 herbicides (including glyphosate).</p> <p>Glyphosate analysis (only conducted among male farmers) included 17 cases and 32 controls among farmers compared to non-farmers (49 cases and 112 controls). Among these, self-reported respondents included 4 cases/17 controls for glyphosate users and 20 cases/40 controls for reference non-farmers; proxy-reported respondents included 13 cases/15 controls for glyphosate users and 29 cases/72 controls for reference non-farmers.</p> <p>Controls were randomly selected from a group of controls interviewed in 1986–1987 for a previous population-based case-control study. Controls were frequency-matched by sex, age, and vital status to the combined distribution of the cases.</p>	<p><u>Exposure:</u> Self- or proxy-reported ever use of glyphosate pesticide at enrollment (1992–1994).</p> <p><u>Outcomes:</u> Incident primary adult glioma cases diagnosed between 1988 and 1993 were identified from the Nebraska Cancer Registry or from 11 hospitals.</p> <p><u>Data analysis:</u> Unconditional logistic regression. Separate analyses by sex and respondent type (self- versus proxy-reported) were also conducted.</p> <p><u>Adjustments:</u> Age, sex, and respondent type.</p> <p><u>Confounders considered included</u> history of head injury, marital status, education level, alcohol consumption, medical history of diabetes mellitus, dietary intake of a- and b-carotene, and dietary fiber.</p>	<p>Glioma among male farmers: OR 1.5 (0.7–3.1), all reported glyphosate use</p> <p>OR 0.4 (0.1–1.6), self-reported glyphosate use</p> <p>OR 3.1 (1.2–8.2), proxy-reported glyphosate use</p>	<p><u>Conclusions:</u> “Glioma risk was also significantly increased among men who used specific pesticides (including glyphosate) and pesticide chemical classes; however, the positive results were mostly limited to proxy respondents.”</p> <p><u>Limitations:</u> The major limitation was the large proportion of proxy respondents. Most of the associations observed were limited to proxy respondents.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Pahwa et al. 2011</p> <p>Case control study of 357 soft tissue sarcoma cases and 1,506 controls in Canada (all males, ≥19 years of age) to investigate the putative associations of pesticides (including glyphosate) with soft-tissue sarcoma (STS).</p> <p>Glyphosate analysis included 36 exposed and 321 unexposed cases and 147 exposed and 1,359 unexposed controls.</p> <p>Potential controls were selected randomly within age constraints (±2 years) from provincial health records, comprehensive telephone lists, or voters' lists.</p>	<p><u>Exposure:</u> Self-reported ever use of glyphosate herbicides collected through self-administered postal questionnaire and telephone interviews.</p> <p><u>Outcomes:</u> STS cases (first diagnosed in 1991–1994) ascertained from provincial cancer registries, except in Quebec, where hospital ascertainment was used.</p> <p><u>Data analysis:</u> Conditional logistic regression.</p> <p>Adjustments: Age, province of residence, medical history.</p>	<p>Soft tissue sarcoma: OR 0.93 (0.60–1.42), stratified by age group and province of residence</p> <p>OR 0.90 (0.58–1.40), adjusted for medical history and with strata for age group and province of residence</p>	<p><u>Conclusions:</u> “No association between herbicides (individual compound or major chemical class) (including glyphosate) and STS.”</p> <p><u>Limitations:</u> Limitations common to epidemiological case-control studies.</p>

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Table 2-7. Cancer Outcomes for Solid Tumor-Types in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Yiin et al. 2012</p> <p>Case control study of 798 cases of glioma and 1,175 controls (98% white, aged 18–80 years) in Iowa, Michigan, Minnesota, and Wisconsin (Upper Midwest Health Study) to investigate association between exposure to pesticides (including glyphosate) and risk of glioma in male and female participants.</p> <p>Pesticide use in non-farm jobs: Glyphosate analysis included 12 exposed and 786 unexposed cases and 147 exposed and 1,359 unexposed controls. Analysis included 8 exposed and 430 unexposed cases and 19 exposed and 1,122 unexposed controls excluding proxy respondents.</p> <p>House and garden pesticide use: Glyphosate analysis included 51 exposed and 747 unexposed cases and 76 exposed and 1,099 unexposed controls. Analysis included 28 exposed and 410 unexposed cases and 75 exposed and 1,066 unexposed controls excluding proxy respondents.</p> <p>Randomly-selected, population-based controls were frequency-matched within a state.</p>	<p><u>Exposure:</u> Self- or proxy-reported ever/never use of glyphosate pesticide through 1992.</p> <p><u>Outcomes:</u> Cases with a histologically confirmed primary intracranial glioma were identified through medical facilities, oncologists, neurosurgeons, and cancer registries (1995–1997).</p> <p><u>Data analysis:</u> Unconditional logistic regression. Analyses were separately conducted with or without proxy respondents. Adjustments: Age, sex, education.</p>	<p>Glioma</p> <p>Non-farm job use: OR 0.83 (0.39–1.73) including proxy respondents; OR 0.79 (0.33–1.86) excluding proxy respondents.</p> <p>House and garden use: OR 0.98 (0.67–1.43) including proxy respondents; OR 0.84 (0.52–1.33) excluding proxy respondents</p>	<p><u>Conclusions:</u> “No individual pesticides (including glyphosate) or broader category of pesticides, with or without proxy respondent, was associated with a statistically significant decrease or elevation in glioma risk.”</p> <p><u>Limitations:</u> A limitation of this study is the high proportion (45%) of proxy interviews for case participants compared to 2.9% control interviews that were with proxies. The accuracy and completeness of information given by proxy respondents varies by many factors. Another concern is the validity and reliability of the pesticide exposure assessment.</p>

BMI = body mass index; CED = cumulative exposure day; CI = confidence interval; IWED = intensity weighted exposure day; JEM = job exposure matrix; NHL = non-Hodgkin's lymphoma; OR = odds ratio; RR = relative risk; Q = quartile; STS = soft tissue sarcoma; T = tertile

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Andreotti et al. 2018</p> <p>Prospective cohort study of 54,251 licensed pesticide applicators (97% white, 97% male) recruited between 1993 and 1997 in Iowa and North Carolina from the Agricultural Health Study to evaluate agricultural exposure to 50 pesticides (including glyphosate) and cancer incidence cases.</p> <p>44,932 participants reported ever use of glyphosate, including 5,779 participants with incident cancer cases.</p>	<p><u>Exposure:</u> Self-reported ever/never use of any glyphosate pesticides, lifetime days of glyphosate use (days per year x number of years), and intensity-weighted lifetime days (lifetime days x intensity score) at enrollment (1993–1997) or follow-up (1999–2005).</p> <p>Intensity-weighted lifetime days of glyphosate use was categorized into quartiles, tertiles, or the median, such that there were at least five exposed cases in each category.</p> <p><u>Outcome:</u> Incident cancer diagnoses ascertained via linkage to cancer registries in Iowa (enrollment through 2013) and North Carolina (enrollment through 2012).</p> <p><u>Data analysis:</u> Poisson regression Adjustments: Age, cigarette smoking status, alcohol drinks per month, family history of any cancer, state of recruitment, and the five pesticides (atrazine, alachlor, metolachlor, trifluralin, and 2,4-D). Confounders considered included BMI and pack-years of cigarettes smoked.</p>	<p>Lymphohematopoietic: Q4: RR 1.00 (0.74–1.34) p-trend: 0.43</p> <p>Hodgkin’s lymphoma: M2: RR 0.90 (0.25–3.24) p-trend: 0.94</p> <p>NHL: Q4: RR 0.87 (0.64–1.20) p-trend: 0.95</p> <p>B-cell: Q4: RR 0.86 (0.62–1.19) p-trend: 0.86</p> <p>CLL/SLL: Q4: RR 0.87 (0.48–1.58) p-trend: 0.71</p> <p>Diffuse large B-cell lymphoma: Q4: RR 0.97 (0.51–1.85) p-trend: 0.83</p> <p>Marginal-zone lymphoma: M2: RR 0.44 (0.09–2.17) p-trend: 0.67</p> <p>Follicular lymphoma: T3: RR 0.85 (0.36–2.03) p-trend: 0.95</p> <p>Multiple myeloma: Q4: RR 0.87 (0.45–1.69) p-trend: 0.84</p>	<p><u>Conclusions:</u> The authors observed no associations between glyphosate use and overall cancer risk or with total lymphohematopoietic cancers, including NHL, multiple myeloma, and any other NHL subtypes. There was some evidence of an increased risk of acute myeloid leukemia for applicators, particularly in the highest category of glyphosate exposure compared with never users of glyphosate. Risk estimates were similar in magnitude between the unlagged and lagged (5 or 20 years) exposure analyses for all sites evaluated.</p> <p><u>Limitations:</u> Some misclassification of exposure undoubtedly occurred; because evaluated many cancer sites, cannot dismiss the possibility that results were observed by chance, and should be interpreted with caution; the fact that no other studies have reported an association with acute myeloid leukemia also calls for cautious interpretation.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
		NHL T-cell: M2: RR 1.53 (0.23–10.38) p-trend: 0.31	
		Acute myeloid leukemia: Q4: RR 2.44 (0.94–6.32) p-trend: 0.11	
		Chronic myeloid leukemia: M2: RR 0.82 (0.23–2.98) p-trend: 0.36	
De Roos et al. 2005a A prospective cohort study in 57,311 licensed pesticide applicators (>97% males) recruited between 1993 and 1997 in Iowa and North Carolina from the Agricultural Health Study to study cancer incidence associated with glyphosate use. All lymphohematopoietic: 190 (75.3%) NHL: 92 (77.2%) Leukemia: 57 (75.4) Multiple myeloma: 32 (75.0%)	<u>Exposure:</u> Self-reported never/ever use of glyphosate. Cumulative exposure days (CEDs): 1–20 (reference), 21–56, and 57–2,678 days. Intensity weighted exposure days (IWEDs) of 0.1–79.5 (reference), 79.6–337.1, and 337.2–18,241 units. <u>Outcomes:</u> Incident cases identified between enrollment and Dec 31 st of 2001 from cancer registry files. <u>Data analysis:</u> Poisson regression adjusted for age, education, smoking status, alcohol consumption, family history of cancer in 1 st degree relative, state of residence.	All lymphohematopoietic cancers: Ever use: RR 1.1 (0.8–1.6) CED T3: RR 1.2 (0.8–1.8) p-trend: 0.69 IWED T3: RR 1.0 (0.7–1.6) p-trend: 0.90 NHL cancers: Ever use: RR 1.1 (0.7–1.9) CED T3: RR 0.9 (0.5–1.8) p-trend: 0.73 IWED T3: RR 0.8 (0.5–1.4) p-trend: 0.99 Leukemia: Ever use: RR 1.0 (0.5–1.9) CED T3: RR 1.0 (0.4–2.9) p-trend: 0.61 IWED T3: RR 0.7 (0.2–2.1) p-trend: 0.11	<u>Conclusions:</u> Glyphosate exposure was not associated with overall cancer incidence or with most cancer subtypes, but there was a suggested association of glyphosate exposure with multiple myeloma incidence. <u>Limitations:</u> Small number of specific cancers cases, only males included in the analysis, no information on timing of pesticide use.

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
		Multiple myeloma: Ever use: RR 2.6 (0.7–9.4) CED T3: RR 1.9 (0.6–6.3) p-trend: 0.27 IWED T3: RR 2.1 (0.6–7.0) p-trend: 0.17	
Sorahan 2015 Cohort study of 55,934 licensed pesticide applicators in Iowa and North Carolina (Agricultural Health Study). Set 1: 54,315 applicators, excluded those with cancer diagnosis before enrollment, those lost to follow-up, those who had missing data for age at enrollment, those who did not provide information on glyphosate use. ("Not known/missing" data included as a separate category for each variable.) n=32 cases. Set 2: 49,211 applicators, additionally excluded those with missing data on education, smoking history, or alcohol use. n=26 cases. Set 3: 40,719 applicators, additionally excluded those missing data on additional pesticide use. n=22 cases. Set 4: 55,934 applicators, excluding those with any cancer diagnosis prior to enrollment, those lost to follow up, and	<u>Exposure:</u> Self-reported never/ever use of glyphosate. CEDs: 1–20 (reference), 21–56, and 57–2,678 days. IWEDs of 0.1–79.5, 79.6–337.1, and 337.2–18,241 units. <u>Outcomes:</u> Incident cases identified between enrollment and December 31 st from 2001 cancer registry files. <u>Data analysis:</u> Poisson regression adjusted for the following: <u>Set 2: Age at enrollment, cigarette use, alcohol use, education.</u> <u>Set 4: Age at enrollment, cigarette use, alcohol use, education, family history of cancer.</u> Sets 1 and 3: <u>Age at enrollment, cigarette use, alcohol use, education, family history of cancer, use of some pesticides (2,4-D, alachlor, atrazine, metolachlor, trifluralin), ever use of other</u>	Multiple myeloma: Set 1: Ever use: RR 1.24 (0.52–2.94) CED Q4: RR 1.38 (0.42–4.45) p-trend: 0.48 IWED Q4: RR 1.87 (0.67–5.27) p-trend: 0.22 Set 2: Ever use: RR 2.07 (0.71–6.04) Set 3: Ever use: RR 2.79 (0.78, 9.96) Set 4: Ever use: RR 1.18 (0.53–2.65) CED Q4: RR 1.17 (0.40–3.41) p-trend: >0.50 IWED Q4: RR 1.58 (0.62–4.05) p-trend: 0.30	<u>Conclusions:</u> Glyphosate is not a risk factor for multiple myeloma. <u>Limitations:</u> The small number of cases, absence of information on timing of pesticide exposure, unable to adjust for state of residence.

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
those missing data for age at enrollment. n=34 cases.	pesticides (maneb, paraquat, carbaryl, diazinon, benomyl).		
Re-analysis of data reported by De Roos et al. (2005a).			
<p>Brown et al. 1990</p> <p>Case-control study of 578 cases of leukemia and 1,245 controls (all white males, ages ≥30 years) in Iowa and Minnesota to investigate agricultural exposure to 24 animal insecticides, 34 crop insecticides, 38 herbicides, and 16 fungicides (including glyphosate) and risk of leukemia.</p> <p>Glyphosate analysis included 15 cases and 49 controls who used glyphosate herbicide compared to never-farmers (243 cases and 547 controls).</p> <p>Controls were a population-based, stratified sample of white men frequency-matched to the cases by 5-year age group, vital status at interview, and state of residence.</p>	<p><u>Exposure:</u> Self-reported ever mixing/handling/applying glyphosate herbicides at enrollment (1981–1984).</p> <p><u>Outcomes:</u> Leukemia cases ascertained from Iowa Tumor Registry or hospital records in Minnesota from 1 year before (retrospectively) to 2 years after the start of the study (prospectively).</p> <p><u>Data analysis:</u> Unconditional logistic regression.</p> <p><u>Adjustments:</u> Vital status, age, state, tobacco use, family history of lymphopoietic cancer, high-risk non-farming occupations, high risk exposures (benzene, naphtha, hair dyes).</p>	<p>Leukemia OR 0.9 (0.5–1.6)</p>	<p><u>Conclusions:</u> “Risks for all leukemia were not significantly increased among subjects who personally mixed, handled, or applied specific herbicides (including glyphosate).”</p> <p><u>Limitations:</u> With the case-control study design, the associations found or failure to find an association could be due to bias. Potential inaccuracies in the evaluation of pesticide exposure could lead to exposure misclassification. Multiple statistical comparisons make it difficult to separate real association from chance findings.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Brown et al. 1993</p> <p>Case control study to evaluate the association between multiple myeloma, agricultural risk factors, and exposure to individual pesticides in 823 white males aged ≥ 30 years in Iowa.</p> <p>173 cases and 650 frequency-matched controls from random digit dialing, Medicare records, and death certificate files.</p> <p>Glyphosate analysis included 11 exposed and 162 unexposed cases (n=173) for multiple myeloma and 40 exposed and 610 unexposed controls (n=650).</p>	<p><u>Exposure:</u> Self-reporting never/ever mixing, handling, or applying glyphosate.</p> <p><u>Outcomes:</u> Multiple myeloma cases from the Iowa Health Registry from 1981 to 1984.</p> <p><u>Data analysis:</u> Logistic models adjusted for vital status and age. Other confounders considered included smoking and education.</p>	<p>Multiple myeloma: OR 1.7 (0.8–3.6)</p>	<p><u>Conclusions:</u> Little evidence of an association between risk of multiple myeloma and exposure to pesticides (including glyphosate).</p> <p><u>Limitations:</u> Small number of cases and controls, multiple statistical comparisons, and possibility of recall bias or chance.</p>
<p>Cocco et al. 2013</p> <p>Case control study of 4,810 in the EPILYMPH study from six European countries to investigate the role of occupational exposure to agrochemicals (including glyphosate) in etiology of lymphoma, B cell lymphoma and subtypes.</p> <p>2,348 incident lymphoma cases and 2,462 controls (n=4,810).</p> <p>Glyphosate analysis included four exposed B cell lymphoma cases and two exposed controls.</p>	<p><u>Exposure:</u> Self-reported questionnaires: never/ever glyphosate exposure.</p> <p><u>Outcomes:</u> First diagnosis according to 2001 WHO classification of lymphoma between 1998 and 2004; patients referred from centers within referral area.</p> <p><u>Data analysis:</u> Unconditional logistic regressions. Adjustments for age, gender, education, center.</p>	<p>B cell lymphoma: OR 3.1 (0.6–17.1)</p>	<p><u>Conclusions:</u> No support to the role of occupation exposure to agrochemicals (including glyphosate) in etiology of B cell lymphoma.</p> <p><u>Limitations:</u> Low response rate may have resulted in selection bias.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>De Roos et al. 2003</p> <p>Pooled data from three case-control studies conducted by the National Cancer Institute to investigate exposure to multiple pesticides in farming as risk factors for NHL among 3,417 white males from Nebraska, Iowa, Minnesota, and Kansas.</p> <p>Glyphosate analysis included 36 exposed and 614 unexposed cases (n=650) and 61 exposed and 1,872 unexposed population based matched controls (n=1,933).</p>	<p><u>Exposure:</u> Interview self-reported never/ever glyphosate exposure.</p> <p><u>Outcomes:</u> In Nebraska, cases were identified through Nebraska Lymphoma Study Group and area hospitals among males aged ≥21 years from July 1983 to June 1986. In Iowa, cases were ascertained from Iowa State Health Registry from 1981 to 1983 from males ≥30 years of age. In Minnesota, cases were ascertained from a surveillance system of Minnesota hospitals and pathology laboratories from 1980 to 1982 in males ≥30 years of age. In Kansas, cases were randomly selected from statewide cancer registry from males ≥21 years of age.</p> <p><u>Data analysis:</u> Two models were used: (1) standard logistic regression and (2) hierarchical regression adjusted for age and study site.</p>	<p>Logistic regression: NHL: OR 2.1 (1.1–4.0)</p> <p>Hierarchical regression: NHL: OR 1.6 (0.9–2.8)</p>	<p><u>Conclusions:</u> No specific conclusions for glyphosate and NHL.</p> <p><u>Limitations:</u> Crude exposure metric, no information on timing of exposure versus NHL onset or timing of use of pesticides to each other. Potential bias for missing data exclusion.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Eriksson et al. 2008</p> <p>Case control study of 1,926 male and female subjects aged 18–74 years were recruited between December 1, 1999 and April 30, 2002 in Sweden to evaluate pesticides (including glyphosate) as a risk factor for NHL.</p> <p>Glyphosate analysis included 29 exposed and 881 unexposed cases (n=910) and 18 exposed and 998 unexposed frequency-match controls (n=1,016).</p>	<p><u>Exposure:</u> Self-reporting questionnaires; never/ever exposed and days of exposure.</p> <p><u>Outcomes:</u> Newly diagnosed_NHL, identified through physicians and pathologists recruited between December 1, 1999 and April 30, 2002. Subtypes divided according to WHO classification.</p> <p><u>Data analysis:</u> Unconditional logistic regression analysis adjusted for age, sex, year of diagnosis/enrollment.</p>	<p>NHL: Ever: OR 2.02 (1.10–3.71) Ever (adjusted for other pesticides): OR 1.51 (0.77–2.94) Ever (1–10-year latency): OR 1.11 (0.24–5.08) Ever (>10-year latency): OR 2.26 (1.16–4.40) ≤10 days: OR 1.69 (0.70–4.07) ≥10 days: OR 2.36 (1.04–5.37)</p> <p>B-cell lymphomas: Ever: OR 1.87 (0.998–3.51) Lymphocytic lymphoma: Ever: OR 3.35 (1.42–7.89) Follicular, grade I-III: Ever: OR 1.89 (0.62–5.79) Diffuse large B-cell lymphoma: Ever: OR 1.22 (0.44–3.35) Other specified B-cell lymphoma: Ever: OR 1.63 (0.53–4.96) Unspecified B-cell lymphoma: Ever: OR 1.47 (0.33–6.61) T-cell lymphoma: Ever: OR 2.29 (0.51–10.4) Unspecified NHL: Ever: OR 5.63 (1.44–22.0)</p>	<p><u>Conclusions:</u> The association of NHL with glyphosate was strengthened by the study.</p> <p><u>Limitations:</u> No registries of pesticide use kept in Sweden, possible misclassification of pesticide exposure, no information gathered on protective equipment use.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Hardell et al. 2002</p> <p>Pooled analysis of two case-control studies of 1,656 male and female subjects from Sweden to investigate pesticides in etiology of NHL and HCL.</p> <p>Glyphosate analysis included 8 exposed and 507 unexposed cases (n=515) and 8 exposed and 1,133 unexposed county-matched controls (n=1,141).</p>	<p><u>Exposure:</u> Self-reporting questionnaires; never/ever glyphosate exposure.</p> <p><u>Outcomes:</u> Histopathologically verified NHL cases from regional cancer registries in males age ≥25 years from 1987 to 1990. HCL diagnosed cases from the national Swedish Cancer Registry in males from 1987 to 1992.</p> <p><u>Data analysis:</u> Conditional logistic regression analysis adjusted for both univariate and multivariate.</p>	<p>NHL and HCL (pooled): Ever (univariate analysis): OR 3.04 (1.08–8.52) Ever (multivariate analysis): OR 1.85 (0.55–6.20)</p>	<p><u>Conclusions:</u> Glyphosate is a risk factor for developing NHL.</p> <p><u>Limitations:</u> Possible recall bias. Correlation of pesticides.</p>
<p>Kachuri et al. 2013</p> <p>A population-based, case-control study in 1,506 males from six Canadian provinces to investigate the association between lifetime use of multiple pesticides and multiple myeloma.</p> <p>Glyphosate analysis included 32 exposed cases and 310 unexposed cases (n=342) and 121 exposed and 1,236 unexposed frequency-matched controls (n=1,357). Excluding proxy respondents, analysis included 23 exposed cases and 108 exposed frequency-matched controls.</p>	<p><u>Exposure:</u> Self-reporting questionnaires; ever/never, days/year glyphosate use.</p> <p><u>Outcomes:</u> Incident multiple myeloma cases among men aged ≥19 years who were diagnosed between September 1, 1991 and December 31, 1994 ascertained from provincial cancer registries. Cases in Quebec were ascertained from hospitals.</p> <p><u>Data analysis:</u> Logistic regression. Adjusted for age, province of residence, use of proxy responders, smoking, and selected medical history.</p>	<p>Multiple myeloma: Ever: OR 1.19 (0.76–1.87) Ever (exclude proxies): OR 1.11 (0.66–1.86) >0 and ≤2 days/year: OR 0.72 (0.39–1.32) >0 and ≤2 days/year (exclude proxies): OR 0.70 (0.35–1.40) >2 days/year: OR 2.04 (0.98–4.23) >2 days/year (exclude proxies): OR 2.11 (0.95–4.70)</p>	<p><u>Conclusions:</u> No specific conclusions for glyphosate and NHL.</p> <p><u>Limitations:</u> Low response rates observed for cases and controls, possibility of recall bias.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

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<p>Karunanayake et al. 2012</p> <p>Case-control study of 1,822 men to evaluate exposure to pesticides and incidence of Hodgkin lymphoma in six Canadian provinces.</p> <p>Glyphosate analysis included 38 exposed and 278 unexposed Hodgkin lymphoma cases (n=316) and 133 exposed and 1,373 unexposed age-matched controls (n=1,506).</p>	<p><u>Exposure:</u> Any self-reported glyphosate use.</p> <p><u>Outcomes:</u> Hodgkin lymphoma incidences determined using Internal Classification of Diseases for Oncology, 2nd Edition (ICD-O-2) from September 1, 1991 to December 31, 1994.</p> <p><u>Data analysis:</u> Conditional logistic regression. Adjustments for age, province of residence, personal and family medical history.</p>	<p>Hodgkin lymphoma: OR 0.99 (0.62–1.56)</p>	<p><u>Conclusions:</u> This study shows a lack of association between Hodgkin lymphoma and glyphosate.</p> <p><u>Limitations:</u> Inability to ascertain Epstein-Barr virus exposure. Potential for recall bias and for misclassification of exposure to pesticides, as well as misclassification of exposure duration. Low response rates resulted in inability to evaluate dose-response relationship and women were not included in the study.</p>
<p>Lee et al. 2004a</p> <p>Case control study of 3,253 in Iowa, Minnesota, and Nebraska to evaluate if asthma modifies risk associated with pesticide exposure.</p> <p>872 cases of NHL and 2,381 frequency-matched controls.</p> <p>Glyphosate analyses, 259 cases and 684 controls for non-asthmatic non-farmers (reference), 53 cases and 91 controls for non-asthmatic farmers, and 6 cases and 12 controls for asthmatic farmers.</p> <p>These data were used in the pooled analysis by De Roos et al. (2003).</p>	<p><u>Exposure:</u> Self-reported ever/never glyphosate use. Self-reported asthma from physician diagnosis.</p> <p><u>Outcomes:</u> Cases identified through Iowa State Health Registry and Minnesota's surveillance system of hospital and pathology laboratories from 1980 to 1983 (n=530). Cases identified through Nebraska Lymphoma Study group and area hospitals between July 1983 and June 1986 (n=346).</p> <p><u>Data analysis:</u> Unconditional logistic regression adjusted for age, state, vital status.</p>	<p>NHL(non-asthmatic farmers): OR 1.4 (0.98–2.1)</p> <p>NHL (asthmatic farmers): OR 1.2 (0.4–3.3)</p>	<p><u>Conclusions:</u> No specific conclusion concerning exposure to glyphosate, asthma, and NHL.</p> <p><u>Limitations:</u> Self-reported exposure and asthma diagnosis may be subject to misclassification bias.</p>

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Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>McDuffie et al. 2001</p> <p>Case-control study to investigate the association between non-occupational exposure to pesticides (including glyphosate) and NHL among 2,023 men in six Canadian provinces.</p> <p>Glyphosate analysis included 51 exposed and 466 unexposed NHL cases (n=517) and 133 exposed and 1,373 unexposed age-matched controls (n=1,506).</p>	<p><u>Exposure:</u> Self-reported ever/never use of any glyphosate use and number days/year use.</p> <p><u>Outcomes:</u> First diagnosis of NHL between September 1, 1991 and December 31, 1991 from cancer registries for five provinces, in Quebec where hospital records were used.</p> <p><u>Data analysis:</u> Conditional logistic regression adjusted for age, province of residence, medical history (measles, mumps, cancer, allergy desensitization shots, positive family history of cancer in 1st-degree relative).</p>	<p>NHL: Ever use: OR 1.20 (0.83–1.74)</p> <p>Exposure >0 and ≤2 days/year: OR 1.00 (0.63–1.57)</p> <p>Exposure >2 days/year: OR 2.12 (1.20–3.73)</p>	<p><u>Conclusions:</u> No conclusions stated for glyphosate ever use. When stratified by average number of days per year of exposure, glyphosate was not significant for exposure, but demonstrated a dose-response relationship.</p> <p><u>Limitations:</u> Potential for recall bias and misclassification of pesticide exposure. Inclusion of occupational groups without extensive validation studies could bias findings towards null. Less-than-optimal response rates. Due to multiple comparisons, a small number of statistically significant results may be attributable to chance. Because of limited statistical power, analysis was restricted to exposure that at least 1% of respondents ever used.</p>

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Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Nordström et al. 1998</p> <p>Case-control study of 511 Swedish adult males to evaluate occupational exposures (including glyphosate) as risk factors for HCL.</p> <p>Glyphosate analysis included 4 exposed and 107 unexposed cases (n=111) of HCL and 5 exposed and 395 controls (n=400) in Sweden.</p> <p>These data were used in pooled analysis by De Roos et al. (2003).</p>	<p><u>Exposure:</u> Self-reported never/ever glyphosate exposure determined by at least 1 working day (8 hours) and induction of at least 1 year.</p> <p><u>Outcomes:</u> HCL reported to Swedish Cancer Registry from 1987 to 1992. One case diagnosed in 1993 included in analysis.</p> <p><u>Data analysis:</u> Logistic regression adjusted for age.</p>	<p>HCL: OR 3.1 (0.8–12)</p>	<p><u>Conclusions:</u> No specific conclusions were given for glyphosate.</p> <p><u>Limitations:</u> Possible correlation of occupational exposures resulting in confounding. Multiple comparisons may result in some correlations to occur by chance. Possibility of elevated OR due to recall bias.</p>

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Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Orsi et al. 2009</p> <p>Case-control study to investigate the relationship between occupational exposure to pesticides and lymphoid neoplasms in 947 18–75-year-old males from six hospitals in France from 2000 to 2004.</p> <p>Glyphosate analysis included: 12 exposed and 232 unexposed NHL cases (n=244) and 24 exposed and 412 unexposed center, age, sex-matched controls (n=436).</p> <p>6 exposed and 81 unexposed cases of Hodgkin’s lymphoma (n=87) and 15 exposed and 250 unexposed center, age, sex-matched controls (n=265).</p> <p>5 exposed and 51 unexposed cases of multiple myeloma (n=56) and 18 exposed and 295 unexposed center, age, sex-matched controls (n=313).</p> <p>27 exposed and 464 unexposed cases of lymphoid neoplasms (n=491) and 24 exposed and 432 unexposed center, age, sex-matched controls (n=456).</p>	<p><u>Exposure:</u> Self-reported none and probable/definite glyphosate exposure, after expert review of pesticide use questionnaire.</p> <p><u>Outcomes:</u> Cases determined using ICD-O-3 code diagnosis from September 2000 to December 2004.</p> <p><u>Data analysis:</u> Unconditional logistic regression, adjusted for age, center, socioeconomic category (white collar/blue collar).</p>	<p>Lymphoid neoplasms: OR 1.2 (0.6–2.1)</p> <p>NHL: OR 1.0 (0.5–2.2), all subtypes OR 1.0 (0.3–2.7) for diffuse large cell lymphoma OR 1.4 (0.4–5.2) for follicular lymphoma</p> <p>Hodgkin’s lymphoma: OR 1.7 (0.6–5.0)</p> <p>Lymphoproliferative syndrome: OR 0.6 (0.2–2.1), all subtypes OR 0.4 (0.1–1.8) for chronic lymphocytic leukemia OR 1.8 (0.3–9.3) for HCL</p> <p>Multiple myeloma: OR 2.4 (0.8–7.3)</p>	<p><u>Conclusions:</u> No specific conclusions for glyphosate.</p> <p><u>Limitations:</u> Potential non-differential misclassification resulting in reduced power.</p>

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Table 2-8. Lymphohematopoietic Cancer Outcomes in Humans Exposed to Glyphosate-Containing Products

Reference and study overview	Methods and outcomes	Results (with 95% CI)	Study author conclusions and limitations
<p>Pahwa et al. 2012</p> <p>Case-control study to investigate the association between non-occupational exposure to pesticides (including glyphosate) and multiple myeloma among 1,848 men in six Canadian provinces.</p> <p>Glyphosate analysis included 32 exposed and 310 unexposed cases (n=342) and 133 exposed and 1,373 unexposed controls (n=1,506).</p>	<p><u>Exposure:</u> Self-reported glyphosate never/ever use.</p> <p><u>Outcomes:</u> First diagnosis of multiple myeloma between September 1, 1991 and December 31, 1994 from cancer registries for five provinces, in Quebec where hospital records were used.</p> <p><u>Data analysis:</u> Conditional logistic regression adjusted for age, province of residence, medical history (measles, mumps, cancer, allergy desensitization shots, positive family history of cancer in 1st degree relative).</p>	<p>Multiple myeloma: OR 1.22 (0.77–1.93)</p>	<p><u>Conclusions:</u> No specific conclusion for glyphosate.</p> <p><u>Limitations:</u> Low response rates, potential for selection bias, recall bias, and misclassification of pesticide exposure.</p>

BMI = body mass index; CED = cumulative exposure day; CI = confidence interval; CLL/SLL = chronic lymphocytic leukemia/small lymphocytic lymphoma; HCL = hairy cell leukemia; IWED = intensity weighted exposure day; M = median; NHL = non-Hodgkin's lymphoma; OR = odds ratio; Q = quartile; RR = relative risk; T = tertile; WHO = World Health Organization

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soft tissue sarcoma, colorectal cancer, and cancers of the lung, oral cavity, colon, rectum, pancreas, kidney, prostate (including total prostate and aggressive prostate cancers), testes, breast, bladder, stomach, and esophagus. A statistically significant association with glyphosate use and solid tumors was reported in one study. Lee et al. (2005) reported an association between proxy-reported glyphosate use and glioma cancer (odds ratio [OR] 3.1; 95% CI 1.2–8.2). However, when using self-reported glyphosate use or combined self- and proxy-reported glyphosate use, no association with glioma was observed (OR 0.4; 95% CI 0.1–1.6 and OR 1.5; 95% CI 0.7–3.1, respectively).

Lymphohematopoietic Cancers. Overviews of epidemiological studies that focused on the association between glyphosate use and lymphohematopoietic cancers are presented in Table 2-8. A majority of the studies did not report statistically significant associations between glyphosate use and many of the lymphohematopoietic cancer subtypes. These statistically null associations were reported for the following subtypes: all lymphohematopoietic cancers (Andreotti et al. 2018; De Roos et al. 2005a); NHL (Andreotti et al. 2018; De Roos et al. 2005a; Lee et al. 2004a; Orsi et al. 2009); leukemia (Brown et al. 1990; De Roos et al. 2005a); multiple myeloma (Andreotti et al. 2018; Brown et al. 1993; De Roos et al. 2005a; Kachuri et al. 2013; Orsi et al. 2009; Pahwa et al. 2012; Sorahan 2015); B-cell lymphoma (Andreotti et al. 2018; Cocco et al. 2013; Eriksson et al. 2008); follicular lymphoma (Andreotti et al. 2018; Eriksson et al. 2008; Orsi et al. 2009); diffuse large B-cell lymphoma (Andreotti et al. 2018; Eriksson et al. 2008; Orsi et al. 2009); other specified B-cell lymphoma (Eriksson et al. 2008); unspecified B-cell lymphoma (Eriksson et al. 2008); T-cell lymphoma (Andreotti et al. 2018; Eriksson et al. 2008); Hodgkin's lymphoma (Andreotti et al. 2018; Karunanayake et al. 2012; Orsi et al. 2009); hairy cell leukemia (Nordström et al. 1998; Orsi et al. 2009); lymphoid neoplasms (Orsi et al. 2009); marginal-zone lymphoma (Andreotti et al. 2018); chronic myeloid leukemia (Andreotti et al. 2018); and lymphoproliferative syndrome, all subtypes and chronic lymphocytic leukemia (Andreotti et al. 2018; Orsi et al. 2009). Andreotti et al. (2018) reported an increased risk of acute myeloid leukemia among applicators in the highest exposure quartile, compared with never users (RR 2.44; 95% CI 0.94–6.32), although the authors noted that this association was not statistically significant.

In contrast, Eriksson et al. (2008) reported positive associations between glyphosate use and lymphocytic lymphoma (OR 2.56; 95% CI 1.17–5.60) and unspecified NHL (OR 5.29; 95% CI 1.60–17.50). Several other studies reported significant associations between glyphosate use and NHL, but these studies reported conflicting results depending on the statistical methods used, adjustment for confounders, or inclusion criteria. De Roos et al. (2003) reported a positive association between glyphosate use and NHL using logistic regression (OR 2.1; 95% CI 1.1–4.0); however, analysis using hierarchical regression did not find

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an association (OR 1.6; 95% CI 0.9–2.8). Similarly, Eriksson et al. (2008) reported a positive association with NHL (OR 2.02; 95% CI 1.10–3.71); when this analysis further adjusted for other pesticide use, the reported OR was 1.51 (95% CI 0.7–2.94). Hardell et al. (2002) investigated the association between glyphosate use and combined cases of NHL and hairy cell leukemia. The authors reported an OR of 3.04 (95% CI 1.08–8.52) in unadjusted models, but after adjusting for potential confounders, the reported OR was 1.85 (95% CI 0.55–6.20). McDuffie et al. (2001) reported that glyphosate use was not associated with NHL (OR 1.20; 95% CI 0.83–1.74); however, after restricting analyses to individuals who reported using glyphosate >2 days a year, there was a positive association with NHL (OR 2.12; 95% CI 1.20–3.73).

Results for risk of non-Hodgkin's lymphoma and self-reported glyphosate use or exposure from individual studies summarized in Table 2-8 and meta-analyses summarized in Table 2-6 are plotted in Figure 2-4. Results for risk of multiple myeloma and self-reported glyphosate use or exposure from individual studies summarized in Table 2-8 and the meta-analysis summarized in Table 2-6 are plotted in Figure 2-5.

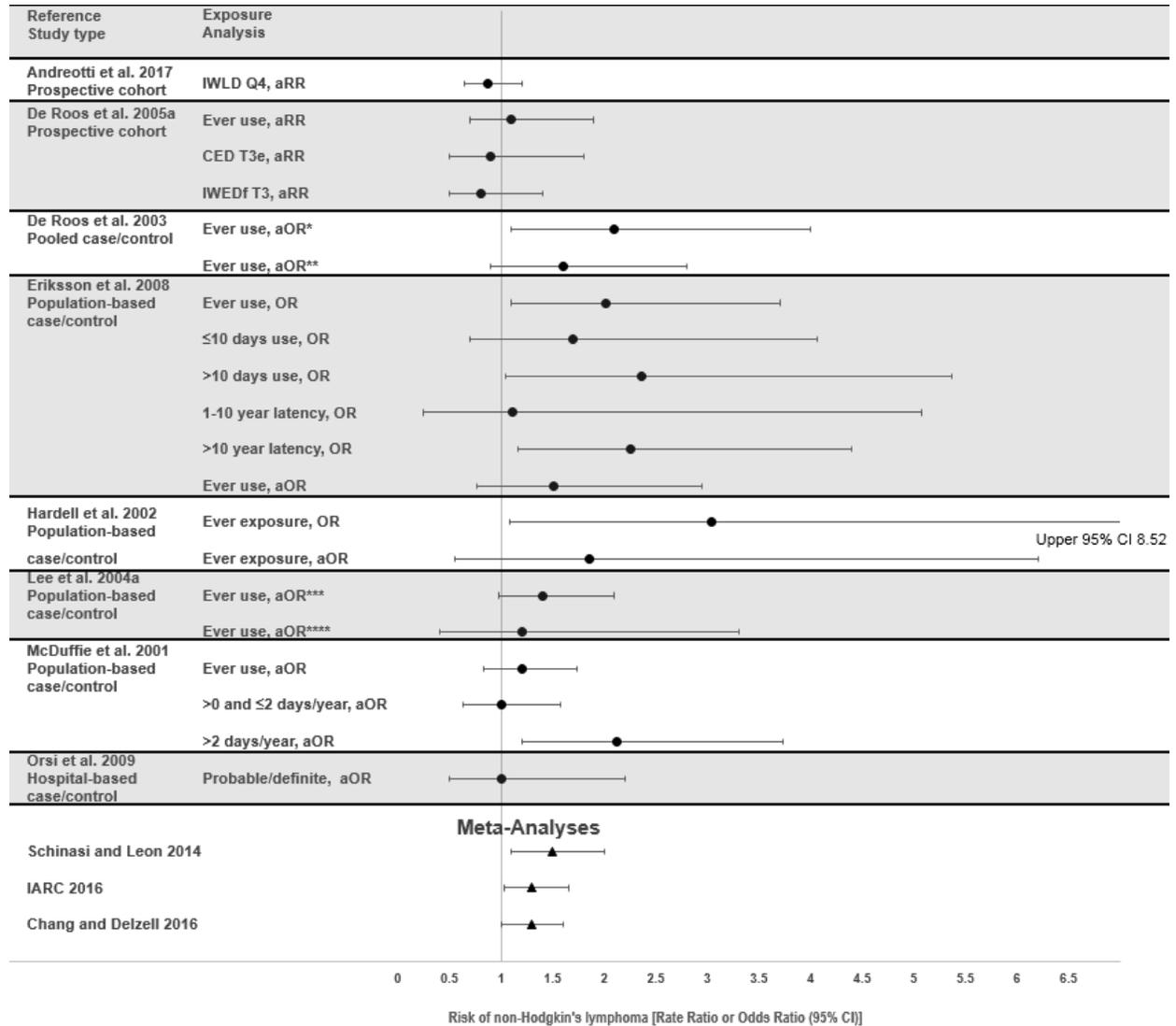
Laboratory Animal Studies

EPA evaluated results from four unpublished rat studies in which the carcinogenicity of glyphosate technical was assessed; EPA summarized the findings in publicly-available DERs (EPA 1991a, 1991b, 1992d, 2015c).

Groups of weanling Sprague-Dawley rats (50/sex/group) were administered glyphosate technical (98.7% purity) in the diet for up to 26 months at initial concentrations of 0, 30, 100, or 300 ppm (EPA 1992d). Based on body weight and food consumption data, concentrations of glyphosate technical were adjusted to achieve oral doses of 0, 3.05, 10.30, and 31.49 mg/kg/day, respectively, for males and 0, 3.37, 11.22, and 34.02 mg/kg/day, respectively, for females. Incidences of testicular interstitial cell tumors in the control, low-, mid-, and high-dose male rats were 0/50 (0%), 3/50 (6%), 1/50 (2%), and 6/50 (12%), respectively (Table 2-9). The incidence in the high-dose males was statistically significant ($p=0.013$) in pairwise comparison to the control incidence. Although the incidence in the mid-dose group was less than that in the low-dose group, trend analysis revealed a significant trend ($p=0.009$) for increasing incidence of testicular interstitial cell tumors with increasing dose. Evaluation of historical control incidences resulted in testicular interstitial cell tumor incidences in the range of 0–12%, with a mean incidence of 4.5% (range: 3.4–6.7%) among lifetime studies that employed the same rat strain and were conducted concurrently with the 26-month study.

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Figure 2-4. Risk of non-Hodgkin’s Lymphoma Relative to Self-Reported Glyphosate Use or Exposure

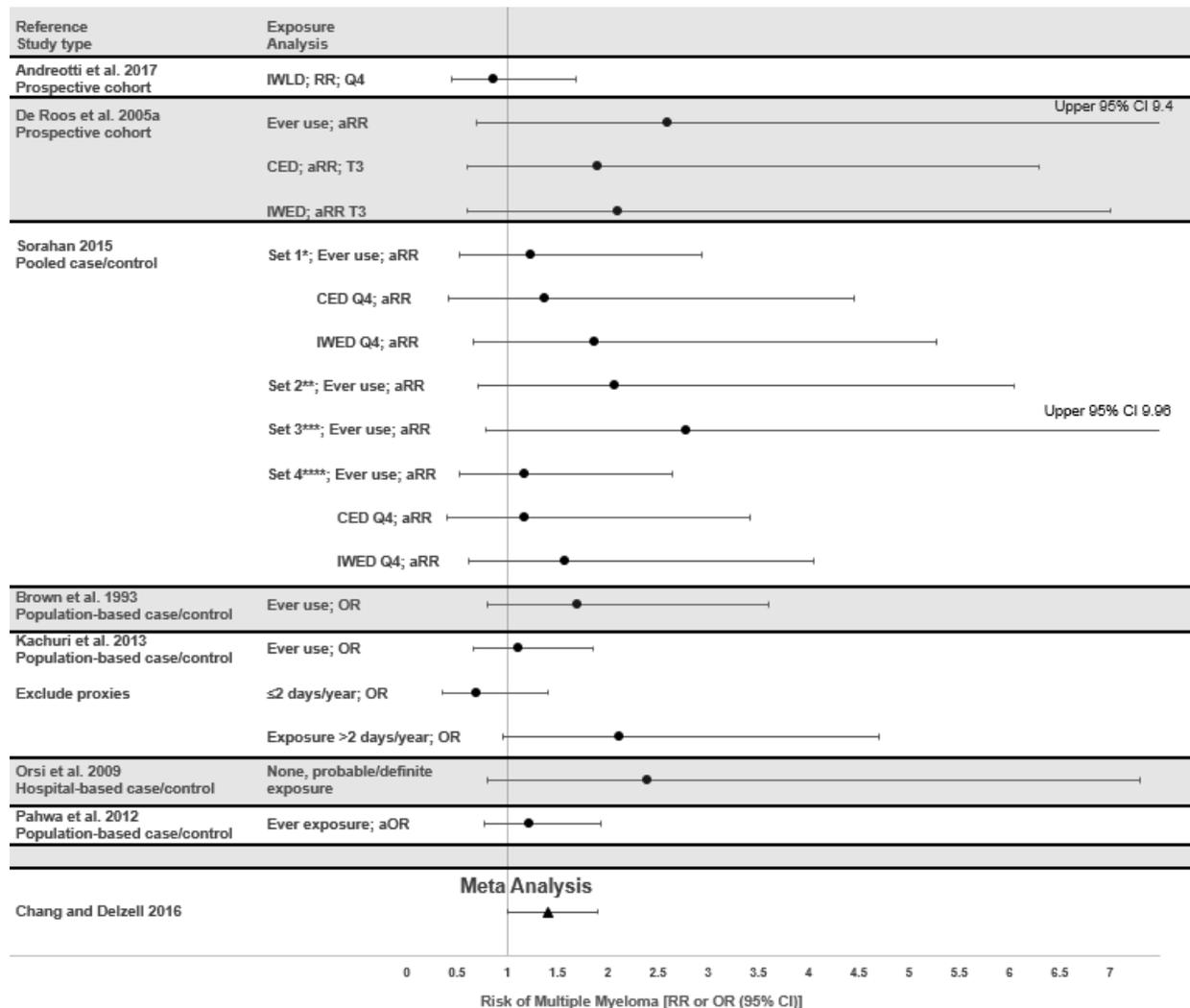


*Logistic Regression; **Hierarchical regression; ***Non-Asthmatic farmers; ****Asthmatic farmers

a = adjusted; CED = cumulative exposure; IWED = intensity-weighted exposure days; IWLD = intensity-weighted lifetime days; OR = odds ratio; Q4 = 4th quartile; RR = rate ratio; T3 = 3rd tertile

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Figure 2-5. Risk of Multiple Myeloma Relative to Self-Reported Glyphosate Use or Exposure



*Set 1 included 54,315 applicators; **Set 2 included 49,211 applicators; ***Set 3 included 40,719 applicators; ****Set 4 included 55,934 applicators

a = adjusted; CED = cumulative exposure; IWED = intensity-weighted exposure days; IWLD = intensity-weighted lifetime days; IRED = intensity-rated exposure days; OR = odds ratio; Q4 = 4th quartile; RR = rate ratio; T3 = 3rd tertile

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Incidences of thyroid c-cell tumors (adenoma, carcinoma, combined adenoma or carcinoma) in the female rats are presented in Table 2-9. An increased incidence of thyroid c-cell carcinomas in female rats approached statistical significance ($p=0.055$) at the highest dose (6/47 versus 1/47 for controls) (EPA 1992d). The combined incidence of combined c-cell carcinomas or adenomas was not significantly increased (9/47 high-dose females versus 6/47 controls), and time-to-tumor analysis revealed no sign of a treatment-related effect. Historical control incidences of spontaneous thyroid c-cell tumors in female Sprague-Dawley rats were as high as 17%.

Table 2-9. Incidences of Selected Tumors in Sprague-Dawley Rats Administered Technical Glyphosate (98.7% purity) in the Diet for up to 26 Months

	Glyphosate dose (mg/kg/day)				Historical control incidence
	0	3.05	10.3	31.49	
Male rats					
Testes interstitial cell tumors					
Interstitial cell tumors	0/50 (0%)	3/50 (6%)	1/50 (2%)	6/50 ^a (12%)	0–12%
Female rats					
Thyroid c-cell tumors					
Adenoma	5/47 (11%)	3/49 (6%)	6/50 (14%)	3/47 (6%)	0–17%
Carcinoma	1/47 (2%)	0/49 (0%)	2/50 (4%)	6/47 (13%)	0–5%
Adenoma or carcinoma (combined)	6/47 (13%)	3/49 (6%)	8/50 (16%)	9/47 (19%)	0–17%

^aSignificantly different from concurrent control according to Fisher's Exact Test ($p<0.05$).

NA = not applicable; NS = not specified

Sources: EPA 1992d

Groups of albino Sprague-Dawley rats (60/sex/group) were administered technical glyphosate (96.5% purity) in the diet at target concentrations of 0, 2,000, 8,000, or 20,000 ppm (mean measured concentrations of 0, 1,900, 7,600, and 19,000 ppm, respectively) for up to 24 months (EPA 1991a, 1991b). Based on mean body weight and food consumption data, estimated glyphosate doses to controls and low-, mid-, and high-dose groups were 0, 89, 362, and 940 mg/kg/day, respectively, for the males and 0, 113, 457, and 1,183 mg/kg/day, respectively, for the females.

As shown in Table 2-10, low-dose (but not mid- or high-dose) males exhibited significantly increased incidences of pancreatic islet cell adenoma ($p=0.015$) in pairwise comparison to control incidence (EPA 1991a, 1991b). Incidences of pancreatic islet cell carcinoma in low-, mid-, and high-dose males were not significantly different from control incidences. Incidences of combined adenoma or carcinoma among

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mid-, and high-dose males were not significantly different from control incidences. After excluding those male rats that died or were sacrificed prior to treatment week 55 (before the first adenoma or carcinoma were observed), incidences of pancreatic islet cell adenoma in the low-dose group remained significantly ($p=0.018$) higher than controls. However, exclusion of the early deaths resulted in only borderline significantly increased incidence of combined adenoma or carcinoma ($p=0.052$) in the low-dose group. Historical control incidences for pancreatic islet cell adenoma in male rats from 2-year studies conducted at the same testing facility ranged from 1.8 to 8.5%. In the female rats, no significant differences were observed between controls and treated rats regarding pancreatic islet cell tumor incidences in pairwise comparisons with controls.

Table 2-10. Incidences of Selected Tumors in Albino Sprague-Dawley Rats Administered Technical Glyphosate (96.5% Purity) in the Diet for 2 Years

	Glyphosate dose (mg/kg/day)				Historical control incidence
	0	89	362	940	
Male rats					
Pancreatic islet cell tumors					
All deaths considered					
Adenoma	1/58 (2%)	8/57 ^a (14%)	5/60 (8%)	7/59 (12%)	1.8–8.5%
Carcinoma	1/58 (2%)	0/57 (0%)	0/60 (0%)	0/59 (0%)	NS
Adenoma or carcinoma (combined)	2/58 (3%)	8/57 (14%)	5/60 (8%)	7/59 (12%)	NA
Excluding deaths prior to treatment week 55 (first adenoma at week 81; first carcinoma at week 105)					
Adenoma	1/43 (2%)	8/45 ^a (18%)	5/49 (8%)	7/48 ^a (15%)	NA
Carcinoma	1/43 (2%)	0/45 (0%)	0/49 (0%)	0/48 (0%)	NA
Adenoma or carcinoma (combined)	2/43 (2%)	8/45 (18%)	5/49 (10%)	7/48 (15%)	NA
Thyroid c-cell tumors					
All deaths considered					
Adenoma	2/60 (3%)	4/58 (7%)	8/58 ^b (14%)	7/60 (12%)	1.8–10.6%
Carcinoma	0/60 (0%)	2/58 (3%)	0/58 (0%)	1/60 (2%)	NS
Excluding deaths prior to treatment week 55 (first adenoma at week 54; first carcinoma at week 93)					
Adenoma	2/54 (4%)	4/55 (7%)	8/58 (14%)	7/58 (12%)	NA
Carcinoma	0/54 (0%)	2/55 (4%)	0/58 (0%)	1/58 (1%)	NA
Adenoma or carcinoma (combined)	2/54 (4%)	6/55 (11%)	8/58 (14%)	8/58 (14%)	NA
Liver tumors					
All deaths considered					
Adenoma	2/60 (3%)	2/60 (3%)	3/60 (5%)	7/60 (12%)	1.4–18.3%
Carcinoma	3/60 (5%)	2/60 (3%)	1/60 (2%)	2/60 (3%)	0–6.7%

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Table 2-10. Incidences of Selected Tumors in Albino Sprague-Dawley Rats Administered Technical Glyphosate (96.5% Purity) in the Diet for 2 Years

	Glyphosate dose (mg/kg/day)				Historical control incidence
	0	89	362	940	
Excluding deaths prior to treatment week 55 (first adenoma at week 88; first carcinoma at week 85)					
Adenoma	2/44 (5%)	2/45 (4%)	3/49 (6%)	7/48 (15%)	NA
Carcinoma	3/44 (7%)	2/45 (4%)	1/49 (2%)	2/48 (4%)	NA
Adenoma or carcinoma (combined)	5/44 (11%)	4/45 (9%)	4/49 (8%)	9/48 (19%)	NA
Female rats					
Pancreatic islet cell tumors					
All deaths considered					
Adenoma	5/60 (8%)	1/60 (2%)	4/60 (7%)	0/59 (0%)	NS
Carcinoma	0/60 (0%)	0/60 (0%)	0/60 (0%)	0/59 (0%)	NS
Adenoma or carcinoma (combined)	5/60 (8%)	1/60 (2%)	4/60 (7%)	0/59 (0%)	NA
Thyroid c-cell tumors					
All deaths considered					
Adenoma	2/60 (3%)	2/60 (3%)	6/60 (10%)	7/60 (10%)	3.3–10%
Carcinoma	0/60 (0%)	0/60 (0%)	1/60 (2%)	0/60 (0%)	0–2.9%
Adenoma or carcinoma (combined)					
Excluding deaths prior to treatment week 55 (first adenoma at week 72; first carcinoma at week 93)					
Adenoma	2/57 ^c (4%)	2/60 (3%)	6/59 (10%)	6/55 (11%)	NS
Carcinoma	0/57 (0%)	0/60 (0%)	1/59 (2%)	0/55 (0%)	NS
Adenoma or carcinoma (combined)	2/57 ^c (4%)	2/60 (3%)	7/59 (12%)	6/55 (11%)	NA

^aSignificantly different from concurrent control according to Fisher's Exact Test (p<0.05).

^bMarginally significantly different from concurrent control according to Fisher's Exact Test (p=0.051).

^cSignificant trend (p<0.05) for increasing incidence of adenoma and adenoma/carcinoma combined, excluding deaths prior to treatment week 55.

NA = not applicable; NS = not specified

Sources: EPA 1991a, 1991b

As shown in Table 2-10, the incidence of thyroid c-cell adenoma in mid-dose (but not low- or high-dose) male rats was marginally significantly (p=0.051) greater than that of controls. Historical control incidences for thyroid c-cell adenoma in male rats ranged from 1.8 to 10.6%. Pairwise comparison with concurrent controls revealed no significant difference between controls and low-, mid-, or high-dose groups regarding incidences of thyroid c-cell adenoma or carcinoma. There were no significant differences between controls and low-, mid-, or high-dose groups regarding incidences of thyroid c-cell adenoma after excluding those male rats that died prior to week 54 (EPA 1991a, 1991b). In the female

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rats, no significant differences were observed between controls and treated rats regarding thyroid c-cell tumor incidences in pairwise comparisons with controls. Significant trends ($p < 0.05$) for increasing incidence of adenoma and adenoma/carcinoma combined were noted after excluding those female rats that died prior to week 55 (EPA 1991a, 1991b).

As shown in Table 2-10, incidences of liver tumors in the glyphosate-treated male rats were not significantly different from incidences among controls. Lack of statistical significance remained after excluding those rats that died or were sacrificed prior to study week 55 and upon combining incidences of adenoma or carcinoma combined.

EPA summarized results from two unpublished rat studies in which the carcinogenicity of glyphosate technical was assessed. In one study, groups of Alpk:AP_rSD Wistar rats (64/sex/group) received glyphosate (97.6% purity) from the diet for up to 2 years at 0, 121, 361, or 1,214 mg/kg/day (males) and 0, 145, 437, or 1,498 mg/kg/day (females) (EPA 2015c). An interim sacrifice was performed on 12 rats/sex/group after 1 year. Incidences of hepatocellular adenoma among controls, low-, mid-, and high-dose male rats were reported as 0/52 (0%), 2/52 (4%), 0/52 (0%), and 5/52 (10%), respectively. The incidence in the high-dose group was significantly greater than that of controls ($p = 0.028$ by Fisher's exact test). EPA (2015c) noted a range of 0–11.5% for this tumor type among historical controls reported by Greim et al. (2015). In the other study, there were no treatment-related increased incidences of any tumor type among Sprague-Dawley rats (50/sex/group) that received glyphosate (98.9 purity) from the diet for up to 104 weeks at 0, 100, 300, or 1,000 mg/kg/day (EPA 2015c).

In a combined chronic toxicity/carcinogenicity study, groups of Sprague-Dawley rats (50/sex/group for the carcinogenicity portion) received glyphosate (98.9 purity) from the diet for up to 104 weeks at 0, 100, 300, or 1,000 mg/kg/day (EPA 2015c). There were no treatment-related increased incidences of any tumor type.

EPA also evaluated results from two unpublished mouse studies in which the carcinogenicity of glyphosate technical was assessed; EPA summarized the findings in publicly-available DERs.

In one study, groups of CD-1 mice (50/sex/group) were administered technical glyphosate (99.78% purity) for 24 months at doses of 0, 161, 835, or 4,945 mg/kg/day to the males and 0, 195, 968, or 6,069 mg/kg/day to the females (EPA 2015a; selected results also available in EPA 1985a, 1985b, 1986b, 1989, and 1993). Guidelines for testing of chemicals for carcinogenicity generally consider

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1,000 mg/kg/day as an upper limit for oral dosing (e.g., OECD Test Guideline 451, available at: <http://www.oecd.org/chemicalsafety/testing/41753121.pdf>). The highest dose tested in the mouse study far exceeds the upper limit and the mid-dose level approached the upper limit. There were no treatment-related effects on tumor incidences in the female mice. Table 2-11 shows incidence data for renal tubular cell tumors in the male mice summarized by EPA (2015a). There were no statistically significant trends for increased incidence of renal tubule adenoma, carcinoma, or combined carcinoma or adenoma and no statistically significant differences between groups upon pairwise analyses.

Table 2-11. Incidences of Renal Tubular Cell Tumors in Male CD-1 Mice Administered Technical Glyphosate (99.78% Purity) in the Diet for up to 24 Months

	Dose (mg/kg/day)			
	0	161	835	4,945
Adenoma	1/49 (2%)	0/49 (0%)	0/50 (0%)	1/50 (2%)
Carcinoma	0/49 (0%)	0/49 (0%)	1/50 (2%)	2/50 (4%)
Adenoma or carcinoma (combined)	1/49 (2%)	0/49 (0%)	1/50 (2%)	3/50 (6%)

Source: EPA 2015a

In the other study, groups of CD-1 mice (50/sex/group) received glyphosate ($\geq 97.5\%$ purity) from the diet at 0, 100, 300, or 1,000 mg/kg/day for 104 weeks (EPA 2015c). Incidence data for tumors reported by EPA are summarized in Table 2-12. Compared to controls, the incidence of hemangiosarcoma in the high-dose males approached the level of statistical significance ($p=0.056$ according to Fishers exact test). A significant trend ($p=0.00296$) was noted for increased incidence of hemangiosarcoma with increasing dose. All tumors were malignant and were located in the liver and spleen of one mouse; liver of another mouse; spleen of a third mouse; and liver, spleen, and prostate of the fourth mouse. Hemangiosarcoma incidences among glyphosate-treated female mice were not significantly increased relative to controls. All tumors were malignant and were located in the uterus of one low-dose female, spleen of another low-dose female, and liver of the high-dose female.

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Table 2-12. Incidences of Tumors in Male and Female CD-1 Mice Administered Glyphosate (≥97.5% Purity) in the Diet for up to 104 Weeks

	Dose (mg/kg/day)			
	0	100	300	1,000
Males				
Hemangiosarcoma	0/50 ^a (0%)	0/50 (0%)	0/50 (0%)	4/50 (8%)
Histiocytic sarcoma	0/50 (0%)	2/50 (4%)	0/50 (0%)	2/50 (4%)
Females				
Hemangiosarcoma	0/50 (0%)	2/50 (4%)	0/50 (0%)	1/50 (2%)
Histiocytic sarcoma	0/50 (0%)	3/50 (6%)	3/50 (6%)	1/50 (2%)

^aSignificant trend ($p=0.00296$) for increasing incidence of hemangiosarcoma

Source: EPA 2015c

George et al. (2010) evaluated the potential carcinogenicity of Roundup Original® using the 2-stage mouse skin carcinogenesis model. The study included groups of male Swiss albino mice (20/group) receiving the glyphosate formulation topically 3 days/week for 32 weeks, single topical application of dimethylbenz[a]anthracene (DMBA; a tumor initiator) followed by repeated dermal applications of 12-*O*-tetradecanoyl-phorbol-13-acetate (TPA; a tumor promoter), single or multiple topical application of the glyphosate formulation followed by dermal applications of TPA (test for initiation potential of the glyphosate formulation), single application of DMBA followed by repeated dermal application of the glyphosate formulation (test for promotion potential of the glyphosate formulation), single DMBA application, repeated TPA application, and untreated controls. Skin tumors were observed in 100% of the DMBA + TPA treatment group; the first tumor appeared at 52 days. Tumors were noted in 40% of the DMBA + glyphosate formulation treatment group; the first tumor appeared at 130 days. No tumors were observed in other groups. The results indicate that the glyphosate formulation functioned as a tumor promoter, but not a tumor initiator or complete carcinogen.

Assessment of Carcinogenicity. Several national and international agencies and organizations have assessed the carcinogenicity of glyphosate (Table 2-13). These evaluations provide different types of determinations—some focused on hazard identification, or whether there is evidence that a chemical can cause an effect, and others focused on carcinogenic risk, or the likelihood of cancer effects at levels of exposure typically experienced by humans. In addition, there are large numbers of unpublished guideline studies on glyphosate and the inclusion or exclusion of these may account for the differences in the conclusions reached by these various agencies. For additional discussion regarding the carcinogenicity of

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Table 2-13. Carcinogenicity Classification

Organization	Reference	Classification	Justification
Domestic organizations			
U.S. Environmental Protection Agency	EPA 2017c	Strongest support is for “not likely to be carcinogenic to humans”.	According to 2005 Guidelines for Carcinogen Risk Assessment, EPA (2005a), considered that the strongest support for a carcinogenicity classification for glyphosate is the descriptor “not likely to be carcinogenic to humans.” EPA (2017c) concluded “there is not strong support for the ‘suggestive evidence of carcinogenic potential’ cancer classification descriptor based on the weight-of-evidence, which includes the fact that even small, non-statistically significant changes observed in animal carcinogenicity and epidemiological studies were contradicted by studies of equal or higher quality.”
International organizations			
Australian Pesticides and Veterinary Medicines Authority	APVMA 2017	Exposure does not pose a carcinogenic risk to humans	Concluded “that the scientific weight-of-evidence indicates that exposure to glyphosate does not pose a carcinogenic risk to humans”.
European Chemical Agency	ECHA 2016	No hazard classification for carcinogenicity is warranted	Conclusion is “based on epidemiological data as well as on data from long-term studies in rats and mice, taking a weight of evidence approach, no hazard classification for carcinogenicity is warranted for glyphosate according to the CLP criteria”
European Food Safety Authority	EFSA 2015	Unlikely to pose a carcinogenic hazard to humans	Conclusion is based on very limited evidence for an association between glyphosate-based formulations and non-Hodgkin lymphoma, overall inconclusive for a causal or clear associative relationship between glyphosate and cancer in human studies, “no evidence of carcinogenicity” in rats or mice, and “unlikely to be genotoxic”.
Food and Agricultural Organization/World Health Organization Joint Meeting on Pesticide Residues	FAO and WHO 2016	Unlikely to pose a carcinogenic risk to humans from dietary exposure	Conclusions were “in view of the absence of carcinogenic potential in rodents at human-relevant doses and the absence of genotoxicity by the oral route in mammals, and considering the epidemiological evidence from occupational exposures.”
Health Canada	Health Canada 2015, 2017	Unlikely to pose a human cancer risk	In consideration of the strength and limitations of the large body of information on glyphosate, which included multiple short- and long-term (lifetime) animal toxicity studies and numerous <i>in vivo</i> and <i>in vitro</i> genotoxicity assays, as well as the large body of epidemiological information.

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Table 2-13. Carcinogenicity Classification

Organization	Reference	Classification	Justification
International Agency for Research on Cancer	IARC 2017	Group 2A (<i>probably carcinogenic to humans</i>)	This classification is based on IARC's conclusions that there is " <i>limited evidence</i> " in humans, " <i>sufficient evidence</i> " in animals, and evidence that glyphosate and glyphosate-based formulations are genotoxic and capable of inducing oxidative stress.
New Zealand Environmental Protection Agency	NZ EPA 2016	Unlikely to be genotoxic or carcinogenic to humans	This conclusion is "based on a weight of evidence approach, and taking into account the quality and reliability of the available data – glyphosate is unlikely to be genotoxic or carcinogenic to humans."

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glyphosate, refer to the following sources: Acquavella et al. 2016; Greim et al. 2015; McClellan 2016; Portier et al. 2016; Samsel and Seneff (2015); Tarazona et al. 2017; Williams et al. 2016.

2.20 GENOTOXICITY

The potential genotoxicity of glyphosate technical and glyphosate formulations has been extensively evaluated. The intent of this section of the Toxicological Profile for Glyphosate is to present representative results from available sources of information on glyphosate technical and glyphosate formulations. Results from selected *in vitro* and *in vivo* genotoxicity tests for glyphosate technical are presented in Tables 2-14 and 2-15, respectively. Results from selected *in vitro* and *in vivo* genotoxicity tests for glyphosate formulations are presented in Tables 2-16 and 2-17, respectively.

Table 2-14. Genotoxicity of Glyphosate Technical *In Vitro*

Species (test system)	Test substance purity	Endpoint	Result		Reference
			With Activation	Without Activation	
<i>Salmonella typhimurium</i> TA98, TA100, TA1535, TA1537	NS	Gene mutation	–	–	EPA 1992i
<i>S. typhimurium</i> TA98, TA100	NS	Gene mutation	–	–	Kubo et al. 2002
<i>S. typhimurium</i> TA97a, TA98, TA100, TA102	NS	Gene mutation	–	–	Chruscielska et al. 2000
<i>S. typhimurium</i> TA98, TA100, TA1535, TA1537, TA1538	98%	Gene mutation	–	–	Li and Long 1988
<i>S. typhimurium</i> TA97, TA98, TA100, TA1535	98.6%	Gene mutation	–	–	NTP 1992
<i>Escherichia coli</i> WP2 <i>hcr</i>	98%	Gene mutation	–	–	Li and Long 1988
Chinese hamster ovary cells	98%	Gene mutation	–	–	Li and Long 1988
<i>Bacillus subtilis</i> <i>rec+</i> , <i>rec-</i>	98%	<i>rec</i> assay	NT	–	Li and Long 1988
Human peripheral blood lymphocytes	>98%	Chromosomal aberrations	NT	+	Lioi et al. 1998a
Bovine peripheral blood lymphocytes	≥98%	Chromosomal aberrations	NT	+	Lioi et al. 1998b
Human peripheral blood lymphocytes	>96%	Chromosomal aberrations	NT	–	Mañas et al. 2009
Human peripheral blood lymphocytes	>98%	Sister chromatid exchange	NT	(+)	Lioi et al. 1998a

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Table 2-14. Genotoxicity of Glyphosate Technical *In Vitro*

Species (test system)	Test substance purity	Endpoint	Result		Reference
			With Activation	Without Activation	
Human peripheral blood peripheral blood	99.9%	Sister chromatid exchange	NT	+	Bolognesi et al. 1997
Bovine peripheral blood lymphocytes	≥98%	Sister chromatid exchange	NT	(+)	Lioi et al. 1998b
Human peripheral blood lymphocytes	98%	Micronuclei	+/-	-	Mladinic et al. 2009a
Human peripheral blood lymphocytes	98%	Micronuclei	+/-	-	Mladinic et al. 2009b
Human-derived buccal epithelial cells	95%	Micronuclei	NT	+	Koller et al. 2012
Chinese hamster CHO-K1 cells	NS	Micronuclei	-	+	Roustan et al. 2014
Rat hepatocytes	98%	Unscheduled DNA synthesis	NT	-	Li and Long 1988
Human fibroblast CM5757 cells	96%	DNA damage	NT	+	Alvarez-Moya et al. 2014
Human fibroblasts	98.4%	DNA damage	NT	+	Lueken et al. 2004
Human peripheral blood lymphocytes	96%	DNA damage	NT	+	Mañas et al. 2009
Human peripheral blood lymphocytes	98%	DNA damage	+	+	Mladinic et al. 2009a
Human GM38 cells	Technical grade	DNA damage	NT	+	Monroy et al. 2005
Human HT1080 (fibrosarcoma) cells	Technical grade	DNA damage	NT	+	Monroy et al. 2004, 2005
Chinese hamster ovary cells	Technical grade	DNA damage	NT	+	Monroy et al. 2004

- = negative result; + = positive result; (+) = weakly positive result; +/- = equivocal result; DNA = deoxyribonucleic acid; NS = not specified; NT = not tested

Table 2-15. Genotoxicity of Glyphosate Technical *In Vivo*

Species (test system)	Test substance purity	Endpoint	Result	Reference
Mouse (bone marrow)	98.6%	Micronuclei	-	NTP 1992
Mouse (male germ cells)	98.7%	Dominant lethal mutation	-	EPA 1992j
Intraperitoneal injection				
Rat (bone marrow)	98%	Chromosomal aberrations	-	Li and Long 1988

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Table 2-15. Genotoxicity of Glyphosate Technical *In Vivo*

Species (test system)	Test substance		Result	Reference
	purity	Endpoint		
Mouse (bone marrow)	99.9%	Micronuclei	+	Bolognesi et al. 1997
Mouse (bone marrow)	96%	Micronuclei	+	Mañas et al. 2009
Mouse (bone marrow)	NS ^a	Micronuclei	–	Rank et al. 1993
Mouse (liver DNA)	99.9%	DNA damage	+	Bolognesi et al. 1997
Mouse (kidney DNA)	99.9%	DNA damage	+	Bolognesi et al. 1997
Mouse (liver DNA)	99.9%	Oxidative DNA damage	+	Bolognesi et al. 1997
Mouse (kidney DNA)	99.9%	Oxidative DNA damage	–	Bolognesi et al. 1997
Mouse (liver, kidney DNA)	NS ^a	DNA adducts	–	Peluso et al. 1998

^aTest substance: glyphosate isopropylamine salt.

– = negative result; + = positive result; DNA = deoxyribonucleic acid; NS = not specified

Table 2-16. Genotoxicity of Glyphosate Formulations *In Vitro*

Test system	Glyphosate formulation	End point	Result		Reference
			With	Without	
<i>Salmonella typhimurium</i> TA98, TA100, TA1535, TA1537, TA1538	Roundup® (composition NS)	Gene mutation	–	–	Moriya et al. 1983
<i>S. typhimurium</i> TA98	Roundup® (48% glyphosate isopropylamine salt)	Gene mutation	–	(+) ^a	Rank et al. 1993
<i>S. typhimurium</i> TA100	Roundup® (48% glyphosate isopropylamine salt)	Gene mutation	(+) ^b	–	Rank et al. 1993
<i>S. typhimurium</i> TA98, TA100	Glyphosate (Unspecified commercial formulation)	Gene mutation	–	–	Wildeman and Nazar 1982
<i>Escherichia coli</i> WP2 <i>hcr</i>	Roundup® (composition NS)	Gene mutation	–	–	Moriya et al. 1983
Bovine peripheral blood lymphocytes	Glyphosate (62% w/w isopropylamine salt; 38% unspecified inerts)	Chromosomal aberrations	NT	–	Holečková 2006
Bovine peripheral blood lymphocytes	Glyphosate (62% isopropylamine salt; 38% unspecified inerts)	Chromosomal aberrations	NT	–	Šiviková and Dianovský 2006

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Table 2-16. Genotoxicity of Glyphosate Formulations *In Vitro*

Test system	Glyphosate formulation	End point	Result		Reference
			With Activation	Without	
Human peripheral blood lymphocytes	Roundup® (not otherwise described)	Sister chromatid exchange	NT	(+)	Vigfusson and Vyse 1980
Human peripheral blood lymphocytes	Roundup® (30.4% glyphosate)	Sister chromatid exchange	NT	+	Bolognesi et al. 1997
Bovine peripheral blood lymphocytes	Glyphosate (62% isopropylamine salt; 38% unspecified inerts)	Sister chromatid exchange	+	+	Šiviková and Dianovský 2006
Human-derived buccal epithelial cells	Roundup Ultra Max® (45% glyphosate)	Micronuclei	NT	+	Koller et al. 2012
Bovine peripheral blood lymphocytes	Glyphosate (62% isopropylamine salt; 38% unspecified inerts)	Micronuclei	NT	(+)	Piešová 2004
Bovine peripheral blood lymphocytes	Glyphosate (62% isopropylamine salt; 38% unspecified inerts)	Micronuclei	NT	(+)	Piešová 2005
Human liver HepG2 cells	Grands Travaux® (40% glyphosate)	DNA damage	NT	(+)	Gasnier et al. 2009
<i>E. coli</i> PQ37	Roundup BIO® (NS)	DNA damage	NT	+	Raipulis et al. 2009

^aWeakly positive at 360 µg/plate in one test (4-fold increase in revertants/plate) but not in another test; cytotoxicity at concentrations ≥360 µg/plate.

^bWeakly positive at 720 µg/plate (3.3-fold increase in revertants/plate); cytotoxicity at concentrations ≥360 µg/plate.

– = negative result; + = positive result; (+) = weakly positive result; NS = not specified; NT = not tested

Table 2-17. Genotoxicity of Glyphosate Formulations *In Vivo*

Species (test system)	Test substance (purity)	End point	Result	Reference
<i>Drosophila</i> (sex-linked recessive lethal mutation assay) ^a	Roundup® (glyphosate isopropylamine salt; purity NS)	Gene mutation	+	Kale et al. 1995
Oral				
<i>Drosophila</i> (somatic mutation assay)	Roundup® (NS)	Gene mutation	+	Ramos-Morales et al. 2008
Mouse (bone marrow)	Roundup® (9.8% active ingredient)	Chromosomal aberrations	–	Dimitrov et al. 2006

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Table 2-17. Genotoxicity of Glyphosate Formulations *In Vivo*

Species (test system)	Test substance (purity)	End point	Result	Reference
Intraperitoneal injection				
Mouse (bone marrow)	Roundup® (>41% glyphosate isopropylamine salt)	Chromosomal aberrations	+	Prasad et al. 2009
Mouse (bone marrow)	Roundup® (48% glyphosate isopropylamine salt)	Micronuclei	–	Rank et al. 1993
Mouse (bone marrow)	Roundup® (30.4% glyphosate)	Micronuclei	+	Bolognesi et al. 1997
Mouse (bone marrow)	Roundup® (9.8% glyphosate)	Micronuclei	–	Dimitrov et al. 2006
Mouse (bone marrow)	Roundup® (>41% glyphosate isopropylamine salt)	Micronuclei	+	Prasad et al. 2009
Mouse (bone marrow)	Roundup® (48% glyphosate isopropylammonium salt; 12% inerts including POEA)	Micronuclei	–	Grisolia 2002
Mouse (bone marrow)	Roundup® (NS)	Micronuclei	+	Rodrigues et al. 2011
Mouse (liver DNA)	Roundup® (30.4% glyphosate)	DNA damage	+	Bolognesi et al. 1997
Mouse (kidney DNA)	Roundup® (30.4% glyphosate)	DNA damage	+	Bolognesi et al. 1997
Mouse (liver DNA)	Roundup® (30.4% glyphosate)	Oxidative DNA damage	–	Bolognesi et al. 1997
Mouse (kidney DNA)	Roundup® (30.4% glyphosate)	Oxidative DNA damage	+	Bolognesi et al. 1997
Mouse (liver, kidney DNA)	Roundup® (30.4% glyphosate isopropylammonium salt)	DNA adducts	+	Peluso et al. 1998

^a*Drosophila* larvae were exposed to test substance in growing medium.

+ = positive result; – = negative result; DNA = deoxyribonucleic acid; NS = not specified

Glyphosate Technical. Glyphosate did not induce gene mutations either with or without exogenous metabolic activation in numerous bacterial assays, or in assays using mammalian cells (Chruscielska et al. 2000; EPA 1992i, Kubo et al. 2002; Li and Long 1988; NTP 1992). Lioi et al. (1998a, 1998b) reported concentration-related significant increases in chromosomal aberrations in human and bovine peripheral blood lymphocytes exposed to glyphosate, although concomitant decreases in mitotic index were indicative of some degree of cytotoxicity at least at the highest glyphosate concentrations. Mañas et al.

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(2009) found no evidence of glyphosate-induced chromosomal aberrations in human peripheral blood lymphocytes. Glyphosate was positive for induction of sister chromatid exchange in one assay using human peripheral blood lymphocytes (Bolognesi et al. 1997); weakly positive responses were obtained in other assays using human lymphocytes (Lioi et al. 1998a) and bovine lymphocytes (Lioi et al. 1998b). There was some evidence of cytotoxicity in the assays of Lioi et al. (1998a, 1998b). Glyphosate did not induce micronuclei in human peripheral blood lymphocytes exposed to glyphosate in the absence of exogenous metabolic activation; an equivocal result was obtained in the presence of exogenous metabolic activation (Mladinic et al. 2009a, 2009b). The result was considered equivocal due to significant apoptosis at concentrations resulting in significantly increased micronuclei frequency. Koller et al. (2012) reported significantly increased frequency of micronuclei in an assay using human-derived buccal epithelial cells exposed to glyphosate. Roustan et al. (2014) reported significantly increased micronuclei frequency in Chinese hamster ovary K1 cells exposed to glyphosate without (but not with) exogenous metabolic activation. Negative results were obtained in an assay that evaluated the potential for glyphosate to induce unscheduled DNA synthesis in rat hepatocytes (Li and Long 1988). Mañas et al. (2009) and Lueken et al. (2004) reported positive results for DNA damage in glyphosate-exposed human fibroblasts. Exposure concentration-related significantly increased frequency of DNA damage was observed in another assay of glyphosate-exposed human peripheral blood lymphocytes, although significant apoptosis observed at all concentrations resulting in increased DNA damage (Mladinic et al. 2009a). Alvarez-Moya et al. (2014) reported DNA damage in human fibroblast CM5757 cells exposed to glyphosate technical. Exposure-related DNA damage was observed in assays of human GM38 cells (Monroy et al. 2005), human HT1080 (fibrosarcoma) cells (Monroy et al. 2004, 2005), and Chinese hamster ovary cells (Monroy et al. 2004) exposed to glyphosate technical.

The genotoxicity of glyphosate technical has been evaluated in a number of *in vivo* tests; results are mixed across a variety of cell types. Glyphosate did not induce dominant lethal mutations following oral dosing of male CD-1 mice once by gavage at up to 2,000 mg/kg (EPA 1992j). Glyphosate did not increase the frequency of micronuclei in bone marrow cells from B6C3F1 mice administered glyphosate in the diet for 13 weeks at concentrations resulting in estimated doses as high as 10,780–11,977 mg/kg/day (NTP 1992). Glyphosate did not increase the frequency of micronuclei in bone marrow cells from C3H mice administered glyphosate technical via single intraperitoneal injection (Chruscielska et al. 2000) or NMRI-bom mice administered glyphosate (as isopropylammonium salt) via two intraperitoneal injections 24 hours apart (Rank et al. 1993). Glyphosate did not induce chromosomal aberrations in bone marrow cells from rats administered glyphosate via intraperitoneal injection at 1,000 mg/kg (Li and Long 1988). Kier and Kirkland (2013) summarized results from 10 industry studies

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that evaluated frequency of micronuclei in bone marrow cells from mice or rats administered glyphosate orally or via intraperitoneal injection; results were consistently negative for glyphosate-induced micronuclei, although an inconclusive result was determined for one study. However, other investigators reported positive results for micronuclei induction in bone marrow cells from mice administered glyphosate via intraperitoneal injection by single 300 mg/kg dose (Bolognesi et al. 1997) or two 200 mg/kg doses 24 hours apart (Mañas et al. 2009). Bolognesi et al. (1997) reported significantly increased frequency of DNA damage (single strand breaks) in liver and kidney and significantly increased frequency of oxidative DNA damage in liver (but not kidney) from mice administered glyphosate via single intraperitoneal injection at 300 mg/kg. Peluso et al. (1998) found no evidence of the formation of DNA adducts in liver or kidney from mice following intraperitoneal injection of glyphosate (as isopropylammonium salt) at up to 270 mg/kg. It should be noted that intraperitoneal injection studies typically employed lethal dose levels; a positive result at such high dose levels does not necessarily indicate potential for genotoxicity at doses relevant to human exposure.

DNA damage in human fibroblast cells and peripheral blood lymphocytes were the most frequently reported clearly positive results from available *in vitro* assays that employed glyphosate technical. From available *in vivo* assays that employed glyphosate technical, DNA damage in mouse kidney and liver was the most frequent positive result. Summaries should be interpreted with caution because the genotoxicity of glyphosate technical was assessed based on a limited number of primary results available to ATSDR.

Glyphosate Formulations. Glyphosate formulations (active ingredient typically ranging from approximately 30 to 62% of the formulation) were not mutagenic to bacterial test systems in available published studies (Chruscielska et al. 2000; Moriya et al. 1983; Wildeman and Nazar 1982), numerous unpublished industry studies summarized by Kier and Kirkland (2013), or several other studies summarized by Williams et al. (2000). Weakly positive results were obtained for *Salmonella typhimurium* strain TA98 in the absence (but not presence) of exogenous metabolic activation and strain TA100 in the presence (but not absence) of exogenous metabolic activation (Rank et al. 1993); however, the positive responses were observed at concentrations exhibiting cytotoxicity and in only one of two tests in strain TA98. Roundup® did not induce chromosomal aberrations in bovine peripheral blood lymphocytes in two assays that employed 24-hour exposures (Holečková 2006; Šiviková and Dianovský 2006); however, a significant increase in sister chromatid exchange was noted both with and without exogenous metabolic activation (Šiviková and Dianovský 2006). A slight, (statistically significant) 1.1–1.3-fold increase in frequency of sister chromatid exchange was observed in human peripheral blood lymphocytes exposed to Roundup® (Vigfusson and Vyse 1980). Bolognesi et al. (1997) reported

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significantly increased sister chromatid exchange (1.3–1.5-fold greater than that of controls) in human peripheral blood lymphocytes exposed to Roundup® for 72 hours at concentrations of 0.1 and 0.33 mg/mL. The magnitude of this effect was comparable to that obtained using analytical-grade glyphosate at 10 times the concentration of the Roundup® formulation, indicating that other substances in the Roundup® formulation may have been at least partly responsible for the effect. In two assays, Roundup® induced micronuclei in cultured bovine peripheral blood lymphocytes at noncytotoxic concentrations (Piešová 2004, 2005). Koller et al. (2012) reported significantly increased numbers of micronuclei in human-derived buccal epithelial cells exposed to Roundup Ultra Max® for 20 minutes, including concentrations that were noncytotoxic; this effect was more pronounced than that resulting from similar treatment using analytical grade glyphosate. A weakly positive result for DNA damage was reported for human liver HepG2 cells exposed to Roundup Grands Travaux® (Gasnier et al. 2009). Exposure to non-specified concentrations of glyphosate resulted in treatment-related DNA damage in *Escherichia coli* PQ37 cells (Raipulis et al. 2009).

Several studies were designed to evaluate the genotoxicity of selected glyphosate formulations *in vivo*; similar to findings from *in vivo* studies using glyphosate technical, mixed results were obtained from *in vivo* exposure to glyphosate-containing products. Roundup® induced mutations in *Drosophila* in a sex-linked recessive lethal mutation assay (Kale et al. 1995) and a somatic mutation assay (Ramos-Morales et al. 2008). Roundup® did not induce chromosomal aberrations or micronuclei in mice administered the test chemical orally at a 1,080 mg/kg dose, reported by the study authors as one-half the LD₅₀ (Dimitrov et al. 2006). The potential for Roundup® to induce chromosomal aberrations and/or micronuclei in bone marrow cells has been assessed in several studies in which the test chemical was administered to mice via intraperitoneal injection. Although intraperitoneal administration of Roundup® at 25 and 50 mg/kg resulted in significantly increased frequencies of chromosomal aberrations and micronuclei, both doses appeared to be cytotoxic, as indicated by time- and dose-related significant decreases in mitotic indices (Prasad et al. 2009). Rodrigues et al. (2011) reported significantly increased micronucleus frequency at intraperitoneal doses of 0.754 and 1.28 mg/kg for Roundup®; the response was reported to be as pronounced as that of a positive control substance (250 mg cyclophosphamide/kg). Roundup® induced micronuclei in bone marrow from mice administered the chemical via intraperitoneal injection at 300 mg/kg (expressed as glyphosate) (Bolognesi et al. 1997). Negative results were reported in two other studies that evaluated micronucleus induction in bone marrow cells from mice treated by intraperitoneal injection of Roundup® (Grisolia 2002; Rank et al. 1993). In the study of Grisolia (2002), polyoxyethylene amine surfactant accounted for 12% of the formulation. Negative results were also reported for micronucleus induction in bone marrow cells from mice treated by intraperitoneal injection

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of a commercial formulation identified only as Perzocyd 10 SL (Chruscielska et al. 2000). Roundup® induced single-strand breaks in DNA from liver and kidney of mice administered the chemical via intraperitoneal injection at 300 mg/kg (expressed as glyphosate) and oxidative DNA damage in kidney (but not liver) cells (Bolognesi et al. 1997). However, Heydens et al. (2008) repeated the study design of Bolognesi et al. (1997) and found a 300 mg/kg intraperitoneally-injected dose to be highly toxic to liver and kidney. It was suggested that the genotoxic effects observed by Bolognesi et al. (1997) might have been secondary effects mediated by local toxicity. Peluso et al. (1998) reported the formation of DNA adducts in liver and kidney from mice following intraperitoneal injection of Roundup® at doses in the range of 122–182 mg active ingredient/kg. The DNA adduct formation was considered likely related to other components of the Roundup® formulation because DNA adduct formation was not observed in mice similarly treated with analytical-grade glyphosate at 270 mg/kg.

Exposure to glyphosate-containing products and evidence of genetic damage was reported in limited human studies. Paz-y-Miño et al. (2007) evaluated prevalence of DNA strand breaks in blood samples from 24 residents of an area in northern Ecuador at 2 weeks to 2 months following aerial applications of Roundup-Ultra®; the study included 21 unexposed control individuals. The exposed individuals exhibited a higher degree of DNA damage (comet length $35.5 \pm 6.4 \mu\text{m}$) than the unexposed controls (comet length $25.94 \pm 0.6 \mu\text{m}$). There was no evidence of exposure-related chromosomal damage among 92 individuals from 10 communities near the northern Ecuador border evaluated at 2 years following the last aerial applications of glyphosate-containing herbicides (Paz-y-Miño et al. 2011). Bolognesi et al. (2009) reported increases in micronuclei in peripheral blood lymphocytes from nearby residents following aerial spraying of glyphosate-based formulation with adjuvant to coca and poppy crops, or without adjuvant on sugar-cane plantations. These residents were evaluated both prior to and following aerial spraying.

DNA damage in human cells was the most frequently reported clearly positive results from available *in vitro* assays that employed glyphosate formulations. However, comparison of results across available studies was precluded due to lack of information regarding the composition of the various formulations tested. From available *in vivo* assays that employed glyphosate formulations, DNA damage in mouse kidney and liver was the most frequent positive result. Summaries should be interpreted with caution because the genotoxicity of glyphosate technical was assessed based on a limited number of primary results available to ATSDR.

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Additional unpublished genotoxicity assays were submitted to EPA and/or the European Commission (EC) during re-registration of products containing glyphosate. Many agencies, organizations, and/or expert panels have reviewed available genotoxicity data and concluded that the data do not support a genotoxicity role for glyphosate, at least at concentrations relevant to human exposure (e.g., APVMA 2017; Brusick et al. 2016; EFSA 2015; EPA 2017c; FAO and WHO 2016; Health Canada 2017; Kier and Kirkland 2013; NZ EPA 2016; Williams et al. 2016). In contrast, IARC (2017) concluded that there is strong evidence for the genotoxicity of glyphosate. For more detailed information regarding genotoxicity evaluations and conclusions of these agencies, organizations, and/or expert panels, consult corresponding references.

2.21 MECHANISMS OF ACTION

Mechanism of Action in Plants. Glyphosate-based herbicides act on the shikimate pathway in plants by blocking the activity of the enzyme, 5-enolpyruvylshikimate-3-phosphate synthetase (EPSPS), and thereby inhibiting the biosynthesis of essential aromatic amino acids in plants (see Funke et al. 2006; Martinez et al. 2018; Pollegioni et al. 2011 for more specific information regarding mechanisms of action). The action of glyphosate on the shikimate pathway is not of direct human concern because this pathway does not exist in mammals.

Some crop plants have been genetically modified to resist the action of glyphosate by the addition of a glyphosate-insensitive form of EPSPS (CP4 EPSPS) obtained from *Agrobacterium* sp. strain CP4 (Funke et al. 2006). Some transgenic plants have been genetically altered to express N-acetyltransferase proteins (e.g., glyphosate acetyltransferase [GAT4601] from *Bacillus licheniformis*), which acetylate glyphosate to a non-phytotoxic metabolite (N-acetylglyphosate) (Pioneer 2006).

Proposed Mechanisms of Action with Human Relevance. Although glyphosate is generally considered to be of relatively low toxicity to mammals, the following mechanisms of action have been proposed:

Hepatotoxicity. Ford et al. (2017) administered glyphosate to male C57BL/6 mice by intraperitoneal injection at 200 mg/kg/day for 7 days, after which livers were evaluated for levels of glyphosate, AMPA, and glyoxylate (a reactive substance produced endogenously). Glyphosate treatment at this high dose level resulted in measurable levels of AMPA, indicating some degree of glyphosate metabolism. Glyphosate treatment also resulted in an approximately 2-fold increase in glyoxylate. Because glyoxylate is formed endogenously, the increase in glyoxylate level in the liver may be a result of glyphosate acting

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on mechanisms responsible for endogenous production of glyoxylate. The study authors demonstrated that glyoxylate inhibited liver fatty acid oxidation enzymes in mice and that glyphosate treatment increased triglycerides and cholesteryl esters, which was considered a likely result of the diversion of fatty acids toward lipid pathways other than oxidation.

Renal toxicity. Mohamed et al. (2016) observed increases in serum and urinary cystatin C and urinary interleukin-18, cytochrome C, and neutrophil gelatinase-associated protein (NGAL) in patients presenting with poisoning from glyphosate-based formulations. The study authors noted that the increases in cystatin C and interleukin-18 suggest that glyphosate-based formulations might induce apoptosis and mitochondrial toxicity.

Dedeke et al. (2018) administered glyphosate alone or a glyphosate-based formulation to rats by daily gavage for 12 weeks at dose levels of 3.6, 50.4, or 248.8 mg glyphosate/kg/day. The rats administered the glyphosate-based formulation exhibited significantly altered markers of kidney changes (serum urea and creatinine, plasma cystatin-C, NGAL), oxidative stress, and activities of selected membrane-bound enzymes compared to the rats treated with glyphosate alone. Those rats administered glyphosate-based formulation were the only ones to exhibit severe histopathologic kidney lesions. The study authors suggested that these results did not support a nephrotoxic role for glyphosate alone.

Neurotoxicity. Cattani et al. (2014) added 1% Roundup® (0.38% glyphosate) to the drinking water of rat dams from gestation day 5 through lactation day 15. Hippocampal slices from 15-day-old pups were exposed to Roundup® (0.00005–0.1%) for 30 minutes. The study authors reported that Roundup® treatment resulted in increased Ca²⁺ influx via activation of NMDA receptors and voltage-dependent Ca²⁺ channels, activation of Ca²⁺/calmodulin-dependent protein kinase II (CaMKII) and extracellular signal-regulated kinase (ERK), increased glutamate release into the synaptic cleft, decreased glutathione content, increased lipoperoxidation, decreased glutamate uptake and metabolism, and induced Ca²⁺ uptake and methyl-amino-isobutyric acid accumulation. The study authors suggested that exposure to Roundup® might lead to excessive extracellular glutamate levels and resulting glutamate excitotoxicity and oxidative stress in rat hippocampus.

Reproductive/endocrine effects. Perego et al. (2017) reported results from an *in vitro* study designed to evaluate the effects of glyphosate treatment (up to 5 µg/mL) on bovine granulosa cells and theca cells. Granulosa cell proliferation and estradiol production were impaired, but no effects were observed on

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theca cell proliferation or steroidogenesis. The results suggest that glyphosate may affect the reproductive system in cattle via direct action on ovarian function.

Romano et al. (2010) reported decreased serum testosterone in young male rats gavaged with Roundup Transorb®. Romano et al. (2012) implicated disruption of gonadotropin expression as a mechanism of action.

Carcinogenicity. As stated in Section 2.20 (Genotoxicity), IARC (2017) concluded that there is strong evidence for the genotoxicity of glyphosate, although other agencies, organizations, and/or expert panels have concluded that the data do not support a genotoxicity role for glyphosate (e.g., APVMA 2017; Brusick et al. 2016; EFSA 2015; EPA 2017c; FAO and WHO 2016; Health Canada 2017; Kier and Kirkland 2013; NZ EPA 2016; Williams et al. 2016). IARC (2017) also concluded that there is strong evidence for glyphosate-induced oxidative stress based on results from studies of animal models *in vivo* and human cells *in vitro*.

CHAPTER 3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

3.1 TOXICOKINETICS

Toxicokinetic data for glyphosate are summarized below.

- Glyphosate is readily absorbed from the gastrointestinal tract; very little glyphosate is absorbed through the skin; it is assumed that glyphosate is readily absorbed from the respiratory tract.
- Absorbed glyphosate is readily distributed via the blood, but does not accumulate in any particular organ or tissue.
- Glyphosate does not undergo significant metabolism in mammals; <1% is metabolized to AMPA.
- Approximately two-thirds of an oral dose of glyphosate is excreted in the feces as unabsorbed parent compound. Most absorbed glyphosate is rapidly excreted in the urine as parent compound.

3.1.1 Absorption

3.1.1.1 Inhalation Exposure

Limited information is available regarding the toxicokinetics of inhaled glyphosate. Observations of increased urinary glyphosate levels among 48 farmer-applicators following application of glyphosate-containing products is evidence that inhaled glyphosate can be absorbed (Acquavella et al. 2004). However, dermal absorption was likely involved in some cases because mean urinary glyphosate was higher among those farmers (14/48) who did not use rubber gloves. Detectable levels of urinary glyphosate were also measured in children of the farmers who were present during mixing, loading, or application of the herbicide; exposures among the children may have involved inhalation and/or dermal routes. No information was located regarding the toxicokinetics of inhaled glyphosate in among laboratory animals.

3.1.1.2 Oral Exposure

Information regarding the toxicokinetics of ingested glyphosate in humans is limited. The detection of glyphosate in serum and/or urine samples from individuals who had intentionally or unintentionally ingested glyphosate-containing products is confirmation of absorption from the gastrointestinal tract (e.g., Hiraiwa et al. 1990; Hori et al. 2003; Sribanditmongkol et al. 2012; Zouaoui et al. 2013).

Numerous reports of systemic effects following intentional or unintentional ingestion of glyphosate-

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

containing products serve as additional evidence that ingested glyphosate is absorbed (e.g., Chang and Chang 2009; Chen et al. 2009; Hsiao et al. 2008; Kim et al. 2014; Lee et al. 2000; Menkes et al. 1991; Moon and Chun 2010; Roberts et al. 2010; Sato et al. 2011; Sawada et al. 1988; Sørensen and Gregersen 1999; Stella and Ryan 2004; Talbot et al. 1991; Tominack et al. 1991).

Several groups of investigators have evaluated the absorption of glyphosate following oral exposure of laboratory animals, particularly rats. In one study (NTP 1992), male F344/N rats were administered a single gavage dose of ^{14}C -glyphosate (purity 99%) in distilled water at 5.6 or 56 mg/kg. Other rats were administered a single dose of glyphosate at 5.6 mg/kg via intravenous injection, intraperitoneal injection, or oral (gavage) to compare 24-hour urinary and fecal elimination by these administration routes. Results from comparative studies of oral, intravenous, and intraperitoneal administration of glyphosate indicated that urinary radioactivity represented the amount of glyphosate absorbed and fecal radioactivity represented the amount of unabsorbed glyphosate following oral exposure. Although quantitative data were not included in the study report, the study authors estimated that 30% of the 5.6 mg/kg dose of ^{14}C -glyphosate was absorbed and that a slightly higher percentage (34%) of the 56 mg/kg dose was absorbed. In another study, male Sprague-Dawley rats received a single gavage dose of ^{12}C - and ^{14}C -glyphosate at 10 mg/kg (Brewster et al. 1991). Based on urinary radioactivity, it was estimated that 35–40% of the oral dose had been absorbed from the gastrointestinal tract. Anadón et al. (2009) reported an absorption half-life of 2.29 hours following administration of an oral dose of 400 mg glyphosate/kg to rats; an estimated peak plasma glyphosate of 4.62 $\mu\text{g/mL}$ was reached at 5.16 hours postdosing. Results from a number of unpublished industry studies cited in EPA (1993), FAO and WHO (2016), IPCS (1994), and/or Williams et al. (2000), but not available to ATSDR, demonstrate that single or repeated oral dosing of glyphosate to rats at doses in the range of 10–1,000 mg/kg/day result in urinary excretion of 7–36% of the administered dose during ≤ 7 days of posttreatment, which presumably represents the proportion of absorbed glyphosate.

3.1.1.3 Dermal Exposure

Limited human data are available regarding the toxicokinetics of glyphosate following dermal exposure. Increased urinary glyphosate levels among 48 farmer-applicators following application of glyphosate-containing products is evidence that glyphosate can be absorbed (Acquavella et al. 2004). Dermal absorption was likely involved in some cases because mean urinary glyphosate was higher among those farmers (14/48) who did not use rubber gloves.

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In vitro studies using human skin samples indicate that dermal penetration of glyphosate is very low. Wester et al. (1996) applied 300 µL of a 1% aqueous dilution of analytical-grade ¹⁴C-labeled glyphosate to human cadaver skin (0.8 cm² of available skin area). The study authors reported a permeability constant of 4.59x10⁻⁴ cm/hour, with a lag time of 10.48 hours, which resulted in a calculated flux of 4.12 µg glyphosate/hour. Wester et al. (1991) used a ¹⁴C-labeled Roundup® formulation to evaluate dermal absorption of glyphosate through human skin (*in vitro*) and abdominal skin of Rhesus monkeys (*in vivo*). Undiluted application to human skin samples at doses ranging from 15.4 to 154 µg/cm² resulted in 0–0.4% dermal absorption over 8 hours postapplication; dermal absorption of glyphosate from aqueous dilutions of test substance (1:20 or 1:32 test substance:water, v/v) during 16 hours postapplication was ≤2.2%. Twelve-hour *in vivo* application of the test substance diluted 1:29 with water at concentrations of 25 or 270 µg/cm² resulted in 7-day recovery of 0.8 and 2.2% of the applied dose, respectively, in the urine and 3.6 and 0.7%, respectively, in the feces. These results indicate that approximately 3–4% of the applied dose had been absorbed.

3.1.2 Distribution

3.1.2.1 Inhalation Exposure

No human or animal data were located regarding distribution of glyphosate following absorption via the inhalation exposure route.

3.1.2.2 Oral Exposure

Limited human data were located regarding distribution of glyphosate following absorption via the oral exposure route. Menkes et al. (1991) reported measurable glyphosate in kidney, liver, blood, and brain in postmortem examination of an individual who had ingested 200–250 mL of Roundup®.

Following oral administration, absorbed glyphosate is readily distributed and rapidly eliminated without significant accumulation in any particular tissue. In male F344/N rats administered single gavage dose of ¹⁴C-glyphosate (purity 99%) in distilled water at 5.6 or 56 mg/kg, peak blood radioactivity occurred at 1 and 2 hours postdosing, respectively, mean peak blood concentration was 30-fold higher in the high-dose group (NTP 1992). Among rats gavaged at 5.6 mg radiolabeled glyphosate/kg and evaluated for tissue distribution, total tissue radioactivity amounted to approximately 12, 11.7, 5.5, 0.9, and 0.1% of the administered dose at 3, 6, 12, 24, and 96 hours postdosing, respectively. The highest radioactivity level was found in the small intestine, reaching a peak level of approximately 10% of the administered dose at

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

6 hours postdosing; radioactivity in the large intestine peaked at approximately 1.2% at 3 hours postdosing. Liver, kidney, skin, and blood each accounted for <1% of the administered dose at each time point. By 24 hours postdosing, <1% of the administered dose remained in all tissues combined. Brewster et al. (1991) administered ¹²C- and ¹⁴C-glyphosate by single gavage dose at 10 mg/kg to male Sprague-Dawley rats and found approximately 34% of the administered dose in the small intestine (not associated with intestinal content) at 2 hours postdosing, decreasing to 0.05% of the administered dose by 96 hours postdosing. Radioactivity levels in most other tissues (blood, colon, kidney, liver, stomach, abdominal fat, testicular fat) peaked at 2–6 hours postdosing; each of these tissues accounted for ≤1.3% of the administered dose at peak and ≤0.06% by 96 hours postdosing. Radioactivity in bone peaked at 6 hours postdosing (4.7% of the administered dose) and remained at 1.7% at 96 hours postdosing. The tissue to blood ratio for bone increased with time suggesting a slower elimination from bone compared to blood. Anadón et al. (2009) reported an absorption half-life of 2.29 hours following administration of an oral dose of 400 mg glyphosate/kg to rats; an estimated peak plasma glyphosate of 4.62 µg/mL was reached at 5.16 hours postdosing.

3.1.2.3 Dermal Exposure

No human data were located regarding distribution following dermal exposure to glyphosate.

Limited animal data are available. The observation of radioactivity in urine and feces collected from rhesus monkeys following dermal application of a ¹⁴C-labeled Roundup® formulation is demonstration of systemic distribution following dermal absorption (Wester et al. 1991). However, at sacrifice 7 days posttreatment, no radioactivity was detected in spleen, ovaries, kidney, brain, abdominal fat, bone marrow, upper spinal column, or central nervous fluid.

3.1.2.4 Other Routes of Exposure

Limited data are available regarding the distribution of parenterally-administered glyphosate. Male and female Sprague-Dawley rats were administered ¹⁴C-glyphosate via intraperitoneal injection at 1,150 mg/kg (EPA 1992h). Radioactivity measured in bone marrow samples taken 30 minutes postinjection amounted to approximately 0.0044 and 0.0075% of the administered activity for the males and females, respectively. Anadón et al. (2009) administered glyphosate (95% purity) to male Wistar rats via intravenous injection at 100 mg/kg. Plasma levels of glyphosate and its metabolite, AMPA, were measured using high-performance liquid chromatography (HPLC). Reported fast plasma distribution

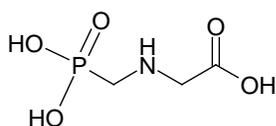
3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

(half-life of 0.345 hours) and high volume of distribution at steady state (2.99 L/kg) were interpreted to indicate that glyphosate was extensively distributed to extravascular tissues.

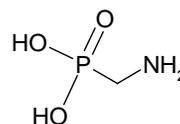
3.1.3 Metabolism

Glyphosate does not undergo significant metabolism in mammals. Available data are limited to the oral exposure route and indicate that ingested glyphosate is eliminated mostly as parent compound; only a small amount may be metabolized to AMPA. Figure 3-1 depicts the chemical structures of glyphosate and AMPA. In one human case of intentional ingestion of an herbicide in a suicide attempt, glyphosate and its metabolite, AMPA, were detected in serum and urine (Hori et al. 2003). At 16 hours postingestion, serum levels of glyphosate and AMPA were 4.4 and 0.03 µg/mL, respectively (147:1, glyphosate:AMPA). Total urinary excretion of glyphosate and its metabolite during 4 days postingestion was 3.7 g and 25 mg, respectively (148:1, glyphosate:AMPA).

Figure 3-1. Chemical Structures of Glyphosate and Aminomethylphosphonic Acid (AMPA)



Glyphosate



Aminomethylphosphonic acid (AMPA)

Results from available animal studies also indicate that very little ingested glyphosate is metabolized. Anadón et al. (2009) administered glyphosate (95% purity) to male Wistar rats by gavage at 400 mg glyphosate/kg. Plasma glyphosate peaked at 5.16 hours postdosing and measured 4.62 µg/mL; plasma AMPA peaked at 2.42 hours postdosing and measured 0.416 µg/mL. Based on the ratios between the area under the curve (AUC) for AMPA and the AUC for glyphosate, it was estimated that the metabolite represented 6.49% of the parent compound plasma concentration. In an unpublished study summarized by EPA (1993) and Williams et al. (2000), following oral administration of radiolabeled glyphosate (>99% purity) to Sprague-Dawley rats at 10 mg/kg, the glyphosate metabolite (AMPA) was detected in the urine (0.2–0.3% of the administered dose) and feces (0.2–0.4% of the administered dose). The formation of AMPA was thought to have occurred in the gastrointestinal tract (possibly by microflora) because AMPA was not detected in other rats administered glyphosate via intravenous injection. Following a single gavage dose of administered radiolabeled glyphosate (>99% purity) to Sprague-

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

Dawley rats, expired air accounted for <0.27% of the administered radioactivity at 24 hours postdosing, indicating that glyphosate metabolism had occurred to a slight extent (EPA 1993).

Ford et al. (2017) administered glyphosate to male C57BL/6 mice by intraperitoneal injection at 200 mg/kg/day for 7 days. Glyphosate treatment at this high dose level resulted in measurable levels of AMPA (approximately 4% of the dose of glyphosate) and an approximately 2-fold increase in hepatic glyoxylate (a reactive substance produced endogenously). Because glyoxylate is formed endogenously, the increase in glyoxylate level in the liver may be a result of glyphosate acting on mechanisms responsible for endogenous production of glyoxylate.

3.1.4 Excretion

3.1.4.1 Inhalation Exposure

Limited information is available regarding elimination and excretion of glyphosate in humans following inhalation exposure. In one study, urinary glyphosate levels were evaluated in 48 farmer-applicators prior to application of glyphosate-containing products, immediately following application, and for 3 days thereafter (Acquavella et al. 2004). Urinary glyphosate was detectable in 15% (7/47) of the farmers prior to application, in 60% (29/48) of the farmers immediately following application, and in only 27% (13/48) of the farmers on postapplication day 3. No information was located regarding elimination or excretion following inhalation exposure of laboratory animals to glyphosate.

3.1.4.2 Oral Exposure

Roberts et al. (2010) estimated a half-life of 3–4 hours for elimination of glyphosate from the blood of patients who had intentionally ingested large amounts of glyphosate-containing herbicide products. In other cases of poisoning victims, plasma glyphosate levels dropped rapidly (within 2–3 days) following the onset of observation (e.g., Talbot et al. 1991). Glyphosate has been detected in feces and urine of individuals who intentionally or accidentally ingested relatively large amounts of glyphosate.

Results from animal studies identify the feces and urine as major routes of elimination following oral exposure to glyphosate. For example, among male and female Sprague-Dawley rats administered ¹⁴C-glyphosate (99% purity) via single gavage dose at 10 mg/kg, during 7 days posttreatment, radioactivity recovered in the feces averaged 62.4 and 69.4% of the administered dose (males and females, respectively); another 28.6 and 22.5% of the administered dose (males and females, respectively)

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

was recovered in the urine (IPCS 1994). Thus, feces and urine accounted for approximately 88–91% of the administered dose. HPLC analysis revealed that parent compound accounted for 98.5–99.3% of the radioactivity in feces and urine. There were no significant differences in fecal and urinary excretion among rats dosed with unlabeled glyphosate for 14 days followed by a single oral dose of radiolabeled glyphosate. Following single gavage dosing of ¹⁴C-glyphosate (>96% purity) to male and female Sprague-Dawley rats at 30 mg/kg, the feces accounted for 57–59% of the administered radioactivity and the urine accounted for 27–29% during the first 36 hours posttreatment; indicating that fecal and urinary excretion occur relatively rapidly following oral exposure to glyphosate (IPCS 1994). In male F344/N rats administered single gavage dose of ¹⁴C-glyphosate (purity 99%) in distilled water at 5.6 or 56 mg/kg, 72-hour collection of feces and urine resulted in the recovery of 91–92% of the administered radioactivity; 74 and 19%, respectively, at the low dose and 58 and 34%, respectively, at the high dose (NTP 1992). In one study (NTP 1992), male F344/N rats were administered a single dose of glyphosate at 5.6 mg/kg via intravenous injection, intraperitoneal injection, or oral (gavage) to compare 24-hour urinary and fecal elimination by these administration routes. Results from comparative studies of oral, intravenous, and intraperitoneal administration of glyphosate indicated that urinary radioactivity represented the amount of glyphosate absorbed and fecal radioactivity represented the amount of unabsorbed glyphosate following oral exposure. Although quantitative data were not included in the study report, the study authors estimated that 30–34% of the oral doses of ¹⁴C-glyphosate was absorbed and excreted in the urine. Therefore, approximately 66–70% was unabsorbed and eliminated in the feces.

Very little ingested glyphosate is eliminated via routes other than feces and urine. Among Sprague-Dawley rats administered radiolabeled glyphosate (>99% purity) by single gavage dose, <0.27% of the administered radioactivity was recovered in expired air at 24 hours postdosing (EPA 1993).

3.1.4.3 Dermal Exposure

No information was located regarding elimination or excretion following known dermal exposure to glyphosate in humans. However, in a study that evaluated urinary glyphosate levels in 48 farmer-applicators involved in application of glyphosate-containing products, mean urinary glyphosate was higher among those farmers (14/48) who did not use rubber gloves, indicating that some glyphosate had been absorbed through the skin (Acquavella et al. 2004). Limited information is available for laboratory animals. Wester et al. (1991) applied a ¹⁴C-labeled Roundup® formulation to the abdominal skin of Rhesus monkeys (*in vivo*) to evaluate dermal absorption of glyphosate. Twelve-hour application of the

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

test substance at concentrations of 25 or 270 $\mu\text{g}/\text{cm}^2$ resulted in 7-day recovery of 0.8 and 2.2% of the applied dose, respectively, in the urine and 3.6 and 0.7%, respectively, in the feces.

3.1.4.4 Other Routes of Exposure

Male and female Sprague-Dawley rats were administered ^{14}C -glyphosate via intraperitoneal injection at 1,150 mg/kg (EPA 1993). Assuming first-order kinetics, the half-life of elimination from the bone marrow was estimated at 7.6 and 4.2 hours for the males and females, respectively. A half-life for elimination of radioactivity from plasma was approximately 1 hour for both sexes. These results indicate that glyphosate reaching the blood was rapidly eliminated and that the small fraction reaching bone marrow was rapidly eliminated. Anadón et al. (2009) reported a half-time of 9.99 hours for elimination of glyphosate from the blood of male Wistar rats administered glyphosate (95% purity) via intravenous injection at 100 mg/kg.

3.1.5 Physiologically Based Pharmacokinetic (PBPK)/Pharmacodynamic (PD) Models

PBPK models use mathematical descriptions of the uptake and disposition of chemical substances to quantitatively describe the relationships among critical biological processes (Krishnan et al. 1994). PBPK models are also called biologically based tissue dosimetry models. PBPK models are increasingly used in risk assessments, primarily to predict the concentration of potentially toxic moieties of a chemical that will be delivered to any given target tissue following various combinations of route, dose level, and test species (Clewel and Andersen 1985). Physiologically based pharmacodynamic (PBPD) models use mathematical descriptions of the dose-response function to quantitatively describe the relationship between target tissue dose and toxic endpoints.

PBPK models for glyphosate were not located.

3.1.6 Animal-to-Human Extrapolations

No information was located to suggest significant differences between animals and humans regarding the toxicokinetics of glyphosate.

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

3.2 CHILDREN AND OTHER POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE

This section discusses potential health effects from exposures during the period from conception to maturity at 18 years of age in humans. Potential effects on offspring resulting from exposures of parental germ cells are considered, as well as any indirect effects on the fetus and neonate resulting from maternal exposure during gestation and lactation. Children may be more or less susceptible than adults to health effects from exposure to hazardous substances and the relationship may change with developmental age.

This section also discusses unusually susceptible populations. A susceptible population may exhibit different or enhanced responses to certain chemicals than most persons exposed to the same level of these chemicals in the environment. Factors involved with increased susceptibility may include genetic makeup, age, health and nutritional status, and exposure to other toxic substances (e.g., cigarette smoke). These parameters can reduce detoxification or excretion or compromise organ function.

Populations at risk of exposure to glyphosate at unusually high levels are discussed in Section 5.7, Populations with Potentially High Exposures.

Limited information was located regarding possible age- or gender-related differences in susceptibility to toxic effects from glyphosate technical or glyphosate formulations. Panzacchi et al. (2018) added glyphosate or Roundup Bioflow® to the drinking water of rat dams from GD 6 through lactation and to their offspring up to postpartum day 125 at a concentration resulting in a dose of 1.25 mg glyphosate/kg/day. Microbiome profiling of the gut resulted in significant changes in overall bacterial composition in the pups only (particularly apparent prior to puberty); this effect was noted for glyphosate and for Roundup Bioflow®. Romano et al. (2010) employed Roundup Transorb® as test substance and found decreased serum testosterone in young male rats gavaged at a dose as low as 5 mg/kg/day; however, the effect may have been caused, at least in part, by other ingredients in the glyphosate formulation.

3.3 BIOMARKERS OF EXPOSURE AND EFFECT

Biomarkers are broadly defined as indicators signaling events in biologic systems or samples. They have been classified as biomarkers of exposure, biomarkers of effect, and biomarkers of susceptibility (NAS/NRC 1989).

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

A biomarker of exposure is a xenobiotic substance or its metabolite(s) or the product of an interaction between a xenobiotic agent and some target molecule(s) or cell(s) that is measured within a compartment of an organism (NAS/NRC 1989). The preferred biomarkers of exposure are generally the substance itself, substance-specific metabolites in readily obtainable body fluid(s), or excreta. Biomarkers of exposure to glyphosate are discussed in Section 3.3.1. The National Report on Human Exposure to Environmental Chemicals provides an ongoing assessment of the exposure of a generalizable sample of the U.S. population to environmental chemicals using biomonitoring (see <http://www.cdc.gov/exposurereport/>). If available, biomonitoring data for glyphosate from this report are discussed in Section 5.6, General Population Exposure.

Biomarkers of effect are defined as any measurable biochemical, physiologic, or other alteration within an organism that (depending on magnitude) can be recognized as an established or potential health impairment or disease (NAS/NRC 1989). This definition encompasses biochemical or cellular signals of tissue dysfunction (e.g., increased liver enzyme activity or pathologic changes in female genital epithelial cells), as well as physiologic signs of dysfunction such as increased blood pressure or decreased lung capacity. Note that these markers are not often substance specific. They also may not be directly adverse, but can indicate potential health impairment (e.g., DNA adducts formed by covalent bonding of a chemical to DNA, the formation of which can induce abnormal replication, mutation, and/or prevent proper DNA repair). Biomarkers of effect caused by glyphosate are discussed in Section 3.3.2.

A biomarker of susceptibility is an indicator of an inherent or acquired limitation of an organism's ability to respond to the challenge of exposure to a specific xenobiotic substance. It can be an intrinsic genetic or other characteristic or a preexisting disease that results in an increase in absorbed dose, a decrease in the biologically effective dose, or a target tissue response. If biomarkers of susceptibility exist, they are discussed in Section 3.2, Children and Other Populations that are Unusually Susceptible.

3.3.1 Biomarkers of Exposure

Glyphosate and the metabolite, AMPA, have been measured in blood and urine (e.g., Connolly et al. 2018; Conrad et al. 2017; Zouaoui et al. 2013). However, most absorbed glyphosate is rapidly excreted as parent compound. Meaningful quantification of exposure would require analysis of blood and/or urine within hours following exposure.

3. TOXICOKINETICS, SUSCEPTIBLE POPULATIONS, BIOMARKERS, CHEMICAL INTERACTIONS

3.3.2 Biomarkers of Effect

No information was located regarding biomarkers of effect specific to glyphosate toxicity.

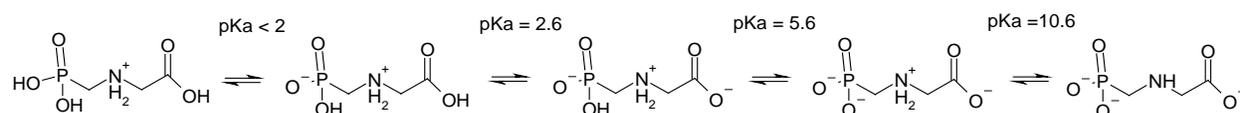
3.4 INTERACTIONS WITH OTHER CHEMICALS

Surfactants such as POEA in glyphosate-containing products might enhance the toxicity of glyphosate; results from one study indicate that the surfactant may be more acutely toxic than glyphosate or the combination of glyphosate and POEA (e.g., Adam et al. 1997).

CHAPTER 4. CHEMICAL AND PHYSICAL INFORMATION

4.1 CHEMICAL IDENTITY

Glyphosate is an organic acid composed of a phosphonomethyl and glycine component. The chemical name for glyphosate is *N*-(phosphonomethyl) glycine. Glyphosate is a zwitterion with four distinct dissociation constants (pKa values are depicted below) and exists as different ionic species depending on the pH of its surroundings. Glyphosate is an amphoteric chemical and may react as an acid or a base under certain conditions.



Glyphosate isopropylamine (Chemical Abstracts Registry Number [CASRN] 38641-94-0) is one of the salt forms of glyphosate used in commercial herbicides employing glyphosate as an active ingredient. This substance is registered as a pesticide by the EPA (1993) and is used to control broadleaf weeds and grasses; in food and nonfood settings, flower gardens, lawns, turf, residential areas, and forests; and along roadsides. Some labels may list the active ingredient a formulation of glyphosate and the acid equivalents (AE), which is the theoretical yield of the parent acid from the formulated ester or salt. For example, the AE of glyphosate isopropylamine salts is 74%.

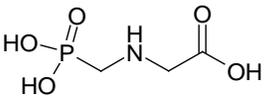
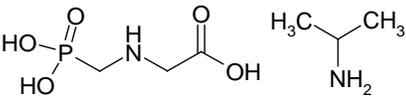
Detailed information on the chemical identity of glyphosate and glyphosate isopropylamine is provided in Table 4-1.

4.2 PHYSICAL AND CHEMICAL PROPERTIES

Detailed information on the physical and chemical properties of glyphosate and glyphosate isopropylammonium is provided in Table 4-2.

4. CHEMICAL AND PHYSICAL INFORMATION

Table 4-1. Chemical Identity of Glyphosate and Glyphosate Isopropylamine^a

Characteristic	Information	
Chemical name	Glyphosate	Glyphosate isopropylamine
Synonym(s)	Glyphosphate; N-(phosphonomethyl) glycine; phosphonomethyliminoacetic acid; glyphosate acid	Glycine, N-(phosphonomethyl)-, compound with 2-propanamine (1:1); glyphosate-isopropylammonium; glyphosate mono(isopropylamine) salt; glyphosate-mono(isopropylammonium); N-(phosphonomethyl)glycine, isopropylamine salt
Partial list of registered trade name(s)	Pondmaster; Roundup® Max; Glifoglex; Glycel; Muster; Rondo; Sonic; Spasor; Sting; Tumbleweed; MON-0573; CP 67573	Roundup®; Rondo; Rodeo; Glifonox; Glycel; MON-0139; CP 70139; Shackle ^b
Chemical formula	C ₃ H ₈ NO ₅ P	C ₃ H ₈ NO ₅ P.C ₃ H ₉ N
Chemical structure		
CAS Registry Number	1071-83-6	38641-94-0

^aAll information obtained from McBean (2011), O'Neil et al. (2013), and/or ChemIDplus (2017) unless noted otherwise.

^bEPA 1993.

CAS = Chemical Abstracts Service

4. CHEMICAL AND PHYSICAL INFORMATION

Table 4-2. Physical and Chemical Properties of Glyphosate and its Isopropylamine Salt^a

Property	Glyphosate	Glyphosate isopropylamine salt
Molecular weight	169.1	228.2
Color	White	White
Physical state	Solid; crystals	Powder
Melting point	230°C (decomposes)	Two stages: 143–164 and 189–223°C
Boiling point	No data	Decomposes without boiling
Density at 20°C	1.705	1.482
Odor	Odorless	Odorless
Odor threshold:		
Water	No data	No data
Air	No data	No data
Solubility:		
Water at 25°C	12,000 mg/L 10,500 mg/L (pH 1.9, 20°C)	1,050,000 mg/L (pH 4.3, 25°C)
Organic solvent(s)	Insoluble in most organic solvents: acetone, ethanol, and xylene	Dichloromethane 184 mg/L at 20°C; methanol 15,880 mg/L at 20°C
Dissociation constants:	pKa ₁ 0.8; pKa ₂ 3; pKa ₃ 6; pKa ₄ 11; pKa ₁ ^b <2; pKa ₂ ^b 2.6; pKa ₃ ^b 5.6; pKa ₄ ^b 10.6	pKa ₁ 2.18 at 20°C (monophosphate); pKa ₂ 5.77 at 20°C (carboxylic acid)
Partition coefficients:		
Log K _{ow}	<-3.4	-5.4
Log K _{oc}	3.4–3.7 (K _{oc} =2,600–4,900) ^c	No data
Vapor pressure at 25°C	9.8x10 ⁻⁸	1.58x10 ⁻⁸
Henry's law constant	2.1x10 ⁻¹² atm-m ³ /mol at 25°C ^d	3.3x10 ⁻¹⁵ atm-m ³ /mol at 25°C ^d
Autoignition temperature	No data	No data
Flashpoint	Not flammable	No data
Flammability limits	No data	No data
Explosive limits	No data	No data

^aAll information obtained from either McBean (2011) or O'Neil et al. (2013).

^cGlass 1987.

^bSprankle et al. 1975.

^dEPI Suite 2012.

CHAPTER 5. POTENTIAL FOR HUMAN EXPOSURE

5.1 OVERVIEW

Glyphosate has not been identified in any of the 1,832 hazardous waste sites that have been proposed for inclusion on the EPA National Priorities List (NPL) (ATSDR 2015). However, the number of sites evaluated for glyphosate is not known.

- Occupational and residential exposure is a result of glyphosate's use in agricultural, non-agricultural, industrial, and residential settings. The highest potential for dermal, inhalation, and ocular exposure is expected for pesticide applicators, farm workers, and home gardeners who use herbicides containing glyphosate.
- The general population is exposed to glyphosate via ingestion of crops, plants, and foods with residues of this chemical. Residential exposure may occur via inhalation, dermal contact, and/or ocular contact during mixing or application of consumer products containing glyphosate or by coming into contact with crops, soils, or water to which glyphosate-containing products have been applied.
- Occupational exposure to glyphosate may occur via inhalation, dermal contact, and/or ocular contact during manufacture, transport, mixing, loading, application, and disposal processes. Accidental oral exposure may occur via unintentional ingestion. Dermal contact appears to be the major route of exposure to glyphosate for individuals involved in its application.
- Glyphosate mainly enters the environment as a direct result of its herbicidal use. Fate of this chemical in the environment includes degradation, transport, and partitioning processes, which are governed by its physicochemical properties and by abiotic or biotic degradation under certain environmental conditions. Glyphosate is a nonvolatile, highly polar, non-residual herbicide that has low potential for environmental persistence and is unlikely to bioaccumulate.

5.2 PRODUCTION, IMPORT/EXPORT, USE, AND DISPOSAL

5.2.1 Production

No information is available in the Toxics Release Inventory (TRI) database on facilities that manufacture or process glyphosate because this chemical is not required to be reported under Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments and Reauthorization Act of 1986) (EPA 2005b).

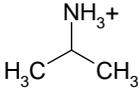
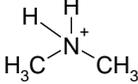
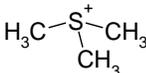
Production of glyphosate is achieved through heating phosphorous acid and *a*-amino acetic acid followed by the addition of formaldehyde (Muller and Applebyki 2010). Glyphosate may also be produced by heating glycine and chloromethylphosphonic acid in aqueous sodium hydroxide (IPCS 1994).

5. POTENTIAL FOR HUMAN EXPOSURE

Glyphosate is produced commercially in the United States as a technical-grade substance with a purity $\geq 95\%$ (McBean 2011).

Glyphosate is typically manufactured for commercial use as a salt available in soluble liquid and soluble granule formulations. Salt forms of glyphosate include the isopropylamine salt, sodium salt, and monoammonium salt. Table 5-1 summarizes some of the common glyphosate salts that may be used as active ingredients in herbicides. Due to the various salt forms, the active ingredient listed on products is sometimes expressed in terms of acid equivalent.

Table 5-1. Glyphosate Salts

Name	CAS Registry Number	EPA PC Code	Cation	U.S. registration ^a
Glyphosate isopropylamine salt	38641-94-0	103601		Yes
Glyphosate mono ammonium	40465-66-5	103604	NH ₄ ⁺	Yes
Glyphosate ethanolamine salt	40465-76-7	103605		Yes
Glyphosate triammonium salt	114370-14-8	103607	NH ₄ ⁺	Yes
Glyphosate diammonium salt	69254-40-6	103607	NH ₄ ⁺	Yes
Glyphosate dimethylammonium salt	34494-04-7	103608		Yes
Glyphosate potassium salts	70901-12-1; 70901-20-1; 39600-42-5	103613	K ⁺	Yes
Glyphosate monosodium salt	34494-03-6	103603	Na ⁺	No
Glyphosate sesquisodium salt	70393-85-0	103603	Na ⁺	No
Glyphosate trimesium	81591-81-3	128501		No

^aPan 2014

CAS = Chemical Abstracts Service; EPA = U.S. Environmental Protection Agency; PC = pesticide chemical

Herbicide formulations employing glyphosate salts are commonly produced in combination with additives, inert ingredients, and surfactants. The salt derivatives enhance absorption of glyphosate from the surface of the plant or leaf structure, but are not the herbicidally active portion of the compound.

Specific formulations vary in composition and are marketed under numerous trade names (NPIRS 2017; PAN 2009). Polyoxyethylene amine (POEA) (CASRN 24911-53-5) is a surfactant used in the

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commercial product Roundup® (PAN 2009). Surfactants are used in herbicide formulations to increase penetration of glyphosate into plants. Sulfuric acid (CASRN 7664-93-9), phosphoric acid (CASRN 7664-38-2), propylene glycol (CASRN 57-55-6), and sodium benzoate (CASRN 532-32-1) are examples of additives used in some formulations (IPCS 1994; PAN 2009). Products may contain other active ingredients such as simazine (CASRN 122-34-9) and 2-methyl-4-chlorophenoxyacetic acid (CASRN 94-74-6). The herbicide 2,4-dichlorophenoxyacetic acid (CAS 94-75-7) may also be present at concentrations ranging from 11.1 to 20.6% (IPCS 1994). Commercial products containing glyphosate have been reported with concentrations ranging from 0.96 to 94 w/w%. The common herbicide, Roundup®, has product formulations containing glyphosate concentrations ranging from 0.96% to 71% (w/w) (NPIRS 2017; PAN 2016b). These products may be diluted depending upon the labeled use as per manufacturers specifications.

The introduction of glyphosate-resistant crops such as soybeans in 1996, canola and cotton in 1997, and maize in 1998, along with the distribution of their genetically engineered seeds, had major impacts on the production and demand for glyphosate.

According to the National Pesticide Information Retrieval System (NPIRS), as of May 2017, there were 43 companies manufacturing EPA federally registered products under the active pesticide code 417300 (glyphosate) (since many chemical names are too long to be handled easily, EPA assigns a 6-digit chemical code number for every active chemical ingredient), which are available for use in the United States; see Table 5-2 (NPIRS 2017). In addition, there were 72 companies in the United States that were manufacturing chemicals under the active pesticide code 103601 (glyphosate isopropylamine salt) (NPIRS 2017).

Table 5-2. Companies Manufacturing Products Under Pesticide Code 417300 (Glyphosate)

Company	Address	City, State, Zip Code
Syngenta Crop Protection, LLC	410 Swing Road	Greensboro, North Carolina 27419
The Scotts Company	D/B/A The Ortho Group, 14111 Scottslawn Road	Marysville, Ohio 43041
FMC Corporation, Agricultural Products Group	1735 Market Street	Philadelphia, Pennsylvania 19103
Monsanto Company	Chesterfield Village Research Center, 700 Chesterfield Parkway North	Chesterfield, Missouri 63017
Winfield Solutions, LLC	P.O. Box 64589	St. Paul, Minnesota 55164

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Table 5-2. Companies Manufacturing Products Under Pesticide Code 417300 (Glyphosate)

Company	Address	City, State, Zip Code
ABC Compounding Co., Inc.	P.O. Box 16247	Atlanta, Georgia 30321
Cheminova A/S	P.O. Box 9	DK-7620 Lemvig
Helena Chemical, Co.	225 Schilling Boulevard, Suite 300	Collierville, Tennessee 38017
Chemsico, A Division of United Industries Corporation	P.O. Box 142642	St. Louis, Missouri 63114
Adama Agan Ltd	P.O. Box 262	Ashdod, 77102, Israel
Drexel Chemical Company	P.O. Box 13327	Memphis, Tennessee 38113
Loveland Products, Inc.	P.O. Box 1286	Greeley, Colorado 80632
Nufarm Limited	103–105 Pipe Road	Laverton North, Victoria 3026 Australia
Albaugh, LLC	P.O. Box 2127	Valdosta, Georgia 31604
Atanor S.A.	Foreign Trade Department, Albarellos 4914	B1605 AFR, Munro, Providence de Buenos Aires
BASF Sparks, LLC	P.O. Box 13528	Research Triangle Park, North Carolina 27709
Control Solutions, Inc.	5903 Genoa-Red Bluff Road	Pasadena, Texas 77507
Tenkoz, Inc.	1725 Windward Concourse	Alpharetta, Georgia 30005
Dow AgroSciences, LLC	9330 Zionsville Rd 308/2e	Indianapolis, Indiana 46268
Makhteshim Agan of North America, Inc.	d/b/a Adama, 3120 Highwoods Boulevard, Suite 100	Raleigh, North Carolina 27604
United Phosphorus, Inc.	630 Freedom Business Center, Suite 402	King of Prussia, Pennsylvania 19406
Monsanto Company	Lawn & Garden Products, 600 13th Street, NW, Suite 660	Washington, DC 20005
Helm Agro US, Inc.	401 E. Jackson Street, Suite 1400	Tampa, Florida 33602
Mey Corporation	121 South Estes Drive, Suite 101	Chapel Hill, North Carolina 27514
Sharda Cropchem, Limited	Domnic Holm, 29th Road	Bandra (West), Mumbai 400050
Rotam Agrochemical Company, Ltd.	26/F, E-Trade Plaza, 24 Lee Chung Street	Chaiwan, Hong Kong
Sharda USA LLC	P.O. Box 640	Hockessin, Delaware 19707
Ragan and Massey, Inc.	101 Ponchatoula Parkway	Ponchatoula Louisiana 70454
Tide International, USA, Inc.	21 Hubble	Irvine, California 92618
Agsaver II, LLC	P.O. Box 111	McGehee, Arkansas 71654
Repar-Glypho, LLC	8070 Georgia Avenue, Suite 209	Silver Spring, Maryland 20910
Farmway, Inc.	P.O. Box 640	Hockessin, Delaware 19707
Consus Chemicals, LLC	22 Pine Tree Drive	Wayne, New Jersey 07470
Axss Technical Holdings, LLC	111 Martin Road	Fulton, Mississippi 38843
Cinmax International, LLC	3050 Suite 113	Bloomington, Minnesota 55425

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Table 5-2. Companies Manufacturing Products Under Pesticide Code 417300 (Glyphosate)

Company	Address	City, State, Zip Code
Agromarketing Co., Inc.	133 Mavety Street	Toronto, Ontario, Canada M6P
Glysorttech, LLC	281 Hampshire Drive	Plansboro, New Jersey 08536
Liberty Crop Protection, LLC	4850 Hahns Peak Drive, Suite 200	Loveland, Colorado 80538
Gly-Peak, LLC	224 South Bell Avenue	Ames, Iowa 60010
Tundra Agroindustrial, Ltd.	P.O. Box 10	Lemars, Iowa 51031
Argustoli H.C., LLC	10191 Park Run Drive, Suite 110	Las Vegas, Nevada 89145
Genmerica NA LLC	P.O. Box 1603	Cheyenne, Wyoming
Gruhn Mill Crop Solutions, LLC	701 Fifth Avenue, Suite 6100	Seattle, Washington 98104

Source: NPIRS 2017

5.2.2 Import/Export

No information was found concerning U.S. imports and exports of glyphosate.

5.2.3 Use

Glyphosate is a phosphonoglycine herbicide, first registered for use by the EPA in 1974. In June 1986, glyphosate was issued a Registration Standard (EPA 1986c) requiring additional data, which included phytotoxicity, environmental fate, toxicology, product chemistry, and residue chemistry studies; reregistration of single active ingredient formulations, plus one additional active ingredient formulation, were finalized in 1993 (EPA 1993). Glyphosate is registered for pre- and post-emergent applications for weed control in the production of various fruit, vegetable, and field crops. Glyphosate may be applied to fields prior to planting in order to remove unwanted weeds and vegetation or in preparation for harvesting in glyphosate resistant crops. Recommended application rates, methods of application and timing, temperature considerations, etc. may be found on individual product labels. Glyphosate is in the process of registration review by EPA; docket ID: EPA-HQ-OPP-2009-0361-0066 (EPA 2017c).

Glyphosate is used as a non-selective contact herbicide. Formulations are applied directly to control native and invasive weeds and vegetation around food crops and non-food field crops, and in non-crop areas such as roadsides, golf courses, right-of-way locations, and aquatic areas. Glyphosate is used in agriculture, forestry, industrial, lawn and garden, and aquatic (e.g., Rodeo®, Clearcast®) environments for weed control. In aquatic usage, the formulation typically contains no surfactant or a surfactant that is

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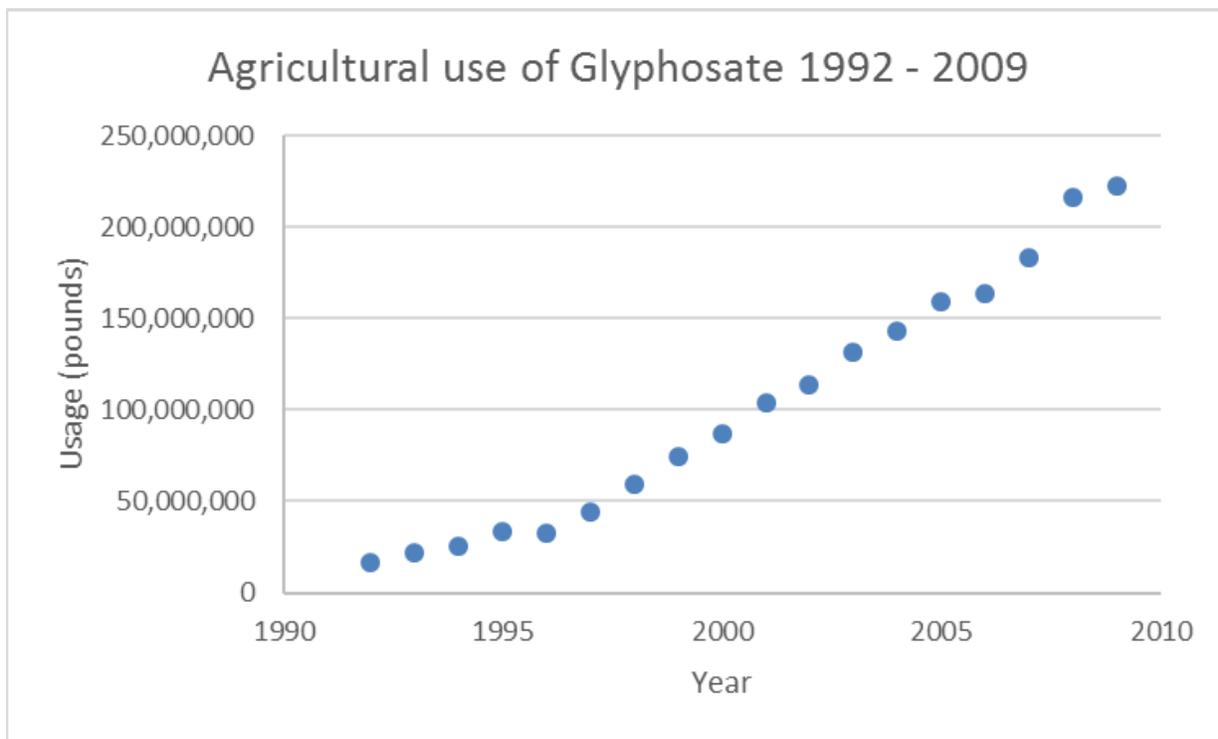
nontoxic to aquatic organisms and applications must be made as per the product instructions to avoid rapid vegetative decay, which can lead to anaerobic environments and potential fish kills (Dow 2017). Glyphosate is applied to control broad-leaved weeds and woody brush, as well as annual and perennial grasses (Muller and Applebyke 2010; Plimmer et al. 2004). The sodium salt (CASRN 34494-03-6) can be used as a plant growth regulator for peanuts and sugarcane (EPA 1993). Glyphosate is a foliar-applied herbicide. Before the introduction of genetically modified glyphosate-resistant crops, application generally occurred before crops were planted (Duke and Powles 2008). After successful production and approval of glyphosate-resistant crops, such as soybean, cotton, maize, and canola, application generally occurs after planting and before harvest; the timing depends on the specific application (Duke and Powles 2008; Muller and Applebyke 2010). The introduction of these glyphosate-resistant crops increased the use of herbicidal products containing this chemical because it is possible to use it post-emergence without actually harming the crop. Greater than 90% of the soybeans produced in the United States are glyphosate tolerant, and most cotton (72%) and about half of the corn (52%) planted in 2007 were glyphosate tolerant (Coupe et al. 2012). It has been estimated that genetically engineered glyphosate-tolerant crops now account for about 56 % of its global usage (Benbrook 2016). Application techniques include aerial treatments, typically used for large-scale purposes, and wiping equipment or spraying equipment attached to vehicles, generally used for small-scale applications (FAO 1997; IPCS 1994).

According to data from the Pesticide Action Network (PAN) Pesticide Database, there are 102 products containing glyphosate (CASRN 1071-83-6) as the active ingredient, 94 of which have active registrations in the United States. There are 848 products containing glyphosate isopropylamine salt (CASRN 38641-94-0) as the active ingredient, of which 739 have active registrations in the United States (PAN 2016a, 2016b).

Increasing trends in annual agricultural use data for the United States are reflected from the use statistics available from the U.S. Geological Survey (USGS) National Water-Quality Assessment (NAWQA) Program. Estimated yearly usage increased from approximately 20 to 60 million pounds from 1992 to 1998, from approximately 70 to 130 million pounds from 1999 to 2003, from approximately 140 to 250 million pounds from 2004 to 2011, and steady use of approximately 285–290 million pounds from 2012 through 2014 (USGS 2017). Figure 5-1 illustrates the agricultural use of glyphosate from 1992 to 2009 in the United States (USGS 2013).

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Figure 5-1. Agricultural Application Trends of Glyphosate in the United States According to U.S. Geological Survey (USGS) Data



Source: USGS 2017

Benbrook (2016) compiled data from the National Agricultural Statistical Service (NASS) to estimate the amount of glyphosate applied for weed control in the production of major agricultural crops and non-agricultural (residential uses) in the United States from 1990–2014). The trends are summarized in Table 5-3.

Crop	1990 Active ingredient (pounds)	2014 Active ingredient (pounds)	% Increase
Soybean	2,663,000	122,473,987	4,499.10%
Corn	880,066	68,949,452	7,734.58%
Cotton	192,429	17,421,787	8,953.62%
Wheat (winter)	331,758	12,353,488	3,623.64%
Alfalfa	381,525	8,853,600	2,220.58%
Sorghum	236,305	4,178,573	1,668.30%
Sugar beets	36,130	2,763,075	7,547.59%
Canola	0	219,392	NA
Wheat spring	75,308	1,201,807	1,495.86%

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Table 5-3. Glyphosate AI (Pounds) Usage Trends from 1990 to 2014

Crop	1990 Active ingredient (pounds)	2014 Active ingredient (pounds)	% Increase
Barley	13,1568	1,064,160	708.83%
Other crops	1,897,522	4,526,043	138.52%
Total	7,683,070	249,906,307	3,152.69%
Non-Agricultural Use			
	5,300,000	26,519,000	400.36%

Source: Benbrook 2016

The EPA recently granted the registration of a new herbicide named Enlist Duo™ containing 2,4-D choline salt and glyphosate for use on genetically modified corn and soybean crops designed to be resistant to 2,4-D and glyphosate (EPA 2014).

5.2.4 Disposal

Wastes resulting from products containing glyphosate should be disposed of at an approved waste disposal facility or in landfills approved for pesticide disposal. Disposal practices should be in accordance with federal, state, and local procedures. Non-refillable containers should never be reused. Empty containers should be rinsed thoroughly and offered for recycling, if available, or disposed of in accordance with container labels. Rinse-water can be emptied into formulation equipment and applied as residual pesticide in the appropriate manner. Do not contaminate fresh waters when disposing of equipment wash waters or container rinse waters. Containers that have not been completely rinsed may be considered hazardous and should be disposed of with regard to federal, state, and local regulations. Any unused product may be recycled by applying the product in an approved use setting or returning it to the manufacturer or supplier for safe disposal (Agrisolutions 2010; EPA 1993, 2011).

5.3 RELEASES TO THE ENVIRONMENT

TRI data should be used with caution because only certain types of facilities are required to report (EPA 2005b). This is not an exhaustive list. Manufacturing and processing facilities are required to report information to the TRI only if they employ ≥ 10 full-time employees; if their facility is included in Standard Industrial Classification (SIC) Codes 10 (except 1011, 1081, and 1094), 12 (except 1241), 20–39, 4911 (limited to facilities that combust coal and/or oil for the purpose of generating electricity for distribution in commerce), 4931 (limited to facilities that combust coal and/or oil for the purpose of generating electricity for distribution in commerce), 4939 (limited to facilities that combust coal and/or

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oil for the purpose of generating electricity for distribution in commerce), 4953 (limited to facilities regulated under RCRA Subtitle C, 42 U.S.C. section 6921 et seq.), 5169, 5171, and 7389 (limited S.C. section 6921 et seq.), 5169, 5171, and 7389 (limited to facilities primarily engaged in solvents recovery services on a contract or fee basis); and if their facility produces, imports, or processes $\geq 25,000$ pounds of any TRI chemical or otherwise uses $>10,000$ pounds of a TRI chemical in a calendar year (EPA 2005b).

No information is available in the TRI database on facilities that manufacture or process glyphosate because this chemical is not required to be reported under Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments and Reauthorization Act of 1986) (EPA 2005b).

The use of glyphosate as an herbicide for crops and non-crop applications is the major source of glyphosate that intentionally enters the environment. Some glyphosate may be released from the manufacture, transport, and disposal of glyphosate or glyphosate-containing products. The majority of herbicidal formulations with glyphosate are directly applied to weeds to remove unwanted vegetation in residential and agricultural settings. Depending on its application, glyphosate may enter aquatic environments through direct application to control aquatic weeds (Dow 2017) or as a result of overspray in areas near aquatic environments. Aerial applications of glyphosate may result in unintended transport, depending on application technique and meteorological conditions, such as wind drift (EPA 1993; IPCS 1994; PAN 2009; Yates et al. 1978).

5.3.1 Air

There is no information on releases of glyphosate to the atmosphere from manufacturing and processing facilities because these releases are not required to be reported (EPA 2005b).

Glyphosate released to the air from aerial and ground equipment has the potential for downwind transport. Yates et al. (1978) assessed the loss due to drift after application. The lowest drift losses resulted when ground sprayers operating at low pressure were employed. The highest drift losses occurred when jet nozzles were employed during aerial application performed by helicopter.

The Air Quality System (AQS) database is EPA's repository of criteria air pollutants and hazardous air pollutants (HAPs), containing monitoring data from $>2,600$ monitoring sites across the United States. Glyphosate has not been included in the AQS ambient air monitoring data as of 2016 (EPA 2017a).

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5.3.2 Water

There is no information on releases of glyphosate to water from manufacturing and processing facilities because these releases are not required to be reported (EPA 2005b).

Glyphosate may enter surface water systems either directly as a result of its aquatic use or indirectly due to overspray near surface water. Aquatic applications of glyphosate are used to control invasive aquatic species such as water chestnut (*Trapa natans*) or other labeled weeds (EPA 2010); however, no quantitative data are available regarding how much glyphosate is applied to aquatic waterways in the United States. Glyphosate may also enter surface waters indirectly due to transport of residues in run-off or erosion events. The amount of glyphosate transported to nearby water bodies from runoff and erosion is dependent upon several factors, including the frequency, timing, and application rate of glyphosate to nearby areas, meteorological conditions (e.g., rainfall events and duration), and the characteristics of the soils in the treated areas. Hydrological factors such as input to the waterbody from overland flow as compared to subsurface infiltration also effect potential pesticide loadings. Coupe et al. (2012) studied the glyphosate levels at three locations located in the United States (South Fork River Basin, Iowa; Sugar Creek River Basin, Indiana; and Bogue Phalia Basin, Mississippi). The basins are located in agricultural areas dominated by soybean, corn, rice, and cotton (Mississippi only) production, but have differing climates and soil characteristics. Water samples collected from 2007 to 2008 at three sites located in the Bogue Phalia basin all had detectable levels of glyphosate and its degradation product, AMPA. Glyphosate concentrations at the sites ranged from 0.03 to 73 µg/L. Levels showed a distinctive seasonal pattern with lowest levels occurring in winter, followed by a steady increase into late fall, which coincided with seasonal application timings of glyphosate. Moreover, both glyphosate and AMPA loads into the basin were greater in 2008 as compared to 2007, which corresponded to a higher rainfall rate for that year. Approximately 59–72% of the water samples collected from the South fork River basin had detectable levels of glyphosate ranging from <0.02 to 5.7 µg/L. Higher glyphosate loadings as a percentage of usage into the Bogue Phalia Basin as compared to the South Fork River Basin is a result a higher overland flow in the basin (as compared to subsurface water infiltration) and the fact that the majority of soils in the Bogue Phalia Basin are characterized as heavy clay soils classified as hydrologic soil groups C and D, which have higher runoff potential than the predominant soil types in the South Fork River Basin.

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Glyphosate levels in the Sugar Creek River Basin, Indiana were limited to measurements taken during two heavy rainfall storm events in which 2.6 and 5.7 cm of rain were recorded. Glyphosate levels ranged from 0.16 to 430 µg/L, with the highest level recorded during the heavier rainfall event.

Battaglin et al. (2005) discussed the occurrence of glyphosate in 51 streams in the Midwestern United States from pre-emergence, post-emergence, and harvest runoff samples. Maximum levels in runoff water ranged from 1.00 µg/L (pre-emergence runoff) to 8.7 µg/L in harvest season runoff samples. Glyphosate levels in surface water are summarized in Section 5.5.2.

5.3.3 Soil

There is no information on releases of glyphosate to soil from manufacturing and processing facilities because these releases are not required to be reported (EPA 2005b).

Glyphosate applied directly to vegetation may migrate to the soil from foliar washoff or translocation from the plants to the root zone. As discussed in Section 5.2.3, glyphosate agricultural uses in the United States increased from about 20 million pounds in 1992 to about 300 million pounds by 2014 (USGS 2017). Battaglin et al. (2014) estimated that nonagricultural uses of glyphosate were about 9,300 metric tons (20.5 million pounds) in the United States in 2007 and Benbrook (2016) estimated that about 26.5 million pounds were used for nonagricultural purposes in 2014.

A 2008 survey of pesticide application in Ontario, Canada, conducted by the Ministry of Agriculture, Food, and Rural Affairs reported that glyphosate use increased from 1,170,762 kg active ingredient in 2003 up to 2,062,648 kg active ingredient in 2008 (OMAFRA 2008). A total of 527,952 kg of glyphosate were used on field crops, 6,700 kg were used on fruit, 6,110 kg were used on vegetables, and 6,635 kg of glyphosate were used on nursery crops, sod, and ginseng; greenhouse crops were not included. Specific 2008 glyphosate applications for weed control by crop use amounted to 527,952 kg in production of field corn, 1,253,773 kg for soybean production, 11,087 kg for canola, 155,428 kg for wheat, 9,206 kg for oats, 6,588 kg for barley, 6,167 kg for mixed grains, 3,185 kg for rye, 18,054 kg for white beans, 18,661 kg for dry beans, 27,011 kg for hay, 2,717 kg for pasture, 1,386 kg for sugar beets, and 1,991 kg for other field crops (OMAFRA 2008).

A 2013/2014 survey of pesticide application in Ontario, Canada, conducted by the Ministry of Agriculture, Food, and Rural Affairs reported pesticide use for glyphosate (OMAFRA 2015). A total of

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2,909,184 kg of glyphosate were used on all surveyed field crops in 2013/2014; 13,194 kg were used for fruit and 9,869 kg were used for vegetables. Specific crop use in 2013 for the amount of the active ingredient glyphosate applied as an herbicide equaled 1,151,051 kg for field corn, 1,544,954 kg for soybeans, 65,230 kg for wheat, 34,573 kg for oats and mixed grains, 11,542 kg for white beans, 27,980 kg for hay and pasture, and 24,144 kg for other field crops (OMAFRA 2015).

5.4 ENVIRONMENTAL FATE

The environmental fate of glyphosate, which includes the transport, partitioning, and transformation of this substance, is controlled by various physicochemical properties, degradation, and other loss processes. Glyphosate is a non-volatile, highly polar, non-residual herbicide that has low potential for environmental persistence and is unlikely to bioaccumulate; the chemical is either degraded or inactivated by adsorption to soil (Smith and Oehme 1992). Microbial degradation in soils and water is an important fate process; reported half-lives range from 2 to 215 days in soils and from 1.5 to 130 days in waters (Battaglin et al. 2014; IPCS 1994; PAN 2009; Rueppel et al. 1977). The wide range of half-lives is a result of environmental conditions such as soil characteristics, pH, and endogenous microbial populations, which are factors that influence the rate of degradation. Glyphosate is not expected to be susceptible to hydrolysis; photodegradation has not been confirmed as an important fate process in any environmental media (Smith and Oehme 1992).

5.4.1 Transport and Partitioning

Glyphosate is not expected to change ionic form at pH levels of 5–8 and is expected to exist in its anionic form under most environmental conditions.

Air. Glyphosate has a low vapor pressure and is expected to exist in the particulate phase in the ambient atmosphere. There is potential for spray drift after application of herbicides, the extent of which is dependent on the mode of application. Aerial applications may result in considerable transport depending on climate conditions (IPCS 1994; Yates et al. 1978). Drift analysis has shown that 10–37% of applied herbicide can drift to non-target plants. Seedling and plant fatalities were found 20–100 m downwind after application, and residues have been detected at 400 and 800 m downwind following ground and aerial applications, respectively (PAN 2009). Photolysis in air is not an important fate process (Rueppel et al. 1977). Particulate-phase glyphosate can be removed from the atmosphere by wet or dry deposition.

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Wet deposition of glyphosate and its major degradation product, AMPA, from the atmosphere ranged from 3.9 to 16 $\mu\text{g}/\text{m}^2$ and from 1.7 to 5.2 $\mu\text{g}/\text{m}^2$, respectively, as reported in a study conducted in Pace, Mississippi, and Blairsburg, Iowa in 2007 and 2008 (Chang et al. 2011). In a study conducted in 2001, the total annual deposition for glyphosate was reported as 49,000 ng/m^2 and the maximum concentration detected was 6,200 ng/L . The total annual deposition for AMPA was reported as 12,757 ng/m^2 and the maximum concentration detected was 1,200 ng/L . The majority of glyphosate detections occurred during the spraying season. Deposition rates and concentrations of glyphosate were higher at the urban sites; this was attributed to its non-agricultural uses. The concentration of glyphosate and several other herbicides/pesticides were monitored in rainwater in Belgium from 1997 to 2001 (Quaghebeur et al. 2004). Glyphosate was detected in about 10% of the samples collected in 2001 at a maximum level of 11,000 ng/L .

Water. Depending on its application, glyphosate may enter aquatic environments through direct application or as a result of overspray in areas near aquatic environments. There is evidence of limited run-off and leaching with sandy soils and heavy rainfall (Borggaard and Gimsing 2008). Partitioning into aqueous environments is attenuated by adsorption to soils and sediments.

Sediment and Soil. Glyphosate will have strong adsorption to most soils due to its ionic nature and is expected to bind to positively charged metal surfaces present in clay and soils. Adsorption occurs through hydrogen bonding ion exchange or complexes of the phosphonate anion as well as the ammonium cation with minerals present in soils (Miles and Moye 1988). In an unpublished report by Monsanto in 1978, <0.1–6.6% of applied activity was recovered in the solution that washed off of the soil columns under leaching conditions simulating a heavy rainfall (IPCS 1994). The potential for run-off and leaching ability of glyphosate was examined by Rueppel et al. (1977) in three soils. Using inclined soil beds and artificial rainfall scenarios, a maximum runoff off $<2 \times 10^{-4}$ kg/ha was reported. Using thin layer chromatography and beta camera analysis, 97–100% adsorption to all three soils indicated that there is minimal possibility for leaching into groundwater. Although glyphosate is expected to adsorb strongly to soil particles and clay minerals, desorption may occur under certain conditions. It has been demonstrated that sorption decreases with increasing soil pH, increasing concentrations of inorganic soil phosphate, and decreasing mineral concentrations (Glass 1987; Gerritse et al. 1996; Piccola et al. 1994; Plimmer et al. 2004; Smith and Oehme 1992; Sprankle 1975). However, because of the strong sorption to most soils, mobility and the potential for migration into groundwater are low. The major degradation product, AMPA (CASRN 1066-51-9), also binds to soils and may be more mobile than glyphosate (Duke and

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Powles 2008; IPCS 1994). Leaching of glyphosate may be possible under certain environmental conditions; however, it is not expected to leach into groundwater under most environmental conditions.

Other Media. Glyphosate is not generally taken up from the soil by a plant's root system since it typically forms bound residues with organic matter in most soils. Absorption of glyphosate via the roots has been discussed in a review by Saunders and Pezeshki (2015); however, many of the studies cited were conducted under hydroponic conditions, which are not likely to be typical of field environments. Some uptake has been demonstrated to occur under field conditions with low organic-containing soils. The EPA Registration Eligibility Decision (RED) document for glyphosate showed that lettuce, carrots, and barley contained glyphosate and AMPA residues after a sandy loam containing 0.3–0.5% organic matter was treated with 3.71 pounds of glyphosate per acre, but accumulation decreased as the length of rotation increased. For example, glyphosate levels were 0.097 ppm in lettuce planted 30 days post-treatment, but only 0.037 ppm in lettuce planted 119 days post-treatment (EPA 1993). After surface application of glyphosate, it may move from the point of application, typically the leaves, to other parts of the plant. Glyphosate can be absorbed into the plant or vegetable through its outer wall or skin and can move throughout the stem and leaves of the entire plant. Metabolism of glyphosate within the plant occurs slowly (Doublet et al. 2009; Smith and Oehme 1992; WHO 2005). Glyphosate is mobile inside the plant and may be transported within the phloem system into other tissues before the plant is killed (Duke and Powles 2008; Pankey 2000; Plimmer et al. 2004). Boerboom and Wyse (1988) investigated absorption and translocation of glyphosate using Canada thistle seeds with various concentrations of a formulation of glyphosate (356 g/L) and the surfactant POEA (178 g/L). Translocation from the treated leaf to the root was clearly observed. Translocation generally decreased as the concentration of glyphosate increased. Application of the smaller droplets resulted in greater translocation to the roots compared to application of larger droplets.

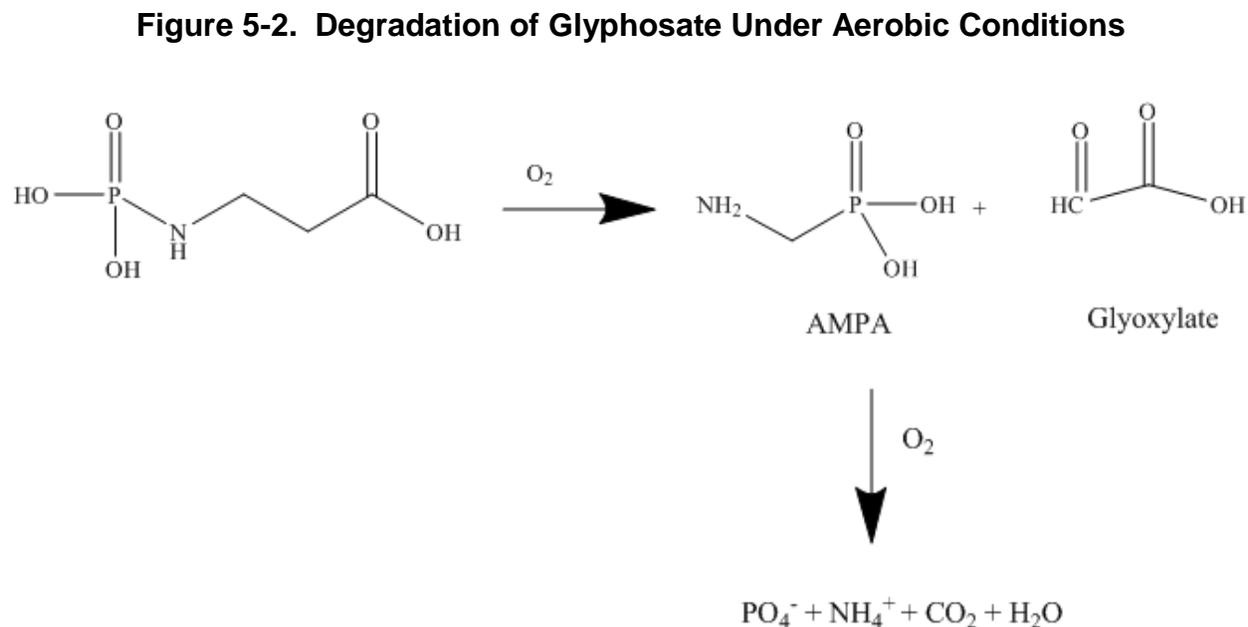
5.4.2 Transformation and Degradation

Glyphosate is readily and completely degraded in the environment mainly by microbial processes. Modes of degradation involving glyphosate oxidoreductase (GOX) and C-Plyase enzymatic pathways have been suggested. AMPA has been identified as the major metabolite in both soils and water. Sarcosine is an additional degradation product produced by the C-Plyase enzymatic pathway. Glyoxylic acid (CASRN 298-12-4) is an additional degradation product by the GOX enzymatic pathway. Both pathways result in complete mineralization to inorganic phosphate, carbon dioxide, ammonium, and water (Balthazor and Hallas 1986; Kishore and Jacob 1987; Shinabarger and Braymer 1986). AMPA has reported soil half-

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lives ranging from 60 to 240 days and aquatic half-lives similar to glyphosate (Battaglin 2014).

Figure 5-2 illustrates the degradation of glyphosate under aerobic conditions.



Source: Schuette 1998

The high water solubility, low $\log K_{ow}$, and ionic nature of glyphosate suggest that this compound would not be expected to bioaccumulate in aquatic organisms (IPCS 1994; WHO 2005). Jackson et al. (2009) measured whole-body bioconcentration factor (BCF) values for glyphosate in bluegill fish (*Lepomis macrochirus*) using EPA guideline method OPPTS 850.1730 for an exposure period of 28 days. A BCF value of 0.52 ($\log BCF -0.284$) was reported, suggesting that bioconcentration was low. Accumulated residues of glyphosate in fish, crustaceans, and mollusks exposed to water containing glyphosate declined approximately 50–90% over 14–28 days after removal from the glyphosate water into glyphosate-free water (WHO 2005). Bioaccumulation of glyphosate in blackworms (*Lumbriculus variegatus*), following soil application of glyphosate and a commercial formulation, was investigated (Contardo-Jara et al. 2009). BCF values after 4 days of exposure to concentrations of 0.05–5 mg/L of both 98% pure glyphosate and the formulation Roundup Ultra® were measured at 20°C (Contardo-Jara et al. 2009). BCF values based on the fresh weight of the worms ranged from 1.2 to 5.9; the BCF values for pure glyphosate at 0.05, 0.5, and 5.0 mg/L were approximately 2.9, 1.1, and 2.8, respectively and BCF values for Roundup Ultra® at 0.05, 0.5, and 5.0 mg/L were approximately 5.9, 3.8, and 2.7, respectively. The greater uptake of glyphosate from the Roundup Ultra® sample was attributed to the surfactant in the formulation, POEA.

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The mechanism of action for glyphosate's herbicidal properties involves the inhibition of enzymes in the shikimate pathway. Specifically, the enzyme enolpyruvylshikimate-3-phosphate synthase is inhibited, creating a deficiency of enolpyruvylshikimate-3-phosphate and an abundance of shikimate. It has been suggested that the actual death of the plant is due to the disruption of plant processes regulated by the shikimate pathway essential to plant health and growth such as the primary biosynthesis of aromatic amino acids like phenylalanine, tryptophan, and tyrosine, as well as lignin and chlorophyll, and secondary processes such as flavonoid synthesis. These primary processes are exclusive to plants and some microorganisms and do not occur in any animals; therefore, the inhibition of enzyme production induced by glyphosate only affects species in the plant kingdom. It has also been suggested that the increased carbon flow to the shikimate pathway decreases carbon available for other essential photosynthetic processes (Muller and Applebyke 2010; Pankey 2000; Plimmer et al. 2004; Servaites et al. 1987).

In transgenic plants modified to be glyphosate tolerant, glyphosate is converted to N-acetylglyphosate (CASRN 129660-96-4), a chemical that lacks herbicidal properties (Pioneer 2006). This chemical may be further metabolized to N-acetyl (aminomethyl)phosphonic acid (N-acetyl-AMPA) (PAN 2009).

Air. Glyphosate has low vapor pressure and is considered stable in ambient air. Photolysis in air was examined by Rueppel et al. (1977). Loss of ^{14}C -labelled glyphosate was <3% after 48 hours; therefore, direct photolysis is not an important fate process (48 hours of direct irradiation is similar to 16 8-hour days of sunlight).

Water. Glyphosate has high water solubility and is expected to exist as an anion at neutral pH (IPCS 1994; O'Neil et al. 2013). Based on experimental adsorption coefficients ranging from 8 to 377 dm^3/kg for various soil and clay substrates, glyphosate is expected to adsorb to suspended solids and sediments in water. Precipitation from water has been suggested due to water-insoluble metal complexes with iron(III), copper(II), calcium, and magnesium that have been found; coordination occurs through the amine nitrogen, the carboxylic oxygen, and the phosphate oxygen (Subramaniam and Hoggard 1988). Photodegradation in water is not expected to be an important fate process for glyphosate under environmentally relevant conditions. Experimental half-lives of <28 days upon exposure to natural light at pH 5, 7, and 9 have been reported (IPCS 1994; Rueppel et al. 1977). No detectable photodegradation was observed in a study using sterile water and exposure to ultraviolet (UV) light or natural sunlight (Smith and Oehme 1992). Lund-Hoje and Friestad (1986) exposed glyphosate to UV light at 254 nm at 20°C in the laboratory and exposed 1% glyphosate solutions in deionized water, polluted water, and water with suspended sediments to natural sunlight (measured $\lambda=295\text{--}385$ nm) outside at temperatures ranging

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from 20 to -5°C. Results indicated that photodegradation occurred faster in pure water as opposed to polluted water or water with sediments in which adsorption accounted for the majority of dissipated glyphosate. A photolytic half-life of 3–4 weeks was observed for glyphosate, at an initial concentration of 2,000 ppm in the deionized water exposed to UV light. A photolytic half-life of 5 weeks at 100 ppm was observed for glyphosate in deionized water, exposed to natural sunlight. The rate of hydrolysis is considered very slow. In a study at 35°C, glyphosate did not undergo hydrolysis in buffered solutions with a pH of 5, 7, or 9. Laboratory studies have reported a half-lives of >14 days in water and sediment under aerobic conditions and 14–22 days under anaerobic conditions for glyphosate (IPCS 1994). In an aqueous hydrolysis study at 25°C in buffered solutions of pH 5, 7, and 9, glyphosate was considered hydrolytically stable, with extrapolated half-lives beyond 3 years (EPA Undated).

Rapid dissipation of glyphosate in small forest ponds was observed as a result of sediment sorption and microbial degradation (Goldsborough and Beck 1989). Dissipation in three ponds, pH 5.0–7.7, resulted in half-lives of 1.5–3.5 days. After 38 days, glyphosate was not detected in any of the samples. AMPA concentrations were consistently low throughout the study.

Microbial degradation of glyphosate in water sediments has been investigated. AMPA has been identified as the major metabolite in water. Rueppel et al. (1977) performed non-sterile and sterile soil/water shake flask experiments to examine the degradation of glyphosate under aerobic and anaerobic conditions. The ¹⁴C-labeled glyphosate samples used were between 94.8 and 98.1% pure. Ray silt loam, Norfolk sandy loam, and Drummer silty clay loam soil samples were used. In the sterile soil test, 1.0% degradation was achieved after 7 days; the report suggests that abiotic chemical degradation is not a likely fate process for glyphosate. In the non-sterile aerobic and anaerobic tests in Ray silt loam, carbon labeled glyphosate achieved 46.8–55.3 and 33.5–55.3% degradation, respectively, after 28 days, measured by applied ¹⁴C as CO₂ evolution. In the non-sterile aerobic tests in Drummer loams, both fresh and bin-stored, carbon-labeled glyphosate achieved just over 40% and just under 20% degradation, respectively, after 28 days, measured by applied ¹⁴C as CO₂ evolution. In the fresh Drummer loam and Ray loam samples, no lag phases were observed and the bulk of the degradation occurred by day 7, after which time, the rate of degradation declined. The slowing of degradation was attributed to adsorption to soil. In Ray silt loam and Drummer silty clay loam, dissipation of glyphosate reached 90% after 14 and 80 days, respectively, and half-lives were reported as 3 and 25–27 days, respectively. The results were similar at different concentrations of glyphosate. In the non-sterile aerobic test in Norfolk sandy loam, carbon-labeled glyphosate achieved <10% degradation after 28 days, measured by applied ¹⁴C as CO₂ evolution, and 43% dissipation occurred after 112 days. A half-life of 130 days was reported for Norfolk soil. The

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principle degradation product identified, AMPA, was confirmed in soil samples by nuclear magnetic resonance (NMR) imaging, mass spectral analysis, ion-exchange chromatography, and thin-layer chromatography. Minor degradation products identified included N-methylaminomethylphosphonic acid, glycine, N,N-dimethylaminomethylphosphonic acid, and hydroxymethylphosphonic acid, all of which were typically present at <1% (Rueppel et al. 1977). The metabolite, AMPA, achieved 16.1 and 34.8% degradation after 63 days in Drummer and Ray loams, respectively, measured by applied ^{14}C as CO_2 evolution.

Abiotic degradation was examined by Ascolani Yael et al. (2014) in aqueous solution in the presence of copper salts; results indicated that glyphosate interactions with metal ions in soils may catalyze degradation to AMPA. Further investigation was proposed.

Sediment and Soil. Glyphosate is readily degraded in the terrestrial environment by a variety of microorganisms. Bacteria, actinomycetes, fungi, and other soil microbes have the ability to degrade glyphosate. AMPA has been identified as the major metabolite in soil. Glyphosate may also be degraded in soil to sarcosine and inorganic phosphate. Photodegradation is not expected to be an important fate process in soil.

After application of Roundup® at about 2.0 kg/ha (acid equivalent of isopropylamine salt of glyphosate) to Carnation Creek watershed (10 km² study area), 50% of the glyphosate residues in soil dissipated after 45–60 days and 82–94% dissipated after 360 days (Feng et al. 1990a).

It has been demonstrated that inorganic phosphate present in soils may inhibit some microbial degradation of glyphosate (Kishore and Jacob 1987). Strains capable of using glyphosate as a sole carbon, nitrogen, or phosphorus source, thereby degrading glyphosate, include *Flavobacterium* sp. (Balthazor and Hallas 1986), which is known to degrade glyphosate in the presence of phosphate, *Pseudomonas* sp. PG2982 (Kishore and Jacob 1987; Shinabarger and Braymer 1986), *Arthrobacter atrocyaneus* (Pipke and Amrhein 1988), and *Rhizobium* spp. (Liu et al. 1991). Biodegradation may involve co-metabolism with other energy sources as well (Sprankle et al. 1975). Degradation products include AMPA and glyoxylic acid, which are subsequently degraded to inorganic phosphate, carbon dioxide, and ammonium. In addition, some bacterial degradation results in the production of sarcosine and inorganic phosphate (Borggaard and Gimsing 2008; Kishore and Jacob 1987; Liu et al. 1991; Pipke and Amrhein 1988; Shinabarger and Braymer 1986).

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Microbial degradation of bound and unbound glyphosate in several soils resulted in 17.4–45% ultimate degradation after 28 days; the highest degradation rate was observed in Conover sandy clay loam soil (Sprankle et al. 1975). The majority of the degradation was attributed to co-metabolic processes of soil microbes, with possible chemical degradation occurring.

In a biodegradation experiment with activated sludge, the bacterial strain, *Flavobacterium* sp., was identified as the microorganism metabolizing glyphosate to AMPA. This degradation was followed by complete mineralization of AMPA, using the enzyme phosphonatease, to carbon dioxide (CO₂), phosphate (PO₄³⁻), ammonium (NH₄⁺), and water (H₂O) (Balthazor and Hallas 1986).

A variety of microorganisms are capable of degrading glyphosate. In one degradation pathway, the initial step involves cleavage of the carbon-phosphate bond to produce sarcosine and inorganic phosphate. This is followed by conversion of sarcosine to glycine and formaldehyde. *Pseudomonas* sp. PG2982 uses the enzyme, C-P lyase, to cleave the carbon-phosphate bond in glyphosate, producing sarcosine. This is followed by the cleavage of sarcosine into glycine and formaldehyde (Kishore and Jacob 1987; Shinabarger and Braymer 1986). Glycine and formaldehyde are metabolized in other biosynthesis processes, such as the oxidation of formaldehyde to carbon dioxide. Multiple strains in the bacterial family *Rhizobiaceae* have the ability to metabolize glyphosate. Liu et al. (1991) found that rhizobia bacterial cells took up close to 85% of available glyphosate within 30 minutes, after which time, the percentage began to decrease. Thin layer chromatography confirmed the presence of sarcosine and glycine as degradation products.

Doublet et al. (2009) studied the degradation of plant absorbed glyphosate in soils. Plants containing residues of glyphosate can enter the soils during crop cycling or harvesting. Degradation of glyphosate was different depending on the plant tissue in which it was absorbed. Mineralization rate constants (k (day⁻¹)) ranged from 0.031 to 0.097 in the apex of oilseed rape and in the lamina of maize, respectively. It was noted that absorption of glyphosate in plants delayed degradation in soil.

Glyphosate is expected to adsorb strongly to soil particles and clay minerals; however, the amount of glyphosate sorbed decreases with increasing soil pH. Adsorption and desorption of glyphosate were examined using HPLC (Gerritse et al. 1996; Glass 1987; Piccola et al. 1994; Sprankle et al. 1975). Adsorption to agricultural soils and clay minerals and the effects of pH and cation saturation were examined by Glass (1987). The K_{oc} values were 4,900 for clay loam with pH 7.5 and organic content (OC) of 1.56%; 3,400 for silt loam with pH 5.8 and OC of 1.64%; and 2,600 for sandy loam with pH 5.6

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and OC of 1.24%. The adsorption and desorption of glyphosate and the effects of soil characteristics in four various soil types were assessed (Piccolo et al. 1994). Some characteristics for the four soils follow: Sample A, pH 8.0 and 0.00 OC % (64.1% silt); sample B, pH 5.8 and 3.73 OC% (46.3% sand); sample C, pH 4.6 and 9.23 OC % (81.5% sand); and sample D, pH 8.3 and 0.45 OC % (82.4% silt). The greatest adsorption occurred in the soil with the highest concentrations of iron (4.74%) and aluminum (1.57) oxides (sample B); the greatest desorption occurred in the soil with lowest concentration of iron (0.18%) and aluminum (0.16%) oxides (sample A). The percent desorptions of glyphosate from the four soils were 81% in sample A, 15% in sample B, 72% in sample C, and 35% in sample D. A ligand exchange mechanism is hypothesized for the adsorption of glyphosate involving either the phosphonic component or the carboxylic component of this substance and adsorption to iron and aluminum sites (Benetoli et al. 2010; Piccola et al. 1994). The adsorption and desorption of both glyphosate and its metabolite, AMPA, were examined by Gerritse et al. (1996) using five soil types. K_{oc} values calculated for soil organic carbon ranged from 8.5 to 5×10^6 after 1 day and from 45 to $>5 \times 10^6$ after 1 week. The strongest adsorption occurred in the soil with the highest iron and aluminum content. The weakest adsorption occurred in the soil with the highest organic content. These results indicate that glyphosate has a notable affinity towards some soils, particularly with lower pH values and greater mineral content, and desorption occurs under certain environmental conditions especially as pH values increase and mineral concentrations decrease.

During a monitoring study with mixtures of Roundup® plus an additional herbicide, soil adsorption and desorption studies were performed on soils from Baton Rouge, Bridge City, and Hammond Louisiana (LaDOTD 1995). The Hammond soil with a pH <8 adsorbed >90% of the applied glyphosate. Adsorption values (K_f) were 8.7, 0.1, and 0.34 for Baton Rouge, Bridge City, and Hammond soils, respectively. Desorption values (K_d) were 355, 0.04, and 0.005 $\mu\text{g/g}$ for Baton Rouge, Bridge City, and Hammond soils, respectively.

Greater than 90% of the glyphosate residues detected in forest soil samples (pH 4.20–5.28), where herbicides containing glyphosate had been sprayed, were found in the upper layers (depth of 0–15 cm) of the soils in both seasonally flooded and well-drained soils, indicating minimal leaching of glyphosate (Feng et al. 1990b).

Glyphosate dissipates from soil under certain environmental conditions. Half-life values between 3 and 174 days have been reported. In field experiments, dissipation from the soil due to run-off has been demonstrated (IPCS 1994). Landry et al. (2005) examined the leaching potential and mineralization of

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glyphosate in vineyard soils by monitoring outdoor soil columns from May 2001 to May 2002. Bare and grass-covered soils with pH values ranging from 8.0 to 8.4 were studied. Sand, silt, and clay contents were 23.8–34.4, 36.5–39.6, and 29.1–36.9%, respectively, of the bare soils and 26.2–35.6, 34.2–41.3, and 29.6–32.5%, respectively, of grass-covered soils. An aqueous solution of herbicide containing 340 mg/L glyphosate was applied to both soil column surfaces. Effluents from the bare and grass-covered soils were collected weekly and after heavy precipitation to evaluate leaching of glyphosate and AMPA. Glyphosate was detected in 37% of the bare soil leachates and 27% of the grass-covered soil leachates. The highest concentrations measured from the bare soil leachate and grass-covered leachate were 17 and 2.7 µg/L, respectively. AMPA was detected in 90% (maximum concentration 9.4 µg/L) of the bare soil leachates and 41% (maximum concentration 3.5 µg/L) of the grass-covered soil leachates. Mineralization analysis was performed at 20°C for 42 days in both soils. In the grass-covered soil and bare soil, ¹⁴C-labeled glyphosate achieved 46.5 and 43.5% CO₂ evolution after 42 days, respectively. Rapid degradation was observed with no lag phase; the highest rate of degradation occurred within the first 2 days. It was suggested that the initial rapid degradation was based on the degradation of free glyphosate and slowing rates of degradation were attributed to the degradation of adsorbed glyphosate.

Other Media. After application of herbicides, 30–97% of the applied glyphosate may be taken up by the plant by absorption from the treated leaves. Glyphosate-based formulations containing surfactants (and adjuvants) have a higher rate of absorption compared to glyphosate water solutions (Doublet et al. 2009). Surfactants in herbicide formulations aid in the adsorption and absorption of the active ingredient. Glyphosate is absorbed by plant foliage and transported or moved through the plant via phloem vessels; translocation patterns depend on the specific species of plant. Glyphosate enters these vessels slowly, but once inside, it becomes ‘trapped’ because of the pH within the vessels, which causes ionization (Gomes et al. 2014; IPCS 1994). Glyphosate may be degraded or metabolized in plants, AMPA is a notable degradation product (Duke 2011). An examination of the metabolism of glyphosate in soybean and canola suggest that some plants use a GOX enzyme for the conversion of glyphosate to AMPA. Degradation of glyphosate in glyphosate-resistant crops may give a better picture of the metabolic processes without interferences found in conventional crops. In transgenic plants modified to be glyphosate tolerant, glyphosate is converted to N-acetylglyphosate, which lacks herbicidal properties (Pioneer 2006). This chemical may be further metabolized to N-acetyl-AMPA (PAN 2009). Glyphosate and AMPA accumulate less in glyphosate-resistant crops than in conventional crops. Lower glyphosate and AMPA levels in glyphosate-resistant canola compared to conventional crops suggested that metabolism is more rapid in glyphosate-resistant canola (Duke 2011).

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5.5 LEVELS IN THE ENVIRONMENT

Reliable evaluation of the potential for human exposure to glyphosate depends, in part, on the reliability of supporting analytical data from environmental samples and biological specimens. Concentrations of glyphosate in unpolluted atmospheres and in pristine surface waters are often so low as to be near the limits of current analytical methods. In reviewing data on glyphosate levels monitored or estimated in the environment, it should also be noted that the amount of chemical identified analytically is not necessarily equivalent to the amount that is bioavailable.

Table 5-4 shows the lowest limits of detection (LODs) that are achieved by analytical analysis in environmental media. An overview summary of the range of concentrations detected in environmental media is presented in Table 5-5.

Table 5-4. Lowest Limit of Detection Based on Standards^a

Media	Detection limit	Reference
Air	0.01 ng/m ³	Chang et al. 2011
Drinking water	5.99 µg/L (ppb)	EPA 1990
Surface water and groundwater	Glyphosate and AMPA 0.02–0.10 µg/L 0.005 µg/L	Lee et al. 2002; USGS 2002 Ibanez et al. 2005
Soil and sediment	Organic soil =0.05 µg/g Mineral soil=0.02 µg/g Foliage=0.10 µg/g Sediment=0.03 µg/g Soil=0.005 µg/g	Thompson et al. 1989 Ibanez et al. 2005
Whole blood	15 ng/mL	Aris and LeBlanc 2011
Urine	0.09 ng/mL 0.1 ng/mL	Biagini et al. 2004 Jensen et al. 2016
Milk	10 µg/L (ppb)	Jensen et al. 2016
Crops and commodities	0.01 mg/kg	Alferness 1993

^aDetection limits based on using appropriate preparation and analytics. These limits may not be possible in all situations.

AMPA = aminomethylphosphonic acid

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Table 5-5. Summary of Environmental Levels of Glyphosate

Media	Low	High	For more information
Outdoor air (ng/m ³)	<0.01 (glyphosate) <0.01 (AMPA)	9.1 (glyphosate) 0.97 (AMPA)	Table 5-6
Surface water (ppb)	0.02	27.80	Table 5-8
Ground water (ppb)	0.01	2.2	Table 5-9
Drinking water (ppb)	Not detected		Table 5-9
Food (ppb)	0.078	5.47	Section 5.5.4, Other Media
Sediment	Not detected		Table 5-10

AMPA = aminomethylphosphonic acid

A study by the USGS evaluated 3,732 environmental samples across 38 states and the District of Columbia from several studies examining glyphosate in the environment; the samples were collected between 2001 and 2010 from 1,341 different sites, including groundwater; lakes, ponds, and wetlands; soil water; streams; large rivers; precipitation; ditches and drains; soil and sediment; and waste water treatment plant outfall (Battaglin et al. 2014). Glyphosate was detected in 39.4% of all the samples, with a median value of <0.02 µg/L and a maximum value of 476 µg/L. Its degradation product, AMPA, was detected in 55% of all the samples, with a median value of 0.04 µg/L and a maximum value of 397 µg/L. Groundwater (n=1,171) had the smallest percentage of detections, with 5.8% for glyphosate and 14.3% for AMPA. Glyphosate was detected in 53% of the 1,508 stream samples and AMPA was detected in 72%. Glyphosate was detected in 34% and AMPA was detected in 30% of the 104 small body water samples such as lakes and ponds. Out of 11 waste water treatment plant (WWTP) samples, glyphosate and AMPA were detected in 9.1 and 82%, respectively. Out of 85 precipitation samples, glyphosate was detected in 71% and AMPA was detected in 72%. Glyphosate was detected in 71% of the 374 ditch and drain samples, with a median value of 0.02 µg/L and a maximum value of 427 µg/L. Glyphosate was only detected without its degradation product, AMPA, in 2.3% of all of the samples; AMPA was detected without glyphosate in 17.9% of the samples. In 42.7% of all of the samples, neither analyte was detected. Several sites with multiple samples during the years 2001–2005 and 2006–2010 indicated that the detection frequency and median concentration of both glyphosate and AMPA had increased in the environment (Battaglin et al. 2014). The highest level of glyphosate was detected in soils and sediments. Out of 45 samples, glyphosate was detected in 91%, with a median value of 9.6 µg/kg and a maximum value of 476 µg/kg. AMPA was detected in 93.3% of 45 samples, with a median value of 18 µg/kg and a maximum value of 341 µg/kg.

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5.5.1 Air

Ambient air monitoring data for glyphosate are compiled in Table 5-6.

Table 5-6. Outdoor Air Monitoring Data for Glyphosate

Location	Date	Median concentration (range) in ng/m ³	Notes	Reference
Agricultural ambient air; Mississippi	2007	Glyphosate: 0.48 (<0.01–9.1) AMPA: 0.06 (<0.01–0.49)	Glyphosate and AMPA detected in 19/22 air samples	Chang et al. 2011
	2008	Glyphosate: 0.24 (<0.01–1.5) AMPA: 0.02 (<0.01–0.09)	Glyphosate and AMPA detected in 27/27 and 19/27 air samples, respectively	
Agricultural ambient air; Iowa	2007	Glyphosate: 0.08 (<0.01–5.4) AMPA: 0.02 (<0.01–0.97)	Glyphosate and AMPA detected in 11/18 and 10/18 air samples	Chang et al. 2011
	2008	Glyphosate: 0.22 (<0.01–7.7) AMPA: 0.04 (<0.01–0.38)	Glyphosate and AMPA detected in 13/18 and 11/18 air samples	
Agricultural breathing zones; Baton Rouge, Bridge City, Hammond, Louisiana;	June 19, 1990–October 9, 1990	<0.1–138.6 µg/m	Breathing zone air (110 samples); sampled in areas where mixtures of 1995 commercial herbicides were applied using spray equipment with operating capabilities of 0.37 L/minute	LaDOTD

AMPA = aminomethylphosphonic acid

5.5.2 Water

A comprehensive study conducted by the USGS from 2001 to 2006 examined glyphosate and its degradation products, glufosinate and AMPA, in 2,135 groundwater and surface water samples, 14 rainfall samples, and 193 soil samples in major river basins in the United States (USGS 2007). Results indicated that AMPA was detected more frequently and at similar concentrations than parent glyphosate in many samples, whereas glufosinate was seldom detected. The results are summarized in Table 5-7.

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Table 5-7. Glyphosate and its Degradation Products in Water Samples in Major U.S. River Basins

N	Glyphosate			AMPA			Glufosinate		
	Detections	Maximum (µg/L)	Minimum (µg/L)	Detections	Maximum (µg/L)	Minimum (µg/L)	Detections	Maximum (µg/L)	Minimum (µg/L)
Groundwater									
873	68	4.7	0.02	133	2.6	0.02	0	NA	NA
Surface water									
1,262	489	427	0.02	725	41	0.02	7	1.5	0.05
Rainfall									
14	12	1.1	0.3	12	0.47	0.02	0	NA	NA

Source: USGS 2007

Additional water monitoring data for glyphosate are compiled in Tables 5-8 and 5-9.

5.5.3 Sediment and Soil

Sediment and soil monitoring data for glyphosate are compiled in Table 5-10.

5.5.4 Other Media

In 2006, 20 prepared food samples were examined for glyphosate residues using electrospray ionization–liquid chromatography tandem mass spectrometry with limit of quantitation of 0.01 mg/kg and an LOD of 0.005 mg/kg (McQueen et al. 2012). Composite food samples assessed had a mean concentration of 0.08 mg/kg.

Four weeks post application of glyphosate at 4.5 kg/ha to separate pots planted with conventional corn, cotton, soybeans, and wheat, concentrations of glyphosate were 0.21, 0.26, 0.20, and 0.20 mg/kg, respectively. Six weeks after application, concentrations in corn, cotton, soybeans, and wheat were 0.14, 0.21, 0.29, and 0.18 mg/kg, respectively, and 8 weeks after application, concentrations in corn, cotton, soybeans, and wheat were 0.079, 0.42, 0.076, and 0.35 mg/kg, respectively (FAO 2005). Four-week concentrations of glyphosate in control crops of corn, cotton, soybeans, and wheat were 0.068, 0.04, 0.029, and 0.008 mg/kg, respectively. Six-week concentrations in control crops of corn, cotton, soybeans, and wheat were 0.089, 0.020, 0.11, and 0.015 mg/kg, respectively, and 8-week concentrations in control crops of corn, cotton, soybeans, and wheat were 0.022, 0.27, 0.045, and 0.061 mg/kg, respectively (FAO 2005).

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Table 5-8. Surface Water Monitoring Data for Glyphosate

Location	Date	Concentration (range) in µg/L	Notes	Reference
Surface water United States	2016	Mean: 0.30 ; Median 0.10; (0.02–5.1)	EPA STORET data: Routine monitoring samples from USGS Science Centers in Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan Center, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oregon, South Carolina, Texas, Utah, Washington, and Wyoming	WQP 2017
Surface water United States	2015	Mean: 0.27; Median 0.08; (0.02–24.20)	EPA STORET data: Routine monitoring samples from Minnesota Department of Agriculture–Pesticide and USGS Science Centers in Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan Center, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, North Washington, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Washington, and Wyoming	WQP 2017
Surface water United States	2014	Mean: 0.38; Median 0.10; (0.02–8.10)	EPA STORET data: Routine monitoring samples from Minnesota Department of Agriculture–Pesticide and USGS Science Centers in Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Virginia, Washington, and Wyoming	WQP 2017
Surface water United States	March to October 2013	Mean: 0.85; Median 0.34; (0.02–27.80)	EPA STORET data: Routine monitoring samples from Minnesota Department of Agriculture and USGS Science Centers in Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Minnesota, Missouri, Nebraska, New York, North Carolina, Ohio, South Dakota, Wisconsin, and Wyoming	WQP 2017

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Table 5-8. Surface Water Monitoring Data for Glyphosate

Location	Date	Concentration (range) in µg/L	Notes	Reference
Rivers, small streams, agricultural ditches, and low-flow wetlands Southern Ontario	May and mid-December 2004; April and November 2005	5–41	2004: 203 surface water samples collected from 26 sites 2005: 299 samples taken from 58 sites ~50% of sites detected glyphosate multiple times AMPA detected at trace levels (20–66 µg/L in 5.4% of samples)	Struger et al. 2008
Streams Minnesota, Wisconsin, Nebraska, Iowa, Illinois, Indiana, Ohio, Kansas, and Missouri	2002	Minimum: 0.10–0.46 detected in Iowa, Missouri, and Wisconsin Maximum: 0.54–8.7 detected in Illinois, Indiana, Kansas, Minnesota, Nebraska, and Wisconsin	51 locations (155 total samples); samples collected post-application of pre-emergence herbicides, post-application of post-emergence herbicides, and during the harvest season. Glyphosate detected at levels above the method reporting limit of 0.10 µg/L in 35% of pre-emergence samples, 40% of post-emergence samples, and 31% of harvest season samples. AMPA detected at levels >0.10 µg/L in 53% of pre-emergence samples, 83% of post-emergence samples, and 73% of harvest season samples.	Battaglin et al. 2005
Rainwater Mississippi	2007	Glyphosate: Median: 0.2 (<0.1–1.9) AMPA: Median: 0.1 (<0.1–0.3)	Glyphosate and AMPA detected in 8/11 and 8/11 samples, respectively	Chang et al. 2011
	2008	Glyphosate: Median: 0.15 (<0.1–1.6) AMPA: Median: <0.1 (<0.1–0.48)	Glyphosate and AMPA detected in 13/11 and 14/19 samples, respectively	
Rainwater Iowa	2007	Glyphosate: Median: 0.2 (<0.1–2.5) AMPA: Median: <0.1 (<0.1–0.2)	Glyphosate and AMPA detected in 10/14 and 5/14 samples, respectively	Chang et al. 2011
	2008	Glyphosate: Median: 0.1 (<0.1–1.8) AMPA: Median: <0.1 (<0.1–0.24)	Glyphosate and AMPA detected in 15/24 and 12/24 samples, respectively	
Rainwater Indiana	2004	Glyphosate: Median: 0.14 (<0.1–1.1) AMPA: Median: <0.1 (<0.1–47)	Glyphosate and AMPA detected in 11/12 and 11/12 samples, respectively	Chang et al. 2011

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Table 5-8. Surface Water Monitoring Data for Glyphosate

Location	Date	Concentration (range) in µg/L	Notes	Reference
Rainwater Flanders, Belgium	2001	Maximum during spraying season: Glyphosate: 6,200 ng/L AMPA: 1,200 ng/L Average annual concentrations: Glyphosate: 78 ng/L AMPA: 20 ng/L	Glyphosate detected in 10% of samples; AMPA detected in 13% of samples	Quaghebeur et al. 2004

AMPA = aminomethylphosphonic acid; EPA = U.S. Environmental Protection Agency; MDL = method detection limit; STORET = STOrage and RETrieval; USGS = U.S. Geological Survey

Table 5-9. Groundwater Monitoring Data for Glyphosate

Location	Date	Concentration (µg/L)	Notes	Reference
Groundwater Wyoming	September 9, 2010	1.6	EPA STORET data: Routine monitoring sample from USGS Wyoming Water Science Center	WQP 2017
Groundwater Florida	March 2, 2010	0.14	EPA STORET data: Routine monitoring sample from USGS Florida Water Science Center	WQP 2017
Groundwater Louisiana	April, October, and November 2011	0.03–2.2	EPA STORET data: Routine monitoring sample from USGS Louisiana Water Science Center; depths 43.5–82 feet	WQP 2017
Groundwater Alabama Texas	February and April, 2012	0.01–0.06	EPA STORET data: Routine monitoring sample from USGS Alabama Water Science Center; USGS Texas Water Science Center	WQP 2017
Groundwater Kansas	June and August 2014, June 2015, July 2016	0.02–0.24	EPA STORET data: Routine monitoring sample from USGS Kansas Water Science Center	WQP 2017
Groundwater 23 U.S. states	2001–2010	Median: <0.02 Maximum: 2.03	Detected in 68 out of 1,171 samples	Battaglin et al. 2014

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Table 5-9. Groundwater Monitoring Data for Glyphosate

Location	Date	Concentration (µg/L)	Notes	Reference
Groundwater Washington, DC	2008	0.02	Detected in 1 out of 13 well; not detected in 14 wells sampled in 2005	USGS 2010
Well water Minnesota	October and November 2014, 2015	Not detected	EPA STORET data: Routine monitoring sample from Minnesota Department of Agriculture Pesticide Monitoring Program; activity depth reported at 0 m	WQP 2017

EPA = U.S. Environmental Protection Agency; STORET = STorage and RETrieval; USGS = U.S. Geological Survey

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Table 5-10. Sediment and Soil Monitoring Data for Glyphosate

Location	Date	Concentration (µg/g)	Notes	Reference
Sediment Big Valley Rancheria, California	July 6, 2010	Not detected	EPA STORET data: Routine monitoring samples from Big Valley Band of Pomo Indians of the Big Valley Rancheria, California: two samples; depth: 0.152 m; MDL: 0.017 mg/kg	WQP 2017
Soil and sediment Indiana, Mississippi	2001– 2010	Median: 0.0096; maximum: 0.476	Detected in >90% of 45 samples	Battaglin et al. 2014
Estuary Willapa Bay, Washington	July 1997– 1999	1997 mudflat samples: 2.58–16.3 1998 mudflat samples: 3.11–9.94 1999 mudflat samples: 0.311–1.21 1997 meadow samples: 0.090–0.265 1998 meadow samples: 0.163–2.30 1999 meadow samples 0.472–1.32 (dry weight)	Aqueous herbicide formulated with Rodeo (5% solution v/v) and LI-700 (2% solution) applied in mudflat and cordgrass plots of land in 1997 and 1998	Kilbride and Paveglio 2001
Major river basins in the United States	2011– 2006	193 samples collected; 119 glyphosate detections (0.001–0.476); 154 detections AMPA, (0.001–0.956)	Samples collected as part of USGS study	USGS 2007

AMPA = aminomethylphosphonic acid; EPA = U.S. Environmental Protection Agency; MDL = method detection limit; STORET = STORage and RETrieval; USGS = U.S Geological Survey

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Glyphosate concentrations found in edible food treated with formulations of Roundup® ranged from undetectable, ≤ 0.05 mg/kg, in several foods like bananas and selected meats to 3.7 mg/kg in a variety of grains and grain-based products (FAO 2005; FAO and WHO 2016). Genetically modified, and conventional food samples were studied. Herbicidal application techniques used on the food samples examined included pre-harvest application, directed ground spray, pre-emergence, and recirculating spray application methods. Application rates ranged from 0.36 to 7.7 kg/ha. The highest concentration found in banana pulp was 0.16 mg/kg. All kiwifruit assessed in the study had undetectable residues. Olives had residues ranging from undetectable to 12 mg/kg. Dry beans had residues ranging from undetectable to 10 mg/kg. Dry peas had residues ranging from undetectable to 8.9 mg/kg. Lentils had residues ranging from undetectable to 17 mg/kg. Glyphosate-tolerant sugar beet root had residues ranging from undetectable to 8.6 mg/kg. Conventional maize had residues ranging from undetectable to 3 mg/kg. Glyphosate-tolerant maize had residues ranging from undetectable to 0.83 mg/kg. Oats had residues ranging from undetectable to 19 mg/kg. Rye grain had residues ranging from 0.1 to 4.6 mg/kg. Wheat grain had residues ranging from 0.09 to 6.4 mg/kg. Sugarcane had residues ranging from undetectable to 15 mg/kg. Coffee and tea had levels ranging from undetectable to 9.6 mg/kg. Glyphosate residues in Kona Hawaiian coffee beans prior to roasting were 0.58 mg/kg, and the roasted beans had residues of 0.06 mg/kg.

Glyphosate was not included in compounds tested for by the Food and Drug Administration's (FDA) Pesticide Residue Monitoring Program (PRMP), nor in the United States Department of Agriculture's Pesticide Data Program (PDP) (FDA 2015; NPIC 2015).

A review by WHO reported that glyphosate was not detected in cereal grains at harvest when application of the herbicide occurred before planting (WHO 2005). Glyphosate was detected in cereals at mean residue levels of 0.2–4.8 mg/kg when application of the herbicide was prior to harvesting. In one assessment, levels of glyphosate were found to decrease upon industrial processing grains to flour from 1.6 to 0.16 mg/kg (WHO 2005). In wheat treated with either Glyphos or Roundup® herbicides, levels of glyphosate were also found to decrease upon processing grains to flour from 0.28–1.0 mg/kg in the grains to < 0.05 mg/kg in the flour (FAO 2005). Glyphosate residues in oats stored at room temperature compared to frozen storage were similar, 3.5 and 3.1 mg/kg, respectively (FAO 2005). After exposure to glyphosate at 10 mg/L for 14 days, fish concentrations ranged from 0.2 to 0.7 mg/kg and decreased upon exposure to glyphosate-free water (WHO 2005).

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A review by Williams et al. (2000) reported U.S. glyphosate residue data for wheat treated with maximum rates of Roundup®. Wheat crop residues consisted of a mean glyphosate concentration of 0.69 µg/g (mg/kg), with a maximum concentration of 2.95 µg/g (mg/kg). Glyphosate-tolerant soybeans treated with maximum rates of Roundup® showed a mean glyphosate concentration of 2.36 µg/g (mg/kg) and a maximum concentration of 5.47 µg/g (mg/kg).

Glyphosate was detected in carrot samples at average concentrations of 0.078±0.002 mg/kg and in spinach at 0.104±0.005 mg/kg (Zhao et al. 2011).

Glyphosate residues were examined on alder and salmonberry foliage and leaf litter sprayed with glyphosate at 2.0–2.1 kg/ha (Feng et al. 1990b). Foliar residues on alder and salmonberry were 261 and 448 ppm (dry weight), respectively, after the initial application of the herbicide. Leaf litter of alder and salmonberry collected 15 days post-application had glyphosate residues of 12.5 and 19.2 ppm (mg/kg), respectively. After 8–9 days, 50% dissipation was reported for the glyphosate residue. AMPA residues in the leaf litter decreased, and at 29 days after application of the herbicide, concentrations of AMPA were not detected.

5.6 GENERAL POPULATION EXPOSURE

The main routes of exposure to glyphosate for the general public result from the ingestion of foods with residues of glyphosate and foods made from these crops, as well as dermal, ocular, or inhalation exposure from application of herbicides containing glyphosate (EPA 2009c). Glyphosate has been detected in dust samples from homes near glyphosate application sites or from people who brought it indoors on their bodies and/or clothing from glyphosate-treated areas (Curwin et al. 2005). Upon dermal exposure, absorption through the skin is expected to be low based on dermal absorption studies, where an estimated 0.8–2.2% percutaneous absorption of glyphosate occurred in a study using ¹⁴C-radiolabeled glyphosate in Roundup® (Wester et al. 1991). Evidence has shown that proper hygiene removes glyphosate from skin and will deter absorption through the skin (Wester et al. 1991). Limited monitoring data indicate that oral exposure may occur from drinking contaminated well water supplied from groundwater contaminated with glyphosate; concentrations reported in groundwater are relatively low, and this chemical has low leaching potential from soil to groundwater. Exposure may also occur via ingestion of food with herbicidal residues containing glyphosate as a result of its application. The FDA has not performed a total diet study on glyphosate. Glyphosate has not been included in the FDAs Pesticide Residue Monitoring Program Reports for the fiscal years 2009 through 2015 (FDA 2013a, 2013b, 2014, 2015,

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2016, 2017); however, the FDA in 2016 and 2017 began preliminary testing of samples of soybeans, corn, milk, and eggs for glyphosate residues (FDA 2018). Preliminary results showed no pesticide residue violations for glyphosate in all four commodities tested (soybeans, corn, milk, and eggs). The Joint FAO/WHO Meeting on Pesticide Residues listed International Estimated Daily Intake (IEDI) of glyphosate from 17 GEMS/Food (Global Environment Monitoring System-Food Contamination Monitoring and Assessment Programme) cluster diets to range from 140.5 to 443.0 µg/person (FAO and WHO 2016). Glyphosate is a non-volatile compound, and drift of herbicidal sprays may occur with aerial and ground equipment (Yates et al. 1978); therefore, some exposure via inhalation and direct contact with skin and eyes may occur after members of the general population apply glyphosate during residential use. Glyphosate exposure of populations living in areas where glyphosate-containing products have been aerially-applied to eradicate coca crops has been evaluated (Paz-y-Miño et al. 2007, 2011; Solomon et al. 2009). For example, Paz-y-Miño et al. (2007) reported increased prevalence of DNA strand breaks in blood samples from 24 residents of an area in northern Ecuador following aerial applications of Roundup-Ultra®. Such reports did not include monitoring of exposure levels.

Occupational exposure may occur in both forestry, landscaping, and agricultural settings from the direct use of herbicides containing glyphosate. The most probable routes for occupational exposure are via inhalation and dermal contact with this chemical at workplaces where glyphosate or products containing this chemical are produced or used. Oral exposure may occur from accidental ingestion. During the years 1990–1993, exposure to glyphosate of field workers applying mixtures of Roundup® plus an additional herbicide in areas of Louisiana was assessed (LaDOTD 1995). Mixtures of Roundup® (active ingredient glyphosate) plus Garlon-3A (active ingredient triclopyr) and Roundup® (active ingredient glyphosate) plus 2,4-D (active ingredient 2,4-dichlorophenoxyacetic acid) were applied by 13 workers using spray equipment with operating capabilities of 0.37 L/minute. Glyphosate was detected in the workers urine using HPLC with a detection limit of 100 ppb. Total excreted urinary amounts ranging from non-detectable to 175 µg/day were reported for both working and non-working days. Urine concentrations were higher than concentrations found in the collected air samples of the breathing zone. It was noted that inhalation exposure was very low compared with threshold limits; the maximum air concentration was 17.9 µg/m³. Dermal contact and improper hygiene leading to ingestion of the herbicides were noted as the probable routes of exposure.

Farmers, with an average age of 45 years licensed as pesticide applicators in South Carolina and Minnesota, who applied herbicides containing glyphosate had average urinary glyphosate levels of 3 µg/L on the day of application (Acquavella et al. 2004). Lack of wearing rubber gloves was associated with

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higher concentrations in farmers' urine. Spouses, with an average age of 42.2 years residing with the farmers but having minimal or no involvement in the preparation or application of the herbicide, had relatively low and consistent urine concentrations, while children (ages 4–18 years) had an increase followed by a decrease in urine concentrations correlated with application (see Table 5-11). For the entire assessment period, 88–95% of all samples of children's urine were below the detection limit (1 µg/L [ppb] for a 100-mL urine sample). Farmers applying the pesticide had the highest concentrations. The highest concentration of glyphosate found in a child was from a teenage male (29 µg/L [ppb]) who had assisted with mixing and application of the herbicide. An estimated dermal and inhalation exposure value of about 8,000 µg/hour was reported as the highest value from a study of workers employing spray applicators; when corrected for incomplete absorption, this corresponds to an approximate exposure of 50 µg/kg body weight/day (8-hour working day for a 70-kg adult) (IPCS 1994).

Table 5-11. Human Monitoring Data

Medium		Concentrations/ minimum, maximum	Average	Notes	Reference
Tissue (brain, blood, liver, kidney)	Postmortem, approximately 12–13 hours after ingestion	Glyphosate (ppm): kidney 3,650; liver 600; blood; 550; brain; 100		After one individual ingested 200–250 mL Roundup® with 72–91 g/mL glyphosate	Menkes et al. 1991
Urine	Pre-application	<1–15 µg/L (ppb)	Not reported	Farmers applying pesticide; average age: 45 years	Acquavella et al. 2004
	Day of pesticide application	<1–233 µg/L (ppb)	Geometric mean: 3.2 µg/L (ppb)		
	1-Day post-pesticide application	<1–126 µg/L (ppb)	Geometric Mean: 1.7 µg/L (ppb)		
	2-Day post-pesticide application	<1–81 µg/L (ppb)	Geometric mean: 1.1 µg/L (ppb)		
	3-Day post-pesticide application	<1–68 µg/L (ppb)	Geometric mean: 1.0 µg/L (ppb)		
	Pre-application	<1–3 µg/L (ppb)	Not reported		
	Day of pesticide application	<1–2 µg/L (ppb)	Not reported		
	1–3-Day post-pesticide application	<1–1 µg/L (ppb)	Not reported	Spouses not involved with application; average age: 42 years	

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Table 5-11. Human Monitoring Data

Medium	Concentrations/ minimum, maximum	Average	Notes	Reference
Pre-application	<1–17 µg/L (ppb)	Not reported	Children not involved with application; average age: 11.5 years	
Day of pesticide application	<1–29 µg/L (ppb)	Not reported		
1-Day post-pesticide application	<1–24 µg/L (ppb)	Not reported		
2-Day post-pesticide application	<1–12 µg/L (ppb)	Not reported		
3-Day post-pesticide application	<1–6 µg/L (ppb)	Not reported		
Daily during 1-week working period	<0.1 ng/µL		Forest workers using pressurized herbicide sprayers; 8% Roundup® (active ingredient 360 g/L isopropylamine salt)	Jauhainen et al. 1991
3 Weeks after 1-week working period	<0.1 ng/µL			
Following mild to fatal ingestions of 20–500 mL pesticide	Glyphosate: 228 mg/L mild/moderate case; 22,300 mg/L fatal case; AMPA: 0.54 mg/L mild/moderate case; 91.5 mg/L fatal case		13 individuals ages 25–69 years	Zouaoui et al. 2013
Two occasions (1 month apart) during spring and summer of 2001 (LOD 0.9 µg/L)	0.13–5.4 µg/L	1.4 µg/L	Farm fathers	Curwin et al. 2007b
	0.20–18 µg/L	1.9 µg/L	Non-farm fathers	
	0.062–5.0 µg/L	1.2 µg/L	Farm mothers	
	0.10–11 µg/L	1.5 µg/L	Nonfarm mothers	
	0.10–9.4 µg/L	2.7 µg/L	Farm children	
	0.022–18 µg/L	2 µg/L	Non-farm children	
Blood	Following mild to fatal ingestions of 20–500 mL pesticide	Glyphosate: 3.7 mg/L mild/moderate case; 6,640 mg/L fatal case; AMPA: 0.13 mg/L mild/moderate case; 15.4 mg/L fatal case		Zouaoui et al. 2013

AMPA = aminomethylphosphonic acid; LOD = limit of detection

Acquavella et al. (1999) evaluated 1,513 reported cases to the American Association of Poison Control Centers during the years 1993–1997 of ocular or dermal/ocular exposure to Roundup® herbicides with glyphosate concentrations ranging from <2 to >20%. Of all exposure cases, 62% involved male subjects, >80% were in a residential setting, and about 15% were in occupational settings. During the time period, California and Texas had the greatest number of reported cases. Dilute Roundup® formulations accounted for about 82% of the exposures; 5% were with concentrated Roundup®.

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Aris and LeBlanc (2011) examined blood concentrations of glyphosate in a group of 30 pregnant and 39 non-pregnant females residing in Sherbrooke, Canada. The study noted that none of the subjects worked or lived with an individual who worked with pesticides. Neither glyphosate nor AMPA were detected in the maternal or fetal cord serum of pregnant subjects. Additionally, AMPA was not detected in non-pregnant subjects. Glyphosate was detected in 5% of the non-pregnant subjects at a range of not detectable to 93.6 ng/mL, with a mean of 73.6 ng/mL (LOD=15 ng/mL).

The Fourth National Report on Human Exposures to Environmental Chemicals, published and updated by the Centers for Disease Control and Prevention reporting biomonitoring data from the National Health and Nutrition Examination Survey (NHANES), does not include data for glyphosate or its metabolite, AMPA (CDC 2018).

As with the adult general population, exposure of children to glyphosate may occur through ingestion of foods with residues of glyphosate and foods made from these crops, as well as inhalation, dermal contact, and/or ocular contact when in the proximity of areas where glyphosate containing herbicides have been recently applied. Glyphosate has been detected in dust samples from homes near glyphosate application sites or from people who brought it indoors on their bodies and/or clothing from glyphosate-treated areas (Curwin et al. 2005). Limited monitoring data indicate that oral exposure may occur from drinking contaminated well water supplied from groundwater contaminated with glyphosate; concentrations reported in groundwater are relatively low, and this chemical has low leaching potential from soil to groundwater. Glyphosate is not likely to bioaccumulate in breast milk (Bus 2015) and was not detected in breast milk from lactating mothers with detectable glyphosate in their urine (McGuire et al. 2016); therefore, a determination of the importance of this route of child exposure has not been made.

During the spring and summer of 2001, urinary pesticide concentrations were investigated in families residing in non-farm and farm households located in Iowa (Curwin et al. 2007a, 2007b). Urinary glyphosate levels were fairly similar between farm and non-farm households. In addition, glyphosate concentrations were fairly similar when comparing individuals living on farms where the pesticide was used with those living on farms where the pesticide was not used. Glyphosate was detected at urinary levels equal to or greater than the LOD (0.9 µg/L) in 66% of the 23 non-farm fathers, 75% of the 24 farm fathers, 65% of the 24 non-farm mothers, 67% of the farm mothers, 88% of the non-farm children, and 81% of the farm children (Curwin et al. 2007b). Estimated glyphosate intakes among 40 children (17 homes) living on farms where glyphosate was applied ranged from 0.001 to 0.33 µg/kg/day, with 16%

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of the samples below the LOD (Curwin et al. 2007a). Estimated glyphosate intakes among 25 children (8 homes) living on farms where glyphosate was not applied ranged from 0.003 to 0.64 µg/kg/day, with 20% of the samples below the LOD.

McQueen et al. (2012) estimated the mean glyphosate dietary exposure of 43 pregnant women at 0.001 mg/kg body weight/day and these exposures were well below applicable health guidelines. Since only a small percentage of glyphosate crosses the placenta, fetal exposure resulting from maternal exposure to glyphosate was minimal.

5.7 POPULATIONS WITH POTENTIALLY HIGH EXPOSURES

Farm workers, farming families, landscaping workers, and people of all ages living and or working in agricultural sectors will incur higher exposure to glyphosate, as agriculture is the largest industry for herbicide use. Field workers who apply herbicides containing glyphosate will likely incur higher exposures to this chemical. Levels of glyphosate in field workers urine has been shown to increase during spraying season; however, glyphosate levels did not appear to carry over from previous seasons (LaDOTD 1995).

CHAPTER 6. ADEQUACY OF THE DATABASE

Section 104(i)(5) of CERCLA, as amended, directs the Administrator of ATSDR (in consultation with the Administrator of EPA and agencies and programs of the Public Health Service) to assess whether adequate information on the health effects of glyphosate is available. Where adequate information is not available, ATSDR, in conjunction with NTP, is required to assure the initiation of a program of research designed to determine the adverse health effects (and techniques for developing methods to determine such health effects) of glyphosate.

Data needs are defined as substance-specific informational needs that, if met, would reduce the uncertainties of human health risk assessment. This definition should not be interpreted to mean that all data needs discussed in this section must be filled. In the future, the identified data needs will be evaluated and prioritized, and a substance-specific research agenda will be proposed.

6.1 Information on Health Effects

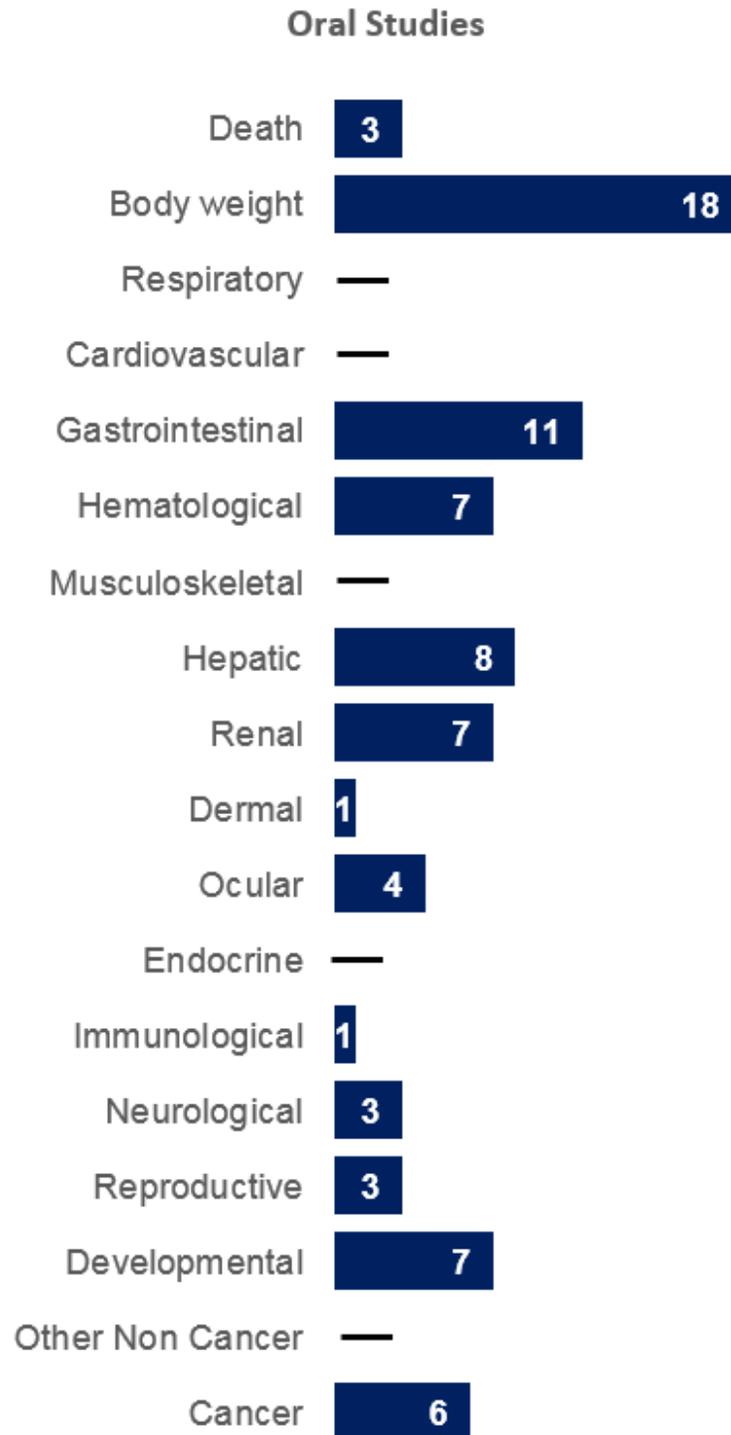
Studies evaluating the health effects of inhalation, oral, and dermal exposure of humans and animals to glyphosate that are discussed in Chapter 2 are summarized in Figure 6-1 for glyphosate technical and Figure 6-2 for glyphosate formulations. The purpose of these figures is to illustrate the information concerning the health effects of glyphosate. The number of human and animal studies examining each endpoint is indicated regardless of whether an effect was found and the quality of the study or studies.

The health effects of glyphosate have been evaluated in epidemiology and animal studies. Epidemiological studies are predominantly case-control and cohort epidemiology studies that examined possible associations between glyphosate exposure and selected health outcomes (noncancer and cancer endpoints), or case reports following accidental or intentional ingestion of glyphosate-containing products. These studies do not include data regarding the extent of the exposure or relative contribution of inhalation, oral and/or dermal exposure. Most health effects data come from animal studies that employed oral exposure and examined potential body weight, gastrointestinal, hematological, hepatic, and/or developmental effects.

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Figure 6-1. Summary of Existing Health Effects Studies of Animals Orally Exposed to Glyphosate Technical (Listed by Endpoint)*

Potential body weight and gastrointestinal effects of glyphosate technical were the most studied endpoints

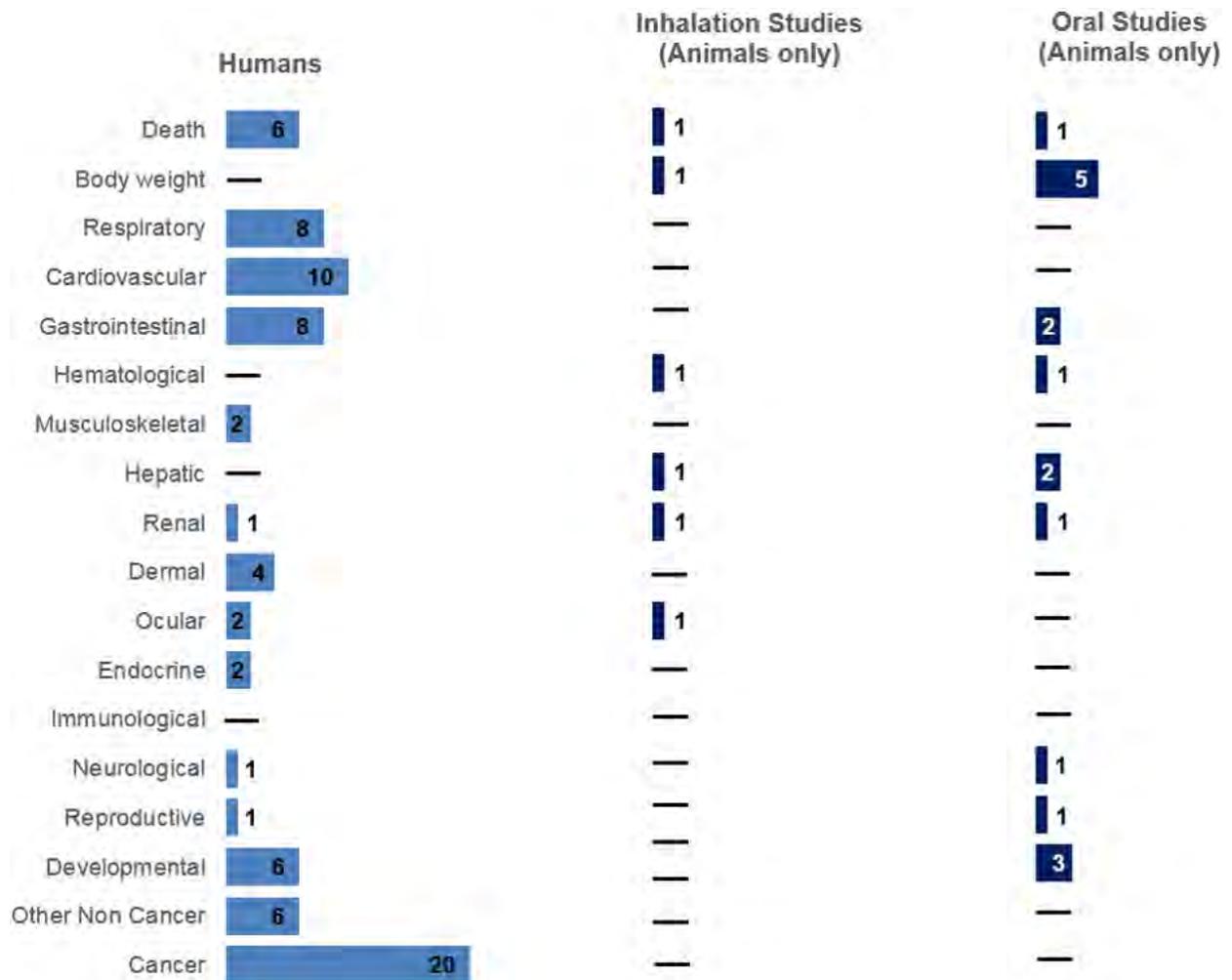


*Includes studies discussed in Chapter 2; the numbers of studies include those finding no effect.

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Figure 6-2. Summary of Existing Health Effects Studies on Glyphosate Formulations (Listed by Endpoint)*

Potential cancer, respiratory, and developmental effects were the most studied in humans; potential body weight and developmental effects were the most studied in animals



*Includes studies discussed in Chapter 2; the numbers of studies include those finding no effect. Human exposures likely included multiple exposure routes.

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6.2 Identification of Data Needs

Missing information in Figures 6-1 and 6-2 should not be interpreted as a “data need”. A data need, as defined in ATSDR’s *Decision Guide for Identifying Substance-Specific Data Needs Related to Toxicological Profiles* (ATSDR 1989), is substance-specific information necessary to conduct comprehensive public health assessments. Generally, ATSDR defines a data gap more broadly as any substance-specific information missing from the scientific literature.

Oral studies in animals indicate that glyphosate technical toxicity is expressed only at oral dose levels many times higher than levels allowed as residues in food products. The general population is most likely to be exposed to glyphosate residues in food sources. Humans should continue to be monitored for possible associations between glyphosate intake from food sources and adverse health outcomes. Individuals can also be exposed to glyphosate via inhalation, dermal contact, and/or ocular contact during application of the herbicide or by being in the vicinity where it is applied. However, available dermal studies indicate that only 3–4% of dermally-applied glyphosate enters the blood. Data regarding the extent of absorption and potential health effects following inhalation exposure are lacking. Therefore, human and animal studies should be designed to evaluate airborne exposure levels and possible health effects from inhalation exposure. Additional animal studies should be designed to assess the toxic effects of exposure to a variety of glyphosate formulations and individual components suspected to be toxic. Such studies could also be designed to evaluate possible interactions among individual components that might enhance toxicity.

Acute-, Intermediate-, and Chronic-Duration MRLs. No inhalation MRLs were derived for glyphosate due to the lack of quantitative exposure-response data for humans or animals.

As stated previously, most information is available from animal studies submitted to EPA’s Office of Pesticides Programs using glyphosate technical (typically >90% purity) to fulfill requirements for the registration of a particular glyphosate formulation for use in the United States. Some animal studies in the open literature used glyphosate formulations that typically included 1–41% glyphosate technical (or glyphosate salts) and up to 18% surfactant (along with other “inert” ingredients). Surfactants in glyphosate formulations may be at least partly responsible for the toxic effects from overexposure to glyphosate formulations (Adam et al. 1997; Sawada et al. 1988; Williams et al. 2000). Human exposure to glyphosate formulations via its use in weed control includes exposure to all substances in a particular glyphosate formulation as well as to other substances that may be added by the end user. No MRLs were

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derived for glyphosate formulations due to the wide variation in glyphosate content and surfactants used in various glyphosate formulations and the fact that surfactants can contribute to the toxicity of glyphosate formulations. However, because exposures of the general population via food or water sources with measurable glyphosate residues most likely involve glyphosate and/or its breakdown products rather than the intact glyphosate-based formulation, health effects data associated with oral exposure to glyphosate technical are considered relevant to potential derivation of oral MRLs for glyphosate. Oral MRLs based on glyphosate technical would not be applicable to intentional or accidental ingestion of a glyphosate formulation.

Provisional acute- and chronic-duration oral MRLs were derived for glyphosate based on gastrointestinal effects in animal studies. The provisional chronic-duration oral MRL was adopted as the provisional intermediate-duration oral MRL.

Health Effects

Respiratory. Limited information was located regarding the effects of inhalation exposure in laboratory animals. A single 4-week repeated-exposure rat study found no effects at the highest exposure concentration tested (36 mg Roundup®/m³). Studies should be designed to evaluate respiratory effects in animals exposed to glyphosate by inhalation.

Developmental. Developmental toxicity studies in animals that employed oral exposure to glyphosate technical found no evidence of treatment-related effects at levels below the threshold of maternal toxicity. One study reported testicular lesions in weanling rats administered a glyphosate formulation orally at doses as little as 5 mg/kg/day. Additional studies should be designed to substantiate or refute this finding and to determine whether glyphosate or other ingredients in glyphosate formulations are involved in developmental effects on male reproductive organs.

Epidemiology and Human Dosimetry Studies. Limited information was located regarding respiratory effects associated with human exposure to glyphosate-based formulations. Additional studies should be designed to monitor exposure levels and health effects associated with individuals involved in the application of glyphosate-based products. There is limited evidence for glyphosate-related developmental effects in humans. Additional studies should be designed to evaluate possible associations between exposure to glyphosate and developmental endpoints in humans. Numerous agencies have evaluated glyphosate for possible associations between exposure and risk of various cancers. The

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majority of the human studies used self-reported ever/never glyphosate use as the biomarker of exposure. The results of these studies should be interpreted cautiously given the lack of quantitative or semi-quantitative glyphosate exposure information and the likely exposure to other pesticides. Most studies found no association between exposure to glyphosate-based products and risk of cancer. However, a possible association between exposure to glyphosate and risk of non-Hodgkin's lymphoma could not be ruled out, based on conflicting results.

Biomarkers of Exposure and Effect. The most reliable biomarker of exposure to glyphosate is its detection in blood and urine. It is not likely that additional biomarkers of exposure to glyphosate would be more effective.

Absorption, Distribution, Metabolism, and Excretion. The toxicokinetics of glyphosate following oral and dermal exposure have been adequately described. Additional studies should be designed to evaluate the toxicokinetics of inhaled glyphosate.

Comparative Toxicokinetics. Significant species differences in the toxicokinetics of glyphosate are not likely.

Children's Susceptibility. Age-related differences in susceptibility to glyphosate have not been elucidated. Due to relatively large oral doses required to elicit adverse effects in glyphosate-exposed animals, it may be difficult to evaluate age-related differences in susceptibility. As additional epidemiological data become available, age-related issues regarding susceptibility to glyphosate toxicity should be evaluated.

Physical and Chemical Properties. The physical chemical properties of glyphosate are summarized in Chapter 4. No data needs are identified.

Production, Import/Export, Use, Release, and Disposal. No information is available in the TRI database on facilities that manufacture or process glyphosate because this chemical is not required to be reported under Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments and Reauthorization Act of 1986) (EPA 2005b). There is no information on releases of glyphosate from manufacturing and processing facilities because these releases are not required to be reported (EPA 2005b). Data on current manufacturing, processing, import/export values

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would be useful information. Data on current uses and disposal practices are outlined in Sections 5.2.3 and 5.2.4. Further studies on these practices do not appear to be essential.

Environmental Fate. Transport, partitioning, and bioconcentration data are available for glyphosate summarized in Section 5.4. In glyphosate-tolerant plants, glyphosate is converted to N-acetylglyphosate; therefore, studies evaluating the possibility of additional crop and plant metabolites, along with the characteristic fates, may be beneficial (Pioneer 2006). Additional studies should be designed to further assess potential for glyphosate to persist in foods, water, and soil.

Bioavailability from Environmental Media. Glyphosate degrades quickly in the environment and adsorbs to soils and sediment and possesses low bioconcentration in aquatic organisms, suggesting that bioavailability from environmental media is low. A study regarding the bioavailability of glyphosate in soil indicated that degradation rates decreased in lower soil horizons as microbial populations of glyphosate degrading organisms decreased, but bioremediation practices that incorporate anthropic bacteria can be useful to remediate highly polluted glyphosate-containing soils and maintain low bioavailability (Shushkova et al. 2010). Additional studies on glyphosates bioavailability from different types of soil would be helpful to expand our understanding of potential human exposures to glyphosate bound residues.

Food Chain Bioaccumulation. Studies are available that indicate that glyphosate has very low potential to bioconcentrate in aquatic organisms and is not expected to bioaccumulate in the food chain. No data needs are identified.

Exposure Levels in Environmental Media. Reliable monitoring data for the levels of glyphosate in environmental media surrounding areas where it is applied are available (Chang et al. 2011; USGS 2007; WQP 2017). The USGS NAWQA frequently reports on levels of glyphosate and other substances in both surface water and groundwater. No data needs are identified; however, continued monitoring studies in air, water, soil, and other environmental media should continue as this is an herbicide used globally.

Exposure Levels in Humans. Studies are needed to investigate human intake of glyphosate via food and water, such as total diet studies. Up until 2016–2017, the FDA did not test for glyphosate residues in food sources because its multi-residue testing protocols did not include glyphosate. The FDA has now developed a method to specifically test for glyphosate residues in foods and results are expected

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to be provided through the FDA Pesticide Residue Monitoring Program (FDA 2018). Biomonitoring information of glyphosate for the general population is needed.

Exposures of Children. Monitoring of children's exposure to glyphosate would be useful, in combination with children's health and susceptibility information, to assess the potential risk for deleterious effects.

Analytical Methods. Standardized methods that yield low detection limits for glyphosate and AMPA in biological samples (e.g., urine analysis, blood analysis) may provide more sensitivity and a more complete exposure analysis.

6.3 Ongoing Studies

Glyphosate is a potential candidate for addition to the California Environmental Contaminant Biomonitoring Program (CDPH 2013). Ongoing research identified in the National Institutes of Health (NIH) RePORTER (2017) database is summarized in Table 6-1. In addition, NTP (2017) is performing research to investigate potential genetic and mechanistic toxicity of glyphosate and glyphosate formulations. NTP will also evaluate published literature for information regarding glyphosate on non-cancer outcomes. Researchers at the Cesare Maltoni Cancer Research Centre at the Ramazzini Institute in Italy are conducting research into potential genetic, reproductive, and developmental effects in rats administered glyphosate at levels equivalent to those allowed in humans.

Table 6-1. Ongoing Studies on Glyphosate

Investigator	Affiliation	Research description	Sponsor
De Roos, AJ	Drexel University	Occupational pesticide use and risk of lymphoid cancers	National Cancer Institute
Keating, AF	Iowa State University	Investigating modes of action of glyphosate-induced ovotoxicity	National Institute of Environmental Health Sciences

Source: RePORTER 2017

CHAPTER 7. REGULATIONS AND GUIDELINES

Pertinent international and national regulations, advisories, and guidelines regarding glyphosate in air, water, and other media are summarized in Table 7-1. This table is not an exhaustive list, and current regulations should be verified by the appropriate regulatory agency.

ATSDR develops MRLs, which are substance-specific guidelines intended to serve as screening levels by ATSDR health assessors and other responders to identify contaminants and potential health effects that may be of concern at hazardous waste sites. See Section 1.3 and Appendix A for detailed information on the provisional MRLs for glyphosate.

Table 7-1. Regulations and Guidelines Applicable to Glyphosate

Agency	Description	Information	Reference
Air			
EPA	RfC	Not evaluated	IRIS 1989
WHO	Air quality guidelines	No data	WHO 2010
Water & Food			
EPA	Drinking water standards and health advisories		EPA 2012d
	1-Day (10-kg child)	20 mg/L	
	10-Day (10-kg child)	20 mg/L	
	DWEL	70 mg/L	
	RfD	2.0 mg/kg/day ^a	
	National primary drinking water regulations		EPA 2009b
	Maximum Contaminant Level	0.7 mg/L	
	Public Health Goal	0.7 mg/L	
	RfD	0.1 mg/kg/day ^b	IRIS 1989
WHO	Drinking water quality guidelines	Not established ^c	WHO 2017
FDA	EAFUS	No data ^d	FDA 2013c
Cancer			
HHS	Carcinogenicity classification	No data	NTP 2016
EPA	Carcinogenicity classification	Group D ^e	IRIS 1989
IARC	Carcinogenicity classification	Group 2A ^f	IARC 2017
Occupational			
ACGIH	TLV	No data	ACGIH 2016
OSHA	PEL (8-hour TWA) for general industry	No data	OSHA 2016b
	PEL (8-hour TWA) for shipyards and construction	No data	OSHA 2016c
	PEL (8-hour TWA) for construction	No data	OSHA 2016a
NIOSH	REL (up to 10-hour TWA)	No data	NIOSH 2016

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Table 7-1. Regulations and Guidelines Applicable to Glyphosate

Agency	Description	Information	Reference
Emergency Criteria			
EPA	AEGLs-air	No data	EPA 2016b
DOE	PACs-air	No data	DOE 2018

^aEPA's Office of Pesticides Program (OPP) is presently re-evaluating glyphosate in its Registration Review program.

^bEPA's IRIS program has not planned to re-evaluate the RfD for glyphosate, which was based on increased incidence of renal tubular dilation in F3b offspring of rats receiving glyphosate from the diet at 30 mg/kg/day (EPA 1992g).

^cGlyphosate and aminomethylphosphonic acid occur in drinking water at concentrations well below those of health concern, so a guideline value was not deemed necessary.

^dThe EAFUS list of substances contains ingredients added directly to food that FDA has either approved as food additives or listed or affirmed as GRAS.

^eGroup D not classifiable as to human carcinogenicity. Note: EPA's IRIS program has not planned to re-evaluate the potential carcinogenicity of glyphosate. EPA's Office of Pesticide Programs (EPA 2015c) re-evaluated available human and animal data regarding the potential carcinogenicity of glyphosate and concluded that the strongest support was for the descriptor "*not likely to be carcinogenic to humans* at doses relevant to human risk assessment."

^fGroup 2A: Probably carcinogenic to humans.

ACGIH = American Conference of Governmental Industrial Hygienists; AEGL = acute exposure guideline levels; CFR = Code of Federal Regulations; DOE = Department of Energy; DWEL = drinking water equivalent level; EAFUS = Everything Added to Food in the United States; EPA = Environmental Protection Agency; FDA = Food and Drug Administration; HHS = Department of Health and Human Services; IARC = International Agency for Research on Cancer; IRIS = Integrated Risk Information System; NIOSH = National Institute for Occupational Safety and Health; NTP = National Toxicology Program; OSHA = Occupational Safety and Health Administration; PAC = Protective Action Criteria; PEL = permissible exposure limit; REL = recommended exposure limit; RfC = inhalation reference concentration; RfD = oral reference dose; TLV = threshold limit values; TWA = time-weighted average; WHO = World Health Organization

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* Cited in text

+ Cited in supplemental document

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APPENDIX A. ATSDR MINIMAL RISK LEVEL WORKSHEETS

MRLs are derived when reliable and sufficient data exist to identify the target organ(s) of effect or the most sensitive health effect(s) for a specific duration for a given route of exposure. An MRL is an estimate of the daily human exposure to a hazardous substance that is likely to be without appreciable risk of adverse noncancer health effects over a specified route and duration of exposure. MRLs are based on noncancer health effects only; cancer effects are not considered. These substance-specific estimates, which are intended to serve as screening levels, are used by ATSDR health assessors to identify contaminants and potential health effects that may be of concern at hazardous waste sites. It is important to note that MRLs are not intended to define clean-up or action levels.

MRLs are derived for hazardous substances using the NOAEL/uncertainty factor approach. They are below levels that might cause adverse health effects in the people most sensitive to such chemical-induced effects. MRLs are derived for acute (1–14 days), intermediate (15–364 days), and chronic (≥ 365 days) durations and for the oral and inhalation routes of exposure. Currently, MRLs for the dermal route of exposure are not derived because ATSDR has not yet identified a method suitable for this route of exposure. MRLs are generally based on the most sensitive substance-induced endpoint considered to be of relevance to humans. Serious health effects (such as irreparable damage to the liver or kidneys, or birth defects) are not used as a basis for establishing MRLs. Exposure to a level above the MRL does not mean that adverse health effects will occur.

MRLs are intended only to serve as a screening tool to help public health professionals decide where to look more closely. They may also be viewed as a mechanism to identify those hazardous waste sites that are not expected to cause adverse health effects. Most MRLs contain a degree of uncertainty because of the lack of precise toxicological information on the people who might be most sensitive (e.g., infants, elderly, nutritionally or immunologically compromised) to the effects of hazardous substances. ATSDR uses a conservative (i.e., protective) approach to address this uncertainty consistent with the public health principle of prevention. Although human data are preferred, MRLs often must be based on animal studies because relevant human studies are lacking. In the absence of evidence to the contrary, ATSDR assumes that humans are more sensitive to the effects of hazardous substance than animals and that certain persons may be particularly sensitive. Thus, the resulting MRL may be as much as 100-fold below levels that have been shown to be nontoxic in laboratory animals.

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Proposed MRLs undergo a rigorous review process: Health Effects/MRL Workgroup reviews within the Division of Toxicology and Human Health Sciences, expert panel peer reviews, and agency-wide MRL Workgroup reviews, with participation from other federal agencies and comments from the public. They are subject to change as new information becomes available concomitant with updating the toxicological profiles. Thus, MRLs in the most recent toxicological profiles supersede previously published MRLs. Newly-derived and revised MRLs are designated “provisional” MRLs prior to publication of the final post-public comment draft of each toxicological profile, at which time the “provisional” designation is removed. For additional information regarding MRLs, please contact the Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road NE, Mailstop S102-1, Atlanta, Georgia 30329-4027.

Human exposure to glyphosate formulations via its use in weed control includes exposure to all substances in a particular glyphosate formulation. No MRLs were derived for glyphosate formulations due to the wide variation in glyphosate content and surfactants used in various glyphosate formulations and the fact that surfactants can contribute to the toxicity of glyphosate formulations. However, the general population may be exposed via food or water sources containing glyphosate residues from glyphosate-based formulations registered for use in agricultural and residential environments. Therefore, health effects data associated with oral exposure to glyphosate technical are considered relevant to potential derivation of oral MRLs for glyphosate.

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MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Inhalation
Duration: Acute

MRL Summary: There are insufficient data for derivation of an acute-duration inhalation MRL.

Rationale for Not Deriving an MRL: No acute-duration inhalation exposure-response studies were identified for glyphosate.

Agency Contact (Chemical Manager): Hana R. Pohl, M.D., Ph.D.

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MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Inhalation
Duration: Intermediate

MRL Summary: There are insufficient data for derivation of an intermediate-duration inhalation MRL.

Rationale for Not Deriving an MRL: No intermediate-duration inhalation exposure-response studies were identified for glyphosate.

Agency Contact (Chemical Manager): Hana R. Pohl, M.D., Ph.D.

APPENDIX A

MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Inhalation
Duration: Chronic

MRL Summary: There are insufficient data for derivation of a chronic-duration inhalation MRL.

Rationale for Not Deriving an MRL: No chronic-duration inhalation exposure-response studies were identified for glyphosate.

Agency Contact (Chemical Manager): Hana R. Pohl, M.D., Ph.D.

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MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Oral
Duration: Acute
MRL: 1 mg/kg/day (provisional)
Critical Effect: Gastrointestinal effects
Reference: EPA 2017b
Point of Departure: NOAEL of 100 mg/kg/day
Uncertainty Factor: 100
LSE Graph Key: 6
Species: Rabbit

MRL Summary: A provisional acute-duration oral MRL of 1 mg/kg/day was derived for glyphosate based on gastrointestinal effects (diarrhea, few feces) observed in pregnant female New Zealand white rabbits administered glyphosate acid (96.5% purity) by daily gavage (in deionized water) during GDs 8–20 EPA (2017b). The provisional MRL is based on a NOAEL of 100 mg/kg/day and a total uncertainty factor of 100 (10 for animal to human extrapolation and 10 for human variability).

Selection of the Critical Effect: Several acute-duration oral studies were available regarding the toxicity of glyphosate technical following acute-duration oral exposure (see Table A-1). The lowest LOELs were 175 mg/kg/day for gastrointestinal effects (diarrhea, few feces) in maternal rabbits and 300 mg/kg/day for developmental effects (depressed fetal weight) following gavage treatment with glyphosate technical during GDs 8–20 at 175 mg/kg/day. Based on available data, gastrointestinal disturbance is considered to represent the most sensitive effect of glyphosate toxicity following oral exposure in laboratory animals.

Table A-1. NOAELs and LOELs Identified in Acute-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Body weight	28.5% depressed maternal body weight gain in rats	1,000	3,500	EPA 1992e
	No effect in pregnant rats	1,000		EPA 2017b
	No effect in pregnant rabbits	300		EPA 2017b
Gastrointestinal	Diarrhea in 2/8 rats gavaged once		2,000	Adam et al. 1997
	Diarrhea in rats gavaged once	1,000	2,000	EPA 2013c
	Diarrhea, soft stools in pregnant rats gavaged on GDs 6–19	1,000	3,500	EPA 1992e
	Diarrhea, few feces in pregnant rabbits gavaged on GDs 8–20	100	175	EPA 2017b

Table A-1. NOAELs and LOAELs Identified in Acute-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Developmental	Decreased fetal weight; delayed ossification	1,000	3,500	EPA 1992e
	No effect in fetuses from pregnant rats gavaged on GDs 7–16	1,000		EPA 2017b
	Depressed weight in fetuses from pregnant rabbits gavaged on GDs 8–20	175	300	EPA 2017b
Other	Hypothermia in rats gavaged once	1,000	2,000	EPA 2013c

GD = gestation day; LOAEL = lowest-observed-adverse-effect level; NOAEL = no-observed-adverse-effect level

Selection of the Principal Study: Among available acute-duration oral toxicity studies for glyphosate, the developmental toxicity study in rabbits (EPA 2017b) identified the lowest LOAEL (gastrointestinal effects in pregnant rabbits gavaged with glyphosate acid); the corresponding NOAEL was 100 mg/kg/day. Therefore, this study was selected as the principal study for deriving a provisional acute-duration oral MRL for glyphosate.

Summary of the Principal Study:

EPA. 2017b. Memorandum. December 13, 2017. Glyphosate: Preparation of data evaluation records for developmental rat and rabbit toxicity studies. MRID No.: 43320615, 43320616. Washington, DC: U.S. Environmental Protection Agency, Office of Chemical Safety and Pollution Prevention.

Groups of sperm-positive female New Zealand white rabbits (20/group) were administered glyphosate acid (95.6% active ingredient) by daily gavage (in deionized water vehicle; dosing volume 2 mL/kg body weight) on GDs 8–20 at target concentrations of 0, 100, 175, or 300 mg/kg/day (adjusted for purity of active ingredient). Dams were monitored for survival, clinical signs, body weight, and food intake. On GD 30, dams were sacrificed and subjected to gross external and internal examination, pregnancy status, weight of gravid uteri, number of corpora lutea, number and position of implantations, live fetuses, and early and late intrauterine deaths. Fetuses were evaluated for weight and sex. External, visceral, and skeletal examinations were performed; brains were subjected to macroscopic examination.

The 100 mg/kg/day dose level represented a NOAEL for maternal toxicity. At 175 and 300 mg/kg/day, maternal rabbits exhibited diarrhea and reduced production of feces. Mean body weight in the 300 mg/kg/day group of maternal rabbits ranged from 5.2 to 7.4% less than that of controls during GDs 16–26. The depressed maternal body weight was <10% in magnitude, and was therefore not considered to represent an adverse effect. Furthermore, there were no statistically significant differences between controls and glyphosate-treated groups regarding GD 30 mean maternal body weight. Gross pathologic examination of maternal rabbits revealed no treatment-related effects. There were no treatment-related effects on pregnancy rate, numbers of corpora lutea, total number of implantation sites, litter size, sex ratio, or pre- or post-implantation loss. The 300 mg/kg/day dose group exhibited 8.3% lower mean fetal weight ($p < 0.05$). Gross and visceral examination of fetuses revealed no treatment-related effects. Increased incidences of fetuses with selected minor skeletal defects (e.g., delayed sternebral and vertebral ossification) were observed at the 300 mg/kg/day maternal dose level. However, incidences of these skeletal defects did not appear to be increased in glyphosate-treated groups when

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evaluated on a per litter basis; therefore, they were not considered treatment-related developmental effects.

Selection of the Point of Departure: Incidence data for the gastrointestinal effects were not presented in the available data evaluation record (DER) for the study, thus precluding a benchmark dose (BMD) approach to deriving an MRL. Therefore, the NOAEL of 100 mg/kg/day was selected as the point of departure for deriving a provisional acute-duration oral MRL for glyphosate.

Uncertainty Factor: The NOAEL of 100 mg/kg/day was divided by a total uncertainty factor of 100:

- 10 for animal to human extrapolation
- 10 for human variability

Other Additional Studies or Pertinent Information: Glyphosate-induced gastrointestinal effects were observed in acute-duration oral studies of rats (Adam et al. 1997; EPA 1992e, 2013c), although rabbits appear to be much more sensitive than rats to glyphosate-induced gastrointestinal effects following oral dosing.

Agency Contacts (Chemical Managers): Hana R. Pohl, M.D., Ph.D.

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MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Oral
Duration: Intermediate

MRL Summary: The provisional chronic-duration oral MRL of 1 mg/kg/day is adopted as the provisional intermediate-duration oral MRL.

Rationale for Not Deriving an MRL: Several intermediate-duration oral animal studies were available for glyphosate technical (see Table A-2).

Table A-2. NOAELs and LOAELs Identified in Intermediate-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Body weight	12–18% depressed paternal body weight gain in rats	M: 754 F: 802	M: 2,219 F: 3,134	EPA 1992a
	No effect in rats (highest dose)	M, F: 30		EPA 1992g
	No effect in rats (highest dose)	M: 1,234 F: 1,273		EPA 2013a
	18% lower mean body weight and body weight gain in male rats	M: 1,678 F: 3,393	M: 3,393	NTP 1992
	No effect in mice (highest dose)	F: 1,447.5		EPA 2013b
	10–11% lower mean final body weight in mice	M: 2,273 F: 5,846	M: 4,776 F: 11,977	NTP 1992
	No effect in maternal rabbits (highest dose)	F: 350		EPA 1992f
Gastrointestinal	Soft stool in rats	M: 754 F: 802	M: 2,219 F: 3,134	EPA 1992a
	Increased severity of basophilia and hypertrophy of acinar cells in parotid and submandibular salivary glands of rats	M: 205 F: 213	M: 410 F: 421	NTP 1992
	Increased severity of basophilia of acinar cells in parotid salivary gland of mice	M: 1,065 F: 1,411	M: 2,273 F: 2,707	NTP 1992
	Increased incidence of soft stool and/or diarrhea in pregnant rabbits	175	350	EPA 1992f
Hematological	No effect in rats (highest dose)	M, F: 3,393		NTP 1992

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Table A-2. NOAELs and LOAELs Identified in Intermediate-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Hepatic	No effect in rats (highest dose)	M: 1,234 F: 1,273		EPA 2013a
	M: Increases in liver weight and serum ALT	M: 811	M: 1,678	NTP 1992
	F: Increases in liver weight and serum AP, ALT, and bile acids	F: 1,690	F: 3,393	
	No effect in mice	M: 10,780 F: 11,977		NTP 1992
Renal	No effect in rats (highest dose)	M: 1,234 F: 1,273		EPA 2013a
Immunological	No effect in mice (highest dose)	F: 1,447.5		EPA 2013b
Neurological	No effect in rats (highest dose)	M: 1,546.5 F: 1,630.6		EPA 2013c
Reproductive	No effect in rats (highest dose)	M: 2,219 F: 3,234		EPA 1992a
	No effect in rats (highest dose)	M, F: 30		EPA 1992g
	No effect in rats (highest dose)	M: 1,234 F: 1,273		EPA 2013a
Developmental	14–20% depressed pup body weight during lactation (maternally toxic dose level)	802	3,134	EPA 1992a
	Delayed preputial separation	408	1,234	EPA 2013a
	No effect in rabbits (highest dose)	350		EPA 1992f

ALT = alanine aminotransferase; AP = alkaline phosphatase; F = female; LOAEL = lowest-observed-adverse-effect level; M = male; NOAEL = no-observed-adverse-effect level

Increased incidence of kidney tubular dilation was reported for F3b male weanlings of a 3-generation study of glyphosate technical (98.7% purity) administered to male and female Sprague-Dawley rats in the diet at an estimated dose level of 30 mg/kg/day; the reported NOAEL was 10 mg/kg/day (EPA 1992g). However, there were no signs of treatment-related effects on kidneys of rat offspring in two subsequent 2-generation rat studies at dietary doses up to 1,234 or 1,273 mg/kg/day for parental males and females, respectively (EPA 2013a), or 2,633 or 3,134 mg/kg/day for parental males and females, respectively (EPA 1992a). Therefore, the finding of increased incidence of kidney tubular dilation in the 3-generation rat study (EPA 1992g) was considered a spurious result rather than a glyphosate-induced adverse developmental effect. In one 2-generation oral rat study, exposure via the diet at estimated parental dose levels of 1,234 or 1,273 mg/kg/day (parental males and females, respectively) resulted in delayed preputial separation in male pups (EPA 2013a). In the other 2-generation study, the highest dietary dose level (up to 2,633 and 3,134 mg/kg/day for parental males and females, respectively) resulted in up to 14–20% depressed pup body weight and/or body weight gain during the lactation period (EPA 1992a). There were no apparent treatment-related developmental effects in a study of rabbits treated by gavage at up to 350 mg/kg/day during GDs 6–27 (EPA 1992f).

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As shown in Table A-2, gastrointestinal endpoints are the most sensitive to intermediate-duration oral exposure of laboratory animals to glyphosate technical. Pregnant rabbits gavaged with glyphosate technical daily at 350 mg/kg/day (LOAEL) during GDs 6–27 exhibited increased incidence of soft stool and/or diarrhea; the NOAEL was 175 mg/kg/day (EPA 1992f). Similar results were observed among other pregnant rabbits gavaged daily with glyphosate technical daily at 175 mg/kg/day (LOAEL) during GDs 8–20 (an acute-duration oral exposure scenario); the NOAEL was 100 mg/kg/day (EPA 2017b).

Increased severity of basophilia and hypertrophy of acinar cells in parotid and submandibular salivary glands were observed among male and female rats receiving glyphosate from the diet for 13 weeks at 410 and 421 mg/kg/day, respectively; NOAELs were 205 and 213 mg/kg/day, respectively (NTP 1992). Increased severity of basophilia of acinar cells in parotid salivary glands were observed in male and female mice similarly treated at estimated doses of 2,273 and 2,707 mg/kg/day, respectively; NOAELs were 507 and 753 mg/kg/day, respectively (NTP 1992). Thus, rats appear to be much more sensitive than mice to glyphosate treatment-related effects on salivary glands.

Among reliable animal study results, the LOAEL of 350 mg/kg/day for gastrointestinal effects (increased incidence of soft stool and/or diarrhea) in maternal rabbits gavaged daily during GDs 6–27 represents the most sensitive adverse effect from intermediate-duration oral exposure to glyphosate technical (EPA 1992f); the corresponding NOAEL is 175 mg/kg/day (see Table A-2). Incidence and severity data were not available for review. Application of a NOAEL/LOAEL approach using the NOAEL of 175 mg/kg/day as the point of departure and a total uncertainty factor of 100 (10 for extrapolation from animals to humans and 10 for human variability) would result in a provisional intermediate-duration oral MRL of 2 mg/kg/day (rounded up from 1.75 mg/kg/day). A provisional intermediate-duration oral MRL was not derived for glyphosate because a provisional intermediate-duration oral MRL of 2 mg/kg/day is higher than the provisional acute- and chronic-duration oral MRL of 1 mg/kg/day. Glyphosate-induced microscopic changes in salivary glands of the rats treated orally for 13 weeks are not considered adequate basis for MRL derivation due to uncertainty regarding the adversity of the effect. However, application of a total uncertainty factor of 100 (10 for extrapolation from animals to humans and 10 for human variability) to the NOAEL of 205 mg/kg/day for salivary gland changes in male rats administered glyphosate in the diet for 13 weeks would result in a provisional intermediate-duration oral MRL of 2 mg/kg/day. The provisional chronic-duration oral MRL of 1 mg/kg/day for glyphosate is adopted as the provisional intermediate-duration oral MRL because 1 mg/kg/day is considered protective of intermediate-duration oral exposure to glyphosate as well.

Agency Contact (Chemical Manager): Hana R. Pohl, M.D., Ph.D.

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MINIMAL RISK LEVEL (MRL) WORKSHEET

Chemical Name: Glyphosate technical
CAS Numbers: 1071-83-6
Date: April 2019
Profile Status: Draft for Public Comment
Route: Oral
Duration: Chronic
MRL: 1 mg/kg/day (provisional)
Critical Effect: Inflammation of gastric squamous mucosa
Reference: EPA 1991a, 1991b
Point of Departure: NOAEL of 113 mg/kg/day
Uncertainty Factor: 100
LSE Graph Key: 15
Species: Rat

MRL Summary: A provisional chronic-duration oral MRL of 1 mg/kg/day was derived for glyphosate based on gastrointestinal effects (inflammation of gastric squamous mucosa) observed in female rats administered glyphosate technical in the diet for up to 24 months at an estimated dose of 457 mg/kg/day; the NOAEL was 113 mg/kg/day (EPA 1991a, 1991b). The provisional MRL is based on a NOAEL of 100 mg/kg/day and a total uncertainty factor of 100 (10 for animal to human extrapolation and 10 for human variability).

Selection of the Critical Effect: Several chronic-duration oral animal studies were available glyphosate technical (see Table A-3).

Table A-3. NOAELs and LOAELs Identified in Chronic-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Body weight	13% lower body weight in female rats at treatment week 81	M: 940 F: 457	F: 1,183	EPA 1991a, 1991b
	No effect in rats (highest dose)	M: 31.45 F: 34.02		EPA 1992d
	No effect in rats (highest dose)	M: 1,214 F: 1,498		EPA 2013a
	11–14% lower body weight and body weight gain in rats	300	1,000	EPA 2015c
	No effect in mice (highest dose)	M: 4,945 F: 6,069		EPA 2015a
	No effect in mice (highest dose)	1,000		EPA 2015c
	No effect in dogs (highest dose)	500		EPA 1986a, 1987

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Table A-3. NOAELs and LOAELs Identified in Chronic-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Gastrointestinal	Inflammation of gastric squamous mucosa	M: 940 F: 113	F: 457	EPA 1991a, 1991b
	No effect in rats (highest dose)	M: 31.45 F: 34.02		EPA 1992d
	Increased severity of basophilia and hypertrophy of acinar cells in parotid and mandibular salivary gland in rats	100	300	EPA 2015c
	No effect in mice (highest dose)	M: 4,945 F: 6,069		EPA 2015a
Hematological	No effect in rats (highest dose)	M: 940 F: 1,183		EPA 1991a, 1991b
	No effect in rats (highest dose)	M: 31.45 F: 34.02		EPA 1992d
	No effect in rats (highest dose)	M: 1,214 F: 1,498		EPA 2015c
	No effect in rats (highest dose)	1,000		EPA 2015c
	No effect in mice (highest dose)	M: 4,945 F: 6,069		EPA 2015a
	No effect in dogs (highest dose)	500		EPA 1986a, 1987
Hepatic	No effect in rats (highest dose)	M: 940 F: 1,183		EPA 1991a, 1991b
	No effect in rats (highest dose)	M: 31.45 F: 34.02		EPA 1992d
	Increased serum AP, ALT, bilirubin in male rats; increased serum AP, ALT in female rats	M: 361 F: 437	M: 1,214 F: 1,498	EPA 2015c
	No effect in rats	1,000		EPA 2015c
	Centrilobular hepatocellular necrosis in male rats	M: 835 F: 6,069	M: 4,945	EPA 2015a
	No effect in mice (highest dose)	1,000		EPA 2015c
Renal	Increased specific gravity, decreased pH of urine in male rats	M: 362 F: 1,183	M: 940	EPA 1991a, 1991b
	No effect in rats (highest dose)	M: 31.45 F: 34.02		EPA 1992d
	M: Decreased pH of urine in rats M, F: Papillary necrosis in kidney in rats	M: 361 F: 437	M: 1,214 F: 1,498	EPA 2015c
	Decreased pH of urine in male rats	M: 300 F: 1,000	M: 1,000	EPA 2015c
	Renal tubular epithelial basophilia in female mice	M: 4,945 F: 968	F: 6,069	EPA 2015a
	No effect in mice (highest dose)	1,000		EPA 2015c

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Table A-3. NOAELs and LOAELs Identified in Chronic-Duration Oral Studies of Glyphosate Technical

Endpoint	Effect	NOAEL (mg/kg/day)	LOAEL (mg/kg/day)	Reference
Ocular	Lens abnormalities in male rats	M: 362 F: 1,183	M: 940	EPA 1991a, 1991b
	No effect in rats	M: 1,214 F: 1,498		EPA 2015c
	No effect in rats	1,000		EPA 2015c
	No effect in dogs (highest dose)	500		EPA 1986a, 1987
Neurological	No effect in rats (highest dose)	M: 1,214 F: 1,498		EPA 2013c

ALT = alanine aminotransferase; AP = alkaline phosphatase; F = female; LOAEL = lowest-observed-adverse-effect level; M = male; NOAEL = no-observed-adverse-effect level

As shown in Table A-3, gastrointestinal endpoints are the most sensitive to chronic-duration oral exposure of laboratory animals to glyphosate technical. Inflammation of gastric squamous mucosa was observed in female (but not male) rats administered glyphosate technical in the diet for up to 24 months at an estimated dose of 457 mg/kg/day; the NOAEL was 113 mg/kg/day (EPA 1991a, 1991b). Increased severity of cytoplasmic changes in salivary gland cells (basophilia and hypertrophy of acinar cells in parotid and submandibular salivary glands) was reported for rats receiving glyphosate from the diet for 2 years at doses ≥ 300 mg/kg/day (EPA 2015c). Although salivary gland cytoplasmic changes were noted in rats at doses < 300 mg/kg/day as well, the changes were reported to be only of minimal or mild severity; therefore, they are not considered adverse effects. Furthermore, the toxicological significance of the glyphosate treatment-related effects on salivary glands is uncertain. One chronic-duration oral study of male and female mice found no evidence of glyphosate treatment-related gastrointestinal effects at doses as high as 4,945 and 6,069 mg/kg/day, respectively (EPA 1985a, 1985b, 1986b, 1989, 1991c, 1993, 2015a).

Summary of the Principal Study:

EPA. 1991a. June 03, 1991. Memorandum. 40 Page(s). William Dykstra. Toxicology Branch. Glyphosate; 2-Year combined chronic toxicity/carcinogenicity study in Sprague-Dawley rats - List A Pesticide for Reregistration Pages 29-40 removed-registrant data. MRID 416438-01. Tox review 008390. U.S. Environmental Protection Agency. <https://archive.epa.gov/pesticides/chemicalsearch/chemical/foia/web/pdf/103601/103601-263.pdf>. April 10, 2016.

EPA. 1991b. December 13, 1991. Memorandum. 38 Page(s). William Dykstra. Toxicology Branch I. Glyphosate - EPA Registration No. 524-308 - 2-Year chronic feeding/oncogenicity study in rats with technical glyphosate. MRID 416438-01. Tox review 008897. U.S. Environmental Protection Agency. <https://archive.epa.gov/pesticides/chemicalsearch/chemical/foia/web/pdf/103601/103601-268.pdf>. April 10, 2016.

Groups of albino Sprague Dawley rats (60/sex/group) were administered technical glyphosate (96.5% purity) in the diet at target concentrations of 0, 2,000, 8,000, or 20,000 ppm (mean measured concentrations of 0, 1,900, 7,600, and 19,000 ppm, respectively) for up to 24 months. Rats were monitored for survival, clinical signs, food intake, and body weight. Ten rats/sex/dose were subjected to

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comprehensive evaluations at 12-month interim sacrifice. Rats were subjected to ophthalmologic examinations prior to the initiation of treatment and twice prior to scheduled terminal sacrifice. Blood and urine samples were collected at 6, 12, 18, and 24 months for hematology, clinical chemistry, and urinalysis. Evaluations of all rats that died or survived until scheduled sacrifice included organ weight determinations (brain, liver, kidneys, testes, epididymides, prostate) and comprehensive gross and histopathologic examinations.

There were no indications of glyphosate-related clinical signs or effects on survival. Mean body weights of all glyphosate-treated male rats were not significantly different from that of controls. Mean body weights and of high-dose female rats were significantly lower than that of controls at weeks 7, 13, 81, and 104 (approximately 3–4% less than that of controls); by week 81, the magnitude of the mean body weight difference between high-dose females and their controls reached 13% (470.6 g versus 543.2 g for controls). There were no significant differences between controls and glyphosate-treated groups regarding food consumption. Based on mean body weight and food consumption data, estimated glyphosate doses to controls and low-, mid-, and high-dose groups were 0, 89, 362, and 940 mg/kg/day, respectively, for the males and 0, 113, 457, and 1,183 mg/kg/day, respectively, for the females.

Glyphosate treatment-related nonneoplastic effects included increased incidence of ocular effects (lens abnormalities), renal effects (increased specific gravity and decreased pH of urine) in high-dose (940 mg/kg/day) male rats, and significantly increased incidence of inflammation of gastric squamous mucosa in female rats at 457 and 1,183 mg/kg/day (incidences of 0/59, 3/60, 9/60 [$p=0.0015$], and 6/59 [$p=0.014$] among controls, low-, mid-, and high-dose groups, respectively; statistical significance determined using Fisher's exact test). The high-dose (1,183 mg/kg/day) group of female rats exhibited as much as 13% lower mean body weight at treatment week 81. Relative liver weight was significantly increased in high-dose male rats evaluated at 12 months and terminal sacrifice (13–14% greater than controls); however, histopathologic examinations of liver sections revealed no evidence of significant treatment-related nonneoplastic effects.

Selection of the Point of Departure: A provisional chronic-duration oral MRL can be derived for glyphosate based on incidences of female rats exhibiting gastric lesions in the 2-year dietary study of rats (EPA 1991a, 1991b). Incidences of female rats with gastric lesions were 0/59, 3/60, 9/60, and 6/59 for controls, low-, mid-, and high-dose groups, respectively. All dichotomous models in the Benchmark Dose Modeling Software (BMDS; Version 2.6) were fit to the incidence data for female rats exhibiting inflammation of gastric squamous mucosa. A benchmark response (BMR) of 10% extra risk was applied. None of the models produced adequate fit to the dataset, likely due to 33% lower incidence for the gastric lesion in the high-dose group compared to the mid-dose group. Therefore, a NOAEL/LOAEL approach was employed to derive a provisional chronic-duration oral MRL for glyphosate. The point of departure is the NOAEL of 113 mg/kg/day for gastrointestinal lesions in the female rats of the 2-year dietary study (EPA 1991a, 1991b).

Uncertainty Factor: The NOAEL of 113 mg/kg/day was divided by a total uncertainty factor of 100:

- 10 for animal to human extrapolation
- 10 for human variability

The glyphosate-induced cytoplasmic changes in salivary glands of the chronically-treated rats were not considered for MRL derivation because the toxicological significance of the changes is uncertain. However, consideration of the NOAEL of 100 mg/kg/day (EPA 2015c) as a point of departure, application of a total uncertainty factor of 100 (10 for extrapolation from animals to humans and 10 for human variability) would also result in a provisional chronic-duration oral MRL of 1 mg/kg/day.

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Other Additional Studies or Pertinent Information: Glyphosate-induced gastrointestinal effects were observed in acute-duration oral studies of rats and rabbits (Adam et al. 1997; EPA 1992e, 2013c, 2017b), intermediate-duration oral studies of rats, mice, and rabbits (EPA 1992a, 1992f; NTP 1992), and chronic-duration oral studies of rats (EPA 1991a, 1991b, 2015c).

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APPENDIX B. LITERATURE SEARCH FRAMEWORK FOR GLYPHOSATE

The objective of the toxicological profile is to evaluate the potential for human exposure and the potential health hazards associated with inhalation, oral, or dermal/ocular exposure to glyphosate.

B.1 LITERATURE SEARCH AND SCREEN

A literature search and screen was conducted to identify studies examining health effects, toxicokinetics, mechanisms of action, susceptible populations, biomarkers, chemical interactions, physical and chemical properties, production, use, environmental fate, environmental releases, and environmental and biological monitoring data for glyphosate. ATSDR primarily focused on peer-reviewed articles without publication date or language restrictions. Non-peer-reviewed studies that were considered relevant to the assessment of the health effects of glyphosate have undergone peer review by at least three ATSDR-selected experts who have been screened for conflict of interest. The inclusion criteria used to identify relevant studies examining the health effects of glyphosate are presented in Table B-1.

Table B-1. Inclusion Criteria for the Literature Search and Screen

Health Effects
Species
Human
Laboratory mammals
Route of exposure
Inhalation
Oral
Dermal (or ocular)
Parenteral (these studies will be considered supporting data)
Health outcome
Death
Systemic effects
Body weight effects
Respiratory effects
Cardiovascular effects
Gastrointestinal effects
Hematological effects
Musculoskeletal effects
Hepatic effects
Renal effects
Dermal effects
Ocular effects
Endocrine effects
Immunological effects
Neurological effects
Reproductive effects
Developmental effects
Other noncancer effects

Table B-1. Inclusion Criteria for the Literature Search and Screen

Cancer
Toxicokinetics
Absorption
Distribution
Metabolism
Excretion
PBPK models
Biomarkers
Biomarkers of exposure
Biomarkers of effect
Interactions with other chemicals
Potential for human exposure
Releases to the environment
Air
Water
Soil
Environmental fate
Transport and partitioning
Transformation and degradation
Environmental monitoring
Air
Water
Sediment and soil
Other media
Biomonitoring
General populations
Occupation populations

B.1.1 Literature Search

The following main databases were searched in February 2015 and September 2017:

- PubMed
- National Library of Medicine's TOXLINE
- Scientific and Technical Information Network's TOXCENTER

The search strategy used the chemical names, Chemical Abstracts Service (CAS) numbers, synonyms, and Medical Subject Headings (MeSH) terms for glyphosate. The query strings used for the literature search are presented in Table B-2.

The search was augmented by searching the Toxic Substances Control Act Test Submissions (TSCATS), NTP website, and National Institute of Health Research Portfolio Online Reporting Tools Expenditures and Results (NIH RePORTER) databases using the queries presented in Table B-3. Additional databases were searched in the creation of various tables and figures, such as the TRI Explorer, the Substance

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Priority List (SPL) resource page, and other items as needed. Regulations applicable to glyphosate were identified by searching international and U.S. agency websites and documents.

Review articles were identified and used for the purpose of providing background information and identifying additional references. ATSDR also identified reports from the grey literature, which included unpublished research reports, technical reports from government agencies, conference proceedings and abstracts, and theses and dissertations.

Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
PubMed 9/2017	<p>("glyphosate"[nm] OR "1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphonic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "gliphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw] OR "Roundup"[tw] OR "34494-03-6"[tw] OR "MON 0459"[tw] OR "40465-66-5"[tw] OR "MON 14420"[tw] OR "MON 8750"[tw] OR "Roundup Hi-Load"[tw] OR "Roundup PRODry"[tw] OR "70393-85-0"[tw] OR "MON 8000"[tw] OR "Monsanto 8000"[tw] OR "Polado"[tw] OR "Trisodium hydrogen bis(N-(phosphonomethyl)aminoacetate"[tw] OR "39600-42-5"[tw] OR "Glyphosate potassium"[tw] OR "Glyphosate monopotassium salt"[tw] OR "Glyphosate potassium"[tw] OR "Glyphosate-potassium"[tw] OR "Monopotassium glyphosate"[tw] OR "Roundup Attack"[tw] OR "Roundup Energy"[tw] OR "Roundup Maxload"[tw] OR "Roundup Original Max"[tw] OR "Roundup Power Max"[tw] OR "Roundup Ultramax II"[tw] OR "Roundup Weathermax"[tw] OR "Touchdown Forte HiTech"[tw] OR "Transorb R"[tw] OR "Weathermax"[tw] OR "Zapp Qi"[tw] OR "70901-12-1"[tw] OR "Glyphosate-potassium"[tw] OR "Potassium glyphosate"[tw] OR "Potassium N-(phosphonomethyl)glycine"[tw] OR "Uragan Forte"[tw] OR "VisionMAX"[tw] OR "N-(phosphonomethyl)glycine potassium salt"[tw] OR "114370-14-8"[tw] OR "Glyphosate ammonium"[tw] OR "N-(phosphonomethyl)glycine ammonium salt"[tw] OR "69254-40-6"[tw] OR "Glyphosate-diammonium"[tw] OR "Diammonium N-(phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)glycine diammonium salt"[tw]) AND (cancer[sb] OR "neoplasms"[mh] OR "carcinogenicity tests"[mh] OR "carcinogens"[mh] OR "cell division/drug effects"[mh] OR "cell cycle/drug effects"[mh] OR "cell line, tumor/drug effects"[mh] OR "gene expression regulation, neoplastic"[mh] OR "neoplasm proteins/drug effects"[mh] OR "angiogenesis inducing agents"[mh] OR "myelodysplastic-myeloproliferative diseases"[mh] OR cancer*[tw] OR carcinog*[tw] OR carcinom*[tw] OR cocarcinog*[tw] OR lymphoma*[tw] OR neoplas*[tw] OR oncogen*[tw] OR precancer*[tw] OR tumor*[tw] OR tumour*[tw]) AND (2014/02/01 : 3000[dp] OR 2015/02/01 : 3000[mhda] OR 2015/02/01 : 3000[crdat] OR 2015/02/01 : 3000[edat])</p> <p>("glyphosate, isopropyl amine salt"[nm] OR "N-(phosphonomethyl)glycine trimethylsulfonium salt"[nm] OR "38641-94-0"[tw] OR "Glyphosate-isopropylammonium"[tw] OR "Glyphosate isopropylamine salt"[tw] OR "Azural AT"[tw] OR "CP 70139"[tw] OR "Fosulen"[tw] OR "Glifosato estrella"[tw] OR "Glycel"[tw] OR "Glycine, N-(phosphonomethyl)-, compd with 2-propanamine (1:1)"[tw] OR "Glyfos AU"[tw] OR</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	"Glyphos BIO"[tw] OR "Glyphosate isopropylamine salt"[tw] OR "Glyphosate mono(isopropylamine) salt"[tw] OR "Glyphosate-isopropylammonium"[tw] OR "Glyphosate-mono(isopropylammonium)"[tw] OR "Landmaster"[tw] OR "MON 139"[tw] OR "MON 39"[tw] OR "N-(Phosphonomethyl)glycine isopropylamine salt"[tw] OR "N-(Phosphonomethyl)glycine isopropylammonium salt"[tw] OR "N-(Phosphonomethyl)glycine monoisopropylamine salt"[tw] OR "Nitosorg"[tw] OR "Ron-do"[tw] OR "Utal"[tw] OR "Utal (herbicide)"[tw] OR "Vision (herbicide)"[tw] OR "2-Propanamine, compd, with N-(phosphonomethyl)glycine (1:1)"[tw] OR "Glycine, N-(phosphonomethyl)-, compd. with 2-propanamine (1:1)"[tw] OR "N-(Phosphonomethyl)glycine, compound with 2-propylamine (1:1)"[tw] OR "Isopropylamine glyphosate"[tw] OR "81591-81-3"[tw] OR "Glyphosate-trimesium"[tw] OR "Glyphosphate-trimesium"[tw] OR "Avans 330"[tw] OR "Glyphosate mono(trimethylsulfonium) salt"[tw] OR "Glyphosate trimethylsulfonium salt"[tw] OR "Glyphosate-trimesium"[tw] OR "Medallon"[tw] OR "Ouragan"[tw] OR "R 50224"[tw] OR "SC 0224"[tw] OR "Sulfosate"[tw] OR "Sulphosate"[tw] OR "Touchdown herbicide"[tw] OR "Trimethylsulfonium carboxymethylamino-methylphosphonate"[tw] OR "Trimethylsulfonium glyphosate"[tw] OR "Glycine, N-(phosphonomethyl)-, ion(1-), trimethylsulfonium"[tw] OR "Sulfosate"[tw] AND (cancer[sb] OR "neoplasms"[mh] OR "carcinogenicity tests"[mh] OR "carcinogens"[mh] OR "cell division/drug effects"[mh] OR "cell cycle/drug effects"[mh] OR "cell line, tumor/drug effects"[mh] OR "gene expression regulation, neoplastic"[mh] OR "neoplasm proteins/drug effects"[mh] OR "angiogenesis inducing agents"[mh] OR "myelodysplastic-myeloproliferative diseases"[mh] OR cancer*[tw] OR carcinog*[tw] OR carcinom*[tw] OR cocarcinog*[tw] OR lymphoma*[tw] OR neoplas*[tw] OR oncogen*[tw] OR precancer*[tw] OR tumor*[tw] OR tumour*[tw]) AND (2014/02/01 : 3000[dp] OR 2015/02/01 : 3000[mhda] OR 2015/02/01 : 3000[crdat] OR 2015/02/01 : 3000[edat])
2/2015	("glyphosate"[nm]) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyphos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR (me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR ("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic"[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[sb] OR "pharmacology"[Majr]) OR (("1071-

Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphonic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) NOT medline[<i>sb</i>])</p> <p>("Roundup"[tw] AND (monsanto[tw] OR "antifungal agents"[Pharmacological Action] OR "antifungal agents"[MeSH Terms] OR "antifungal"[tw] OR "anti-fungal"[tw] OR "enzyme inhibitors"[Pharmacological Action] OR "enzyme inhibitors"[MeSH Terms] OR ("enzyme"[tw] AND inhibitor*[tw]) OR "enzyme inhibitors"[tw] OR "enzyme inhibitor"[tw] OR "herbicides"[Pharmacological Action] OR "herbicides"[MeSH Terms] OR "herbicides"[tw] OR "herbicide"[tw] OR "uncoupling agents"[Pharmacological Action] OR "uncoupling agents"[MeSH Terms] OR ("uncoupling"[tw] AND agent*[tw]) OR "uncoupling agent"[tw] OR "uncoupling agents"[tw] OR "pesticides"[mh] OR pesticide*[tw])) NOT (("glyphosate"[nm]) OR ("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphonic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR (me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR ("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic"[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[<i>sb</i>] OR "pharmacology"[Majr])) OR ("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphonic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>"Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silgif"[tw] OR "yerbimat"[tw]) NOT medline[sb])</p> <p>("34494-03-6"[tw] OR "MON 0459"[tw] OR "40465-66-5"[tw] OR "MON 14420"[tw] OR "MON 8750"[tw] OR "Roundup Hi-Load"[tw] OR "Roundup PRODry"[tw] OR "70393-85-0"[tw] OR "MON 8000"[tw] OR "Monsanto 8000"[tw] OR "Polado"[tw] OR "Trisodium hydrogen bis(N-(phosphonomethyl)aminoacetate"[tw] AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR ("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic"[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[sb] OR "pharmacology"[Majr])</p> <p>("39600-42-5"[tw] OR "Glyphosate potassium"[tw] OR "Glyphosate monopotassium salt"[tw] OR "Glyphosate potassium"[tw] OR "Glyphosate-potassium"[tw] OR "Monopotassium glyphosate"[tw] OR "Roundup Attack"[tw] OR "Roundup Energy"[tw] OR "Roundup Maxload"[tw] OR "Roundup Original Max"[tw] OR "Roundup Power Max"[tw] OR "Roundup Ultramax II"[tw] OR "Roundup Weathermax"[tw] OR "Touchdown Forte HiTech"[tw] OR "Transorb R"[tw] OR "Weathermax"[tw] OR "Zapp Qi"[tw] OR "70901-12-1"[tw] OR "Glyphosate-potassium"[tw] OR "Potassium glyphosate"[tw] OR "Potassium N-(phosphonomethyl)glycine"[tw] OR "Uragan Forte"[tw] OR "VisionMAX"[tw] OR "N-(phosphonomethyl)glycine potassium salt"[tw] OR "114370-14-8"[tw] OR "Glyphosate ammonium"[tw] OR "N-(phosphonomethyl)glycine ammonium salt"[tw] OR "69254-40-6"[tw] OR "Glyphosate-diammonium"[tw] OR "Diammonium N-(phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)glycine diammonium salt"[tw] NOT ("glyphosate"[nm]) OR ("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR</p>

Table B-2. Database Query Strings Pre-Public Comment Searches

Database	search date	Query string
		<p>"Scout herbicide"[tw] OR "Silglicif"[tw] OR "yerbimat"[tw]) AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR (me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR (("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic "[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[sb] OR "pharmacology"[Majr])) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglicif"[tw] OR "yerbimat"[tw]) NOT medline[sb]) OR ("Roundup"[tw] AND (monsanto[tw] OR "antifungal agents"[Pharmacological Action] OR "antifungal agents"[MeSH Terms] OR "antifungal"[tw] OR "anti-fungal"[tw] OR "enzyme inhibitors"[Pharmacological Action] OR "enzyme inhibitors"[MeSH Terms] OR ("enzyme"[tw] AND inhibitor*[tw]) OR "enzyme inhibitors"[tw] OR "enzyme inhibitor"[tw] OR "herbicides"[Pharmacological Action] OR "herbicides"[MeSH Terms] OR "herbicides"[tw] OR "herbicide"[tw] OR "uncoupling agents"[Pharmacological Action] OR "uncoupling agents"[MeSH Terms] OR ("uncoupling"[tw] AND agent*[tw]) OR "uncoupling agent"[tw] OR "uncoupling agents"[tw] OR "pesticides"[mh] OR pesticide*[tw]))))</p> <p>((("glyphosate, isopropyl amine salt"[nm]) OR ("N-(phosphonomethyl)glycine trimethylsulfonium salt"[nm])) NOT ("glyphosate"[nm]) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglicif"[tw] OR "yerbimat"[tw]) AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR (me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR (("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic "[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[sb] OR "pharmacology"[Majr])) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) NOT medline[sb] OR ("Roundup"[tw] AND (monsanto[tw] OR "antifungal agents"[Pharmacological Action] OR "antifungal agents"[MeSH Terms] OR "antifungal"[tw] OR "anti-fungal"[tw] OR "enzyme inhibitors"[Pharmacological Action] OR "enzyme inhibitors"[MeSH Terms] OR ("enzyme"[tw] AND inhibitor*[tw]) OR "enzyme inhibitors"[tw] OR "enzyme inhibitor"[tw] OR "herbicides"[Pharmacological Action] OR "herbicides"[MeSH Terms] OR "herbicides"[tw] OR "herbicide"[tw] OR "uncoupling agents"[Pharmacological Action] OR "uncoupling agents"[MeSH Terms] OR ("uncoupling"[tw] AND agent*[tw]) OR "uncoupling agent"[tw] OR "uncoupling agents"[tw] OR "pesticides"[mh] OR pesticide*[tw]))) OR (("38641-94-0"[tw] OR "Glyphosate-isopropylammonium"[tw] OR "Glyphosate isopropylamine salt"[tw] OR "Azural AT"[tw] OR "CP 70139"[tw] OR "Fosulen"[tw] OR "Glifosato estrella"[tw] OR "Glycel"[tw] OR "Glycine, N-(phosphonomethyl)-, compd with 2-propanamine (1:1)"[tw] OR "Glyfos AU"[tw] OR "Glyfos BIO"[tw] OR "Glyphosate isopropylamine salt"[tw] OR "Glyphosate mono(isopropylamine) salt"[tw] OR "Glyphosate-isopropylammonium"[tw] OR "Glyphosate-mono(isopropylammonium)"[tw] OR "Landmaster"[tw] OR "MON 139"[tw] OR "MON 39"[tw] OR "N-(Phosphonomethyl)glycine isopropylamine salt"[tw] OR "N-(Phosphonomethyl)glycine isopropylammonium salt"[tw] OR "N-(Phosphonomethyl)glycine monoisopropylamine salt"[tw] OR "Nitosorg"[tw] OR "Ron-do"[tw] OR "Utal"[tw] OR "Utal (herbicide)"[tw] OR "Vision (herbicide)"[tw] OR "2-Propanamine, compd, with N-(phosphonomethyl)glycine (1:1)"[tw] OR "Glycine, N-(phosphonomethyl)-, compd. with 2-propanamine (1:1)"[tw] OR "N-(Phosphonomethyl)glycine, compound with 2-propylamine (1:1)"[tw] OR "Isopropylamine glyphosate"[tw] OR "81591-81-3"[tw] OR "Glyphosate-trimesium"[tw] OR "Glyphosphate-trimesium"[tw] OR "Avans 330"[tw] OR "Glyphosate mono(trimethylsulfonium) salt"[tw] OR "Glyphosate trimethylsulfonium salt"[tw] OR "Glyphosate-trimesium"[tw] OR "Medallon"[tw] OR "Ouragan"[tw] OR "R 50224"[tw] OR "SC 0224"[tw] OR "Sulfosate"[tw] OR "Sulphosate"[tw] OR "Touchdown herbicide"[tw] OR</p>

Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>"Trimethylsulfonium carboxymethylamino-methylphosphonate"[tw] OR "Trimethylsulfonium glyphosate"[tw] OR "Glycine, N-(phosphonomethyl)-, ion(1-), trimethylsulfonium"[tw] OR "Sulfosate"[tw] NOT (("glyphosate"[nm]) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) AND (to[sh] OR po[sh] OR ae[sh] OR pk[sh] OR (me[sh] AND ("humans"[mh] OR "animals"[mh])) OR ci[sh] OR bl[sh] OR cf[sh] OR ur[sh] OR "environmental exposure"[mh] OR "endocrine system"[mh] OR "hormones, hormone substitutes, and hormone antagonists"[mh] OR "endocrine disruptors"[mh] OR ("Computational biology"[mh] OR "Medical Informatics"[mh] OR Genomics[mh] OR Genome[mh] OR Proteomics[mh] OR Proteome[mh] OR Metabolomics[mh] OR Metabolome[mh] OR Genes[mh] OR "Gene expression"[mh] OR Phenotype[mh] OR genetics[mh] OR genotype[mh] OR Transcriptome[mh] OR ("Systems Biology"[mh] AND ("Environmental Exposure"[mh] OR "Epidemiological Monitoring"[mh] OR analysis[sh])) OR "Transcription, Genetic"[mh] OR "Reverse transcription"[mh] OR "Transcriptional activation"[mh] OR "Transcription factors"[mh] OR ("biosynthesis"[sh] AND (RNA[mh] OR DNA[mh])) OR "RNA, Messenger"[mh] OR "RNA, Transfer"[mh] OR "peptide biosynthesis"[mh] OR "protein biosynthesis"[mh] OR "Reverse Transcriptase Polymerase Chain Reaction"[mh] OR "Base Sequence"[mh] OR "Trans-activators"[mh] OR "Gene Expression Profiling"[mh])) OR cancer[sb] OR "pharmacology"[Majr])) OR (("1071-83-6"[tw] OR "(Carboxymethylamino)methylphosphonic acid"[tw] OR "Carboxymethylaminomethanephosphinic acid"[tw] OR "C-K Yuyos FAV"[tw] OR "CP 67573"[tw] OR "Folusen"[tw] OR "Forsat"[tw] OR "Glialka"[tw] OR "Glifoglex"[tw] OR "Glifosan 747"[tw] OR "glyphosate"[tw] OR "Gliz"[tw] OR "Glyfos"[tw] OR "GlyGran"[tw] OR "Glyphodin A"[tw] OR "Glyphomax"[tw] OR "Glyphosate"[tw] OR "Glyphosphate"[tw] OR "Ground Bio"[tw] OR "Herbatop"[tw] OR "HM 2028"[tw] OR "Kickdown"[tw] OR "Lancer herbicide"[tw] OR "MON 2139"[tw] OR "MON 3539"[tw] OR "MON 6000"[tw] OR "N-(Phosphonomethyl)glycine"[tw] OR "N-(phosphonomethyl)-Glycine"[tw] OR "N-Phosphomethylglycine"[tw] OR "N-Phosphonomethylglycine"[tw] OR "Phorsat"[tw] OR "Phosphonomethylglycine"[tw] OR "Phosphonomethyliminoacetic acid"[tw] OR "Pondmaster"[tw] OR "Rebel Garden"[tw] OR "Roundup Max"[tw] OR "Safal"[tw] OR "Scout herbicide"[tw] OR "Silglif"[tw] OR "yerbimat"[tw]) NOT medline[sb] OR ("Roundup"[tw] AND (monsanto[tw] OR "antifungal agents"[Pharmacological Action] OR "antifungal agents"[MeSH Terms] OR "antifungal"[tw] OR "anti-fungal"[tw] OR "enzyme inhibitors"[Pharmacological Action] OR "enzyme inhibitors"[MeSH Terms] OR ("enzyme"[tw] AND inhibitor*[tw]) OR "enzyme inhibitors"[tw] OR "enzyme inhibitor"[tw] OR "herbicides"[Pharmacological Action] OR "herbicides"[MeSH Terms] OR "herbicides"[tw] OR "herbicide"[tw] OR "uncoupling agents"[Pharmacological Action] OR "uncoupling agents"[MeSH Terms] OR ("uncoupling"[tw] AND agent*[tw]) OR "uncoupling agent"[tw] OR "uncoupling agents"[tw] OR "pesticides"[mh] OR pesticide*[tw])))</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
Toxline 9/2017	<p>("lancer herbicide" OR "mon 2139" OR "mon 3539" OR "mon 6000" OR "phorsat" OR "phosphonomethyliminoacetic acid" OR "rebel garden" OR "roundup max" OR "safal" OR "scout herbicide") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>(" (carboxymethylamino) methylphosphonic acid" OR "carboxymethylaminomethanephosphinic acid" OR "c k yuyos fav" OR "cp 67573" OR "folusen" OR "forsat" OR "glialka" OR "glifosan 747" OR "glygran" OR "glyphodin a" OR "glyphomax" OR "ground bio" OR "herbatop" OR "hm 2028" OR "kickdown") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("glifoglex" OR "glyphosate" OR "gliz" OR "glyfos" OR "glyphosate" OR "glyphosphate" OR "n (phosphonomethyl) glycine" OR "n (phosphonomethyl) glycine" OR "n phosphomethylglycine" OR "n phosphonomethylglycine" OR "phosphonomethylglycine" OR "pondmaster" OR "silglif" OR "yerbimat") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>1071-83-6 [rn] AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) [not] PubMed [org] [not] pubdart [org] (#7 NOT #4) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>"roundup" AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) [not] PubMed [org] [not] pubdart [org]</p> <p>("mon 0459" OR "40465 66 5" OR "mon 14420" OR "mon 8750" OR "roundup hi load" OR "roundup prodry" OR "mon 8000" OR "monsanto 8000" OR "polado" OR "trisodium hydrogen bis (n (phosphonomethyl) aminoacetate) ") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>(34494-03-6 [rn] OR 70393-85-0 [rn]) AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("glyphosate diammonium" OR "diammonium n (phosphonomethyl) glycine" OR "n (phosphonomethyl) glycine diammonium salt") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("roundup weathermax" OR "touchdown forte hitech" OR "transorb r" OR "weathermax" OR "zapp qi" OR "glyphosate potassium" OR "potassium glyphosate" OR "potassium n (phosphonomethyl) glycine" OR "uragan forte" OR "visionmax" OR "n (phosphonomethyl) glycine potassium salt" OR "glyphosate ammonium" OR "n (phosphonomethyl) glycine ammonium salt") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("glyphosate potassium" OR "glyphosate monopotassium salt" OR "glyphosate potassium" OR "glyphosate potassium" OR "monopotassium glyphosate" OR "roundup attack" OR "roundup energy" OR "roundup maxload" OR "roundup original max" OR "roundup power max" OR "roundup ultramax ii") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>(39600-42-5 [rn] OR 39600-55-0 [rn] OR 39600-56-1 [rn] OR 39600-58-3 [rn] OR 40465-59-6 [rn] OR 40465-64-3 [rn] OR 40465-67-6 [rn] OR 40465-70-1 [rn] OR 40465-90-5 [rn] OR 40465-91-6 [rn] OR 70901-12-1 [rn] OR 114370-14-8 [rn] OR 69254-40-6 [rn]) AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("sulphosate" OR "touchdown herbicide" OR "trimethylsulfonium carboxymethylamino methylphosphonate" OR "trimethylsulfonium glyphosate" OR "glycine n (phosphonomethyl) ion (1) trimethylsulfonium") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("isopropylamine glyphosate" OR "glyphosate trimesium" OR "glyphosphate trimesium" OR "avans 330" OR "glyphosate mono (trimethylsulfonium) salt" OR "glyphosate trimethylsulfonium salt" OR "glyphosate trimesium" OR "medallon" OR "ouragan" OR "r 50224" OR "sc 0224" OR "sulfosate") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("n (phosphonomethyl) glycine monoisopropylamine salt" OR "nitosorg" OR "utal" OR "utal (herbicide)" OR "vision (herbicide)" OR "2 propanamine compd with n (phosphonomethyl) glycine (1 1)" OR "glycine n (phosphonomethyl) compd with 2 propanamine (1 1)" OR "n (phosphonomethyl) glycine compound with 2 propylamine (1 1)") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	<p>("glyphosate mono (isopropylamine) salt" OR "glyphosate isopropylammonium" OR "glyphosate mono (isopropylammonium) " OR "landmaster" OR "mon 139" OR "mon 39" OR "n (phosphonomethyl) glycine isopropylamine salt" OR "n (phosphonomethyl) glycine isopropylammonium salt") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>("glyphosate isopropylammonium" OR "glyphosate isopropylamine salt" OR "azural at" OR "cp 70139" OR "fosulen" OR "glifosato estrella" OR "glycel" OR "glycine n (phosphonomethyl) cmpd with 2 propanamine (1 1) " OR "glyfos au" OR "glyfos bio" OR "glyphosate isopropylamine salt") AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p> <p>(38641-94-0 [rn] OR 81591-81-3 [rn]) AND 2014:2017 [yr] AND (ANEUPL [org] OR BIOSIS [org] OR CIS [org] OR DART [org] OR EMIC [org] OR EPIDEM [org] OR FEDRIP [org] OR HEEP [org] OR HMTC [org] OR IPA [org] OR RISKLINE [org] OR MTGABS [org] OR NIOSH [org] OR NTIS [org] OR PESTAB [org] OR PPBIB [org]) AND NOT PubMed [org] AND NOT pubdart [org]</p>
2/2015	<p>"Glifoglex" OR "gliphosate" OR "Gliz" OR "Glyfos" OR "Glyphosate" OR "Glyphosphate" OR "N-(Phosphonomethyl)glycine" OR "N-(phosphonomethyl)-Glycine" OR "N-Phosphomethylglycine" OR "N-Phosphonomethylglycine" OR "Phosphonomethylglycine" OR "Pondmaster" OR "Silglif" OR "yerbimat"</p> <p>"(Carboxymethylamino)methylphosphonic acid" OR "Carboxymethylaminomethanephosphinic acid" OR "C-K Yuyos FAV" OR "CP 67573" OR "Folusen" OR "Forsat" OR "Glialka" OR "Glifosan 747" OR "GlyGran" OR "Glyphodin A" OR "Glyphomax" OR "Ground Bio" OR "Herbatop" OR "HM 2028" OR "Kickdown"</p> <p>"Lancer herbicide" OR "MON 2139" OR "MON 3539" OR "MON 6000" OR "Phorsat" OR "Phosphonomethyliminoacetic acid" OR "Rebel Garden" OR "Roundup Max" OR "Safal" OR "Scout herbicide"</p> <p>"roundup"</p> <p>34494-03-6[rn] OR 70393-85-0[rn]</p> <p>"MON 0459" OR "40465-66-5" OR "MON 14420" OR "MON 8750" OR "Roundup Hi-Load" OR "Roundup PRODry" OR "MON 8000" OR "Monsanto 8000" OR "Polado" OR "Trisodium hydrogen bis(N-(phosphonomethyl)aminoacetate)"</p> <p>39600-42-5[rn] OR 39600-55-0[rn] OR 39600-56-1[rn] OR 39600-58-3[rn] OR 40465-59-6[rn] OR 40465-64-3[rn] OR 40465-67-6[rn] OR 40465-70-1[rn] OR 40465-90-5[rn] OR 40465-91-6[rn] OR 70901-12-1[rn] OR 114370-14-8[rn] OR 69254-40-6[rn]</p> <p>"Glyphosate potassium" OR "Glyphosate monopotassium salt" OR "Glyphosate potassium" OR "Glyphosate-potassium" OR "Monopotassium glyphosate" OR "Roundup Attack" OR "Roundup Energy" OR "Roundup Maxload" OR "Roundup Original Max" OR "Roundup Power Max" OR "Roundup Ultramax II"</p> <p>"Roundup Weathermax" OR "Touchdown Forte HiTech" OR "Transorb R" OR "Weathermax" OR "Zapp Qi" OR "Glyphosate-potassium" OR "Potassium glyphosate" OR "Potassium N-(phosphonomethyl)glycine" OR "Uragan Forte" OR "VisionMAX" OR "N-</p>

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	(phosphonomethyl)glycine potassium salt" OR "Glyphosate ammonium" OR "N-(phosphonomethyl)glycine ammonium salt" "Glyphosate-diammonium" OR "Diammonium N-(phosphonomethyl)glycine" OR "N-(phosphonomethyl)glycine diammonium salt" 38641-94-0[rn] OR 81591-81-3[rn] "Glyphosate-isopropylammonium" OR "Glyphosate isopropylamine salt" OR "Azural AT" OR "CP 70139" OR "Fosulen" OR "Glifosato estrella" OR "Glycel" OR "Glycine, N-(phosphonomethyl)-, compd with 2-propanamine (1:1)" OR "Glyfos AU" OR "Glyfos BIO" OR "Glyphosate isopropylamine salt" "Glyphosate mono(isopropylamine) salt" OR "Glyphosate-isopropylammonium" OR "Glyphosate-mono(isopropylammonium)" OR "Landmaster" OR "MON 139" OR "MON 39" OR "N-(Phosphonomethyl)glycine isopropylamine salt" OR "N-(Phosphonomethyl)glycine isopropylammonium salt" "N-(Phosphonomethyl)glycine monoisopropylamine salt" OR "Nitosorg" OR "Utal" OR "Utal (herbicide)" OR "Vision (herbicide)" OR "2-Propanamine, compd, with N-(phosphonomethyl)glycine (1:1)" OR "Glycine, N-(phosphonomethyl)-, compd. with 2-propanamine (1:1)" OR "N-(Phosphonomethyl)glycine, compound with 2-propylamine (1:1)" "Isopropylamine glyphosate" OR "Glyphosate-trimesium" OR "Glyphosphate-trimesium" OR "Avans 330" OR "Glyphosate mono(trimethylsulfonium) salt" OR "Glyphosate trimethylsulfonium salt" OR "Glyphosate-trimesium" OR "Medallon" OR "Ouragan" OR "R 50224" OR "SC 0224" OR "Sulfosate" "Sulphosate" OR "Touchdown herbicide" OR "Trimethylsulfonium carboxymethylamino-methylphosphonate" OR "Trimethylsulfonium glyphosate" OR "Glycine, N- N-phosphonemethyl)-, ion(1-), trimethylsulfonium"
Toxcenter 9/2017	L1 9995 SEA 1071-83-6 L2 92 SEA 34494-03-6 OR 40465-66-5 OR 70393-85-0 L3 80 SEA 39600-42-5 OR 39600-55-0 OR 39600-56-1 OR 39600-58-3 OR 40465-59-6 OR 40465-64-3 OR 40465-67-6 OR 40465-70-1 OR 40465-90-5 OR 40465-91-6 L4 101 SEA 70901-12-1 OR 114370-14-8 OR 69254-40-6 L5 2022 SEA 38641-94-0 OR 81591-81-3 L6 10037 SEA L1 OR L2 OR L3 OR L4 L7 6132 SEA L6 NOT (TSCATS/FS OR PATENT/DT) L8 2048 SEA L6 AND (PY>2013 OR ED>=20150201) L9 1260 SEA L7 AND (PY>2013 OR ED>=20150201) L10 751 SEA L5 NOT L6 L11 530 SEA L10 NOT (TSCATS/FS OR PATENT/DT) L12 63 SEA L11 AND (PY>2013 OR ED>=20150201) L13 56 SEA L9 AND (CANCER? OR CARCINO? OR CARCINOM? OR COCARCINO? OR LYMPHOMA? OR NEOPLAS? OR ONCOGEN? OR PRECANCER? OR TUMOR? OR TUMOUR?) L14 6 SEA L12 AND (CANCER? OR CARCINO? OR CARCINOM? OR COCARCINO? OR LYMPHOMA? OR NEOPLAS? OR ONCOGEN? OR PRECANCER? OR TUMOR?

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	OR TUMOUR?)
L15	16 SEA L13 AND MEDLINE/FS
L16	40 SEA L13 NOT L15
L17	44 DUP REM L15 L16 (12 DUPLICATES REMOVED) ANSWERS '1-44' FROM FILE TOXCENTER
L*** DEL	16 S L13 AND MEDLINE/FS
L*** DEL	16 S L13 AND MEDLINE/FS
L18	16 SEA L17
L*** DEL	40 S L13 NOT L15
L*** DEL	40 S L13 NOT L15
L19	28 SEA L17
L20	28 SEA (L18 OR L19) NOT MEDLINE/FS D SCAN L20
L21	401072 SEA 14 NOT MEDLINE/FS
L22	6 SEA L14 NOT MEDLINE/FS
L23	6 DUP REM L22 (0 DUPLICATES REMOVED) ANSWERS '1-6' FROM FILE TOXCENTER D SCAN L23
	FILE 'MEDLINE' ENTERED AT 19:10:42 ON 14 SEP 2017 CHARGED TO COST=EH011.10.01
L24	QUE ACROCHORDON OR ACROCHORDONS OR ADENOMATOSIS OR ADENOMATOUS OR ADENOSIS OR AMYLOIDOSES OR AMYLOIDOSIS OR ANAPLASIA OR ANGIOENDOTHELIOMATOSIS OR ANGIOMATOSIS OR BUSCHKE- LOWENSTEIN OR CANCER OR CANCEROUS OR CANCERS OR CARCINOGEN
L25	QUE CARCINOGENESIS OR CARCINOGENIC OR CARCINOGENICITY OR CARCINOGENS OR CARCINOID OR CARCINOMATOSIS OR CHERUBISM OR CIN OR CLL OR COCARCINOGENESIS OR DERMOID OR DYSMYELOPOIESIS OR ENCHONDROMATOSIS OR EPIDERMOID OR ERYTHROLEUKAEMIA OR ERYTHROLE UKAEMIAS
L26	QUE ERYTHROLEUKEMIA OR ERYTHROLEUKEMIAS OR ERYTHROPLAKIA OR ERYTHROPLAKIAS OR ERYTHROPLASIA OR ESSENTIAL- THROMBOCYTHEMIA OR EXOSTOSIS OR FIBROADENOSIS OR FIBROID OR FIBROIDS OR FIBROMATOSIS OR GLIOMATOSIS OR GLOMANGIOMATOSIS OR GRANULOMATOS IS
L27	QUE GYNAECOMASTIA OR GYNECOMASTIA OR HEMANGIOMATOSIS OR HODGKIN OR HODGKINS OR LEIOMYOMATOSIS OR LEUKAEMIA OR LEUKAEMIA S OR LEUKEMIA OR LEUKEMIAS OR LEUKOPLAKIA OR LEUKOPLAKIAS OR LEUKOSTASIS OR LIPOBLASTOMATOSIS OR LIPOMATOSIS

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
L28	QUE LYMPHANGIOLEIOMYOMATOSIS OR LYMPHANGIOMATOSIS OR LYMPHANGIO MYOMATOSIS OR LYMPHOPROLIFERATION OR LYMPHOPROLIFERATIONS OR LYMPHOPROLIFERATIVE OR LYMPHOSCINTIGRAPHIC OR LYMPHOSCINTIGRAPH Y OR MACROGLOBULINEMIA OR MACROGLOBULINEMIAS
L29	QUE MALIGNANCIES OR MALIGNANCY OR MALIGNANT OR MASTOCYTOSIS OR MEIGS-SYNDROME OR MELANOMATOSIS OR MENINGIOMATOSIS OR METAPLASIA OR MICROMETASTASES OR MICROMETASTASIS OR MYCOSIS-FUNGOIDES OR MYELOYDYSPLASIA OR MYELOYDYSPLASIAS
L30	QUE MYELOYDYSPLASTIC OR MYELOFIBROSIS OR MYELOMATOSIS OR MYELOPROLIFERATION OR MYELOPROLIFERATIONS OR MYELOPROLIFERATIVE OR MYELOSUPPRESSION OR MYOFIBROMATOSIS OR NEOPLASIA OR NEOPLASM OR NEOPLASMS OR NEOPLASTIC OR NEURILEMMOMATOSIS
L31	QUE NEUROFIBROMATOSIS OR NEURONEVUS OR NONHODGKIN OR NONHODGKIN S OR NONSEMINOMATOUS OR NSCLC OR ONCOGENE-FUSION OR OPSOCLONUS-MYOCLOCLUSUS OR PAPILOMATA OR PAPILOMATOSIS OR PARANEOPLASTIC OR PEUTZ-JEGHERS OR POLYPOSIS OR PRECANCER
L32	QUE PRECANCEROUS OR SARCOMATOSIS OR SCHWANNOMATOSIS OR SEMINOMATOUS OR SEZARY-SYNDROME OR STRUMA-OVARII OR TUMOR OR TUMORGENESIS OR TUMORGENIC OR TUMORIGENESIS OR TUMORIGENIC OR TUMOR-MARKER OR TUMOR-MARKERS OR TUMOROGENESIS
L33	QUE TUMOROGENIC OR TUMORS OR TUMOUR OR TUMOURS OR WALDENSTROM OR WALDENSTROMS OR "5Q-SYNDROME" OR "WAGR SYNDROME" OR (ASCO NOT FUNGI) OR (SENTINEL-LYMPH-NODE NOT BIOPSY)
L34	QUE L24 OR L25 OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32 OR L33 DIS COST FILE 'TOXCENTER' ENTERED AT 19:12:52 ON 14 SEP 2017 CHARGED TO COST=EH011.10.01
L47	1 SEA L9 AND ?IOMA DIS COST
L48	26 SEA L9 AND (?AOMA OR ?BOMA OR ?COMA OR ?DOMA OR ?EOMA OR ?FOMA OR ?GOMA OR ?HOMA OR ?IOMA OR ?JOMA OR ?KOMA OR ?LOMA OR ?MOMA

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	OR ?NOMA OR ?OOMA OR ?POMA OR ?QOMA OR ?ROMA OR ?SOMA OR ?TOMA OR ?UOMA OR ?VOMA OR ?WOMA) L49 0 SEA L9 AND (?XOMA OR ?YOMA OR ?ZOMA OR ?AOMAS OR ?BOMAS OR ?COMAS OR ?DOMAS OR ?EOMAS OR ?FOMAS OR ?GOMAS OR ?HOMAS OR ?IOMAS OR ?JOMAS OR ?KOMAS OR ?LOMAS OR ?MOMAS OR ?NOMAS OR ?OOMAS OR ?POMAS OR ?QOMAS OR ?ROMAS) L50 0 SEA L9 AND (?SOMAS OR ?TOMAS OR ?UOMAS OR ?VOMAS OR ?WOMAS OR ?XOMAS OR ?YOMAS OR ?ZOMAS) L51 48 SEA L9 AND L34 L52 68 SEA L48 OR L49 OR L50 OR L51 L53 16 SEA L52 NOT L13 L54 20 SEA L52 AND MEDLINE/FS L55 7 SEA L53 AND MEDLINE/FS L56 12 DUP REM L53 (4 DUPLICATES REMOVED) ANSWERS '1-12' FROM FILE TOXCENTER D SCAN L56 L57 6 SEA L12 AND L34 L58 2 SEA L12 AND (?AOMA OR ?BOMA OR ?COMA OR ?DOMA OR ?EOMA OR ?FOMA OR ?GOMA OR ?HOMA OR ?IOMA OR ?JOMA OR ?KOMA OR ?LOMA OR ?MOMA OR ?NOMA OR ?OOMA OR ?POMA OR ?QOMA OR ?ROMA OR ?SOMA OR ?TOMA OR ?UOMA OR ?VOMA OR ?WOMA) L59 0 SEA L12 AND (?XOMA OR ?YOMA OR ?ZOMA OR ?AOMAS OR ?BOMAS OR ?COMAS OR ?DOMAS OR ?EOMAS OR ?FOMAS OR ?GOMAS OR ?HOMAS OR ?IOMAS OR ?JOMAS OR ?KOMAS OR ?LOMAS OR ?MOMAS OR ?NOMAS OR ?OOMAS OR ?POMAS OR ?QOMAS OR ?ROMAS) L60 0 SEA L12 AND (?SOMAS OR ?TOMAS OR ?UOMAS OR ?VOMAS OR ?WOMAS OR ?XOMAS OR ?YOMAS OR ?ZOMAS) L61 8 SEA L57 OR L58 L62 8 SEA L61 NOT (L13 OR L52) L63 7 DUP REM L62 (1 DUPLICATE REMOVED) ANSWERS '1-7' FROM FILE TOXCENTER D SCAN L63
2/2017	FILE 'TOXCENTER' ENTERED AT 19:21:56 ON 18 FEB 2015 CHARGED TO COST=EH011.05.01.01 L1 8342 SEA 1071-83-6 L2 63 SEA 34494-03-6 OR 40465-66-5 OR 70393-85-0 L3 8 SEA L2 NOT L1 L4 53 SEA 39600-42-5 OR 39600-55-0 OR 39600-56-1 OR 39600-58-3 OR 40465-59-6 OR 40465-64-3 OR 40465-67-6 OR 40465-70-1 OR

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
	40465-90-5 OR 40465-91-6
L5	59 SEA 70901-12-1 OR 114370-14-8 OR 69254-40-6
L6	1828 SEA 38641-94-0 OR 81591-81-3
L7	8369 SEA L1 OR L2 OR L4 OR L5
L8	5041 SEA L7 NOT (PATENT/DT OR TSCATS/FS) ACT TOXQUERY/Q -----
L9	QUE (CHRONIC OR IMMUNOTOX? OR NEUROTOX? OR TOXICOKIN? OR BIOMARKER? OR NEUROLOG?)
L10	QUE (PHARMACOKIN? OR SUBCHRONIC OR PBPB OR EPIDEMIOLOGY/ST,CT, IT)
L11	QUE (ACUTE OR SUBACUTE OR LD50# OR LD(W)50 OR LC50# OR LC(W)50)
L12	QUE (TOXICITY OR ADVERSE OR POISONING)/ST,CT,IT
L13	QUE (INHAL? OR PULMON? OR NASAL? OR LUNG? OR RESPIR?)
L14	QUE ((OCCUPATION? OR WORKPLACE? OR WORKER?) AND EXPOS?)
L15	QUE (ORAL OR ORALLY OR INGEST? OR GAVAGE? OR DIET OR DIETS OR DIETARY OR DRINKING(W)WATER?)
L16	QUE (MAXIMUM AND CONCENTRATION? AND (ALLOWABLE OR PERMISSIBLE))
L17	QUE (ABORT? OR ABNORMALIT? OR EMBRYO? OR CLEFT? OR FETUS?)
L18	QUE (FOETUS? OR FETAL? OR FOETAL? OR FERTIL? OR MALFORM? OR OVUM?)
L19	QUE (OVA OR OVARY OR PLACENTA? OR PREGNAN? OR PRENATAL?)
L20	QUE (PERINATAL? OR POSTNATAL? OR REPRODUC? OR STERIL? OR TERATOGEN?)
L21	QUE (SPERM OR SPERMAC? OR SPERMAG? OR SPERMATI? OR SPERMAS? OR SPERMATOB? OR SPERMATOC? OR SPERMATOG?)
L22	QUE (SPERMATOI? OR SPERMATOL? OR SPERMATOR? OR SPERMATOX? OR SPERMATOZ? OR SPERMATU? OR SPERMI? OR SPERMO?)
L23	QUE (NEONAT? OR NEWBORN? OR DEVELOPMENT OR DEVELOPMENTAL?)
L24	QUE (ENDOCRIN? AND DISRUPT?)
L25	QUE (ZYGOTE? OR CHILD OR CHILDREN OR ADOLESCEN? OR INFANT?)
L26	QUE (WEAN? OR OFFSPRING OR AGE(W)FACTOR?)
L27	QUE (DERMAL? OR DERMIS OR SKIN OR EPIDERM? OR CUTANEOUS?)
L28	QUE (CARCINO? OR COCARCINO? OR CANCER? OR PRECANCER? OR NEOPLAS?)
L29	QUE (TUMOR? OR TUMOUR? OR ONCOGEN? OR LYMPHOMA? OR CARCINOM?)
L30	QUE (GENETOX? OR GENOTOX? OR MUTAGEN? OR GENETIC(W)TOXIC?)
L31	QUE (NEPHROTOX? OR HEPATOTOX?)

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
L32	QUE (ENDOCRIN? OR ESTROGEN? OR ANDROGEN? OR HORMON?)
L33	QUE (OCCUPATION? OR WORKER? OR WORKPLACE? OR EPIDEM?)
L34	QUE L9 OR L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17 OR L18 OR L19 OR L20 OR L21 OR L22 OR L23 OR L24 OR L25 OR L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32 OR L33
L35	QUE (RAT OR RATS OR MOUSE OR MICE OR GUINEA(W)PIG? OR MURIDAE OR DOG OR DOGS OR RABBIT? OR HAMSTER? OR PIG OR PIGS OR SWINE OR PORCINE OR MONKEY? OR MACAQUE?)
L36	QUE (MARMOSSET? OR FERRET? OR GERBIL? OR RODENT? OR LAGOMORPHA OR BABOON? OR CANINE OR CAT OR CATS OR FELINE OR MURINE)
L37	QUE L34 OR L35 OR L36
L38	QUE (HUMAN OR HUMANS OR HOMINIDAE OR MAMMALS OR MAMMAL? OR PRIMATES OR PRIMATE?)
L39	QUE L37 OR L38

L40	2675 SEA L8 AND L37
L41	525 SEA L40 AND MEDLINE/FS
L42	833 SEA L40 AND BIOSIS/FS
L43	1263 SEA L40 AND CAPLUS/FS
L44	0 SEA L40 AND IPA/FS
L45	54 SEA L40 NOT (L41 OR L42 OR L43)
L46	2064 DUP REM L41 L42 L43 L45 (611 DUPLICATES REMOVED) ANSWERS '1-2064' FROM FILE TOXCENTER
L*** DEL	525 S L40 AND MEDLINE/FS
L*** DEL	525 S L40 AND MEDLINE/FS
L47	525 SEA L46
L*** DEL	833 S L40 AND BIOSIS/FS
L*** DEL	833 S L40 AND BIOSIS/FS
L48	644 SEA L46
L*** DEL	1263 S L40 AND CAPLUS/FS
L*** DEL	1263 S L40 AND CAPLUS/FS
L49	859 SEA L46
L*** DEL	54 S L40 NOT (L41 OR L42 OR L43)
L*** DEL	54 S L40 NOT (L41 OR L42 OR L43)
L50	36 SEA L46
L51	1539 SEA (L47 OR L48 OR L49 OR L50) NOT MEDLINE/FS
L52	1532 SEA L51 AND L1
L53	7 SEA L51 NOT L52 D SCAN L53
L54	688 SEA L6 NOT L7
L55	485 SEA L54 NOT (PATENT/DT OR TSCATS/FS)
L56	314 SEA L55 AND L37
L57	0 SEA L56 AND MEDLINE/FS
L58	85 SEA L56 AND BIOSIS/FS
L59	218 SEA L56 AND CAPLUS/FS
L60	1 SEA L56 AND IPA/FS

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Table B-2. Database Query Strings Pre-Public Comment Searches

Database search date	Query string
L61	274 DUP REM L56 (40 DUPLICATES REMOVED) ANSWERS '1-274' FROM FILE TOXCENTER D SCAN L52

Table B-3. Strategies to Augment the Literature Search

Source	Query and number screened when available
TSCATS^a	
9/2017; 2/2015	Compounds searched: 1071-83-6; 34494-03-6; 40465-66-5; 70393-85-0; 38641-94-0; 81591-81-3
NTP	
9/2017	glyphosate AND cancer; Limited to 2010-2017
2/2015	"1071-83-6" OR "Glifoglex" OR "glyphosate" OR "Gliz" OR "Glyfos" OR "Glyphosate" OR "Glyphosphate" OR "N-(Phosphonomethyl)glycine" OR "N-(phosphonomethyl)-Glycine" OR "N-Phosphomethylglycine" OR "N-Phosphonomethylglycine" OR "Phosphonomethylglycine" OR "Pondmaster" OR "Silglif" OR "yerbimat" "34494-03-6" OR "40465-66-5" OR "70393-85-0" OR "MON 0459" OR "MON 14420" OR "MON 8750" OR "Roundup Hi-Load" OR "Roundup PRODry" OR "MON 8000" OR "Monsanto 8000" OR "Polado" OR "Trisodium hydrogen bis(N-(phosphonomethyl)aminoacetate)" "38641-94-0" OR "Glyphosate-isopropylammonium" OR "Glyphosate isopropylamine salt" OR "Azural AT" OR "Buggy" OR "CP 70139" OR "Fosulen" OR "Glifosato estrella" OR "Glycel" OR "Glyfos AU" OR "Glyfos BIO" OR "Glyphosate isopropylamine salt" OR "Glyphosate mono(isopropylamine) salt" OR "Glyphosate-isopropylammonium" OR "Glyphosate-mono(isopropylammonium)" OR "Landmaster" OR "MON 139" OR "MON 39" OR "N-(Phosphonomethyl)glycine isopropylamine salt" OR "N-(Phosphonomethyl)glycine isopropylammonium salt" OR "N-(Phosphonomethyl)glycine monoisopropylamine salt" OR "Nitosorg" OR "Ron-do" OR "Utal" OR "Vision (herbicide)" OR "Roundup" OR "Isopropylamine glyphosate" OR "81591-81-3" OR "Glyphosate-trimesium" OR "Glyphosphate-trimesium" OR "Avans 330" OR "Glyphosate mono(trimethylsulfonium) salt" OR "Glyphosate trimethylsulfonium salt" OR "Glyphosate-trimesium" OR "Medallon" OR "Ouragan" OR "R 50224" OR "SC 0224" OR "Sulfosate" OR "Sulphosate" OR "Touchdown" OR "Trimethylsulfonium carboxymethylamino-methylphosphonate" OR "Trimethylsulfonium glyphosate"
NPIRS	
9/2017; 2/2015	PC Codes searched: 417300; 103603; 103613; 103604; 103607; 103601; 128501
NIH RePORTER	
4/2017	Text Search: "Carboxymethylamino)methylphosphonic acid" OR "2-Propanamine, compd, with N-(phosphonomethyl)glycine (1:1)" OR "Avans 330" OR "Azural AT" OR "C-K Yuyos FAV" OR "Carboxymethylaminomethanephosphinic acid" OR "CP 67573" OR "CP 70139" OR "Diammonium N-(phosphonomethyl)glycine" OR "Folusen" OR "Forsat" OR "Fosulen" OR "Glialka" OR "Glifoglex" OR "Glifosan 747" OR "Glifosato estrella" OR "glyphosate" OR "Gliz" OR "Glycel" OR "Glycine, N-(phosphonomethyl)-, compd with 2-propanamine (1:1)" OR "Glycine, N-(phosphonomethyl)-, compd. with 2-propanamine (1:1)" OR "Glycine, N-(phosphonomethyl)-, ion(1-), trimethylsulfonium" OR "Glyfos" OR "Glyfos AU" OR "Glyfos BIO" OR "GlyGran" OR "Glyphodin A" OR

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Table B-3. Strategies to Augment the Literature Search

Source	Query and number screened when available
	"Glyphomax" OR "Glyphosate" OR "Glyphosphate" OR "Ground Bio" OR "Herbatop" OR "HM 2028" OR "Kickdown" OR "Lancer herbicide" OR "Landmaster" OR "Medallon" OR "MON 0459" OR "MON 139" OR "MON 14420" OR "MON 2139" OR "MON 3539" OR "MON 39" OR "MON 6000" OR "MON 8000" OR "MON 8750" OR "Monsanto 8000" OR "N-(phosphonomethyl)-Glycine" OR "N-(Phosphonomethyl)glycine" OR "N-(phosphonomethyl)glycine ammonium salt" OR "N-(phosphonomethyl)glycine diammonium salt" OR "N-(Phosphonomethyl)glycine isopropylamine salt" OR "N-(Phosphonomethyl)glycine isopropylammonium salt" OR "N-(Phosphonomethyl)glycine monoisopropylamine salt" OR "N-(phosphonomethyl)glycine potassium salt" OR "N-(Phosphonomethyl)glycine, compound with 2-propylamine (1:1)" OR "N-Phosphomethylglycine" OR "N-Phosphonomethylglycine" OR "Nitosorg" OR "Ouragan" OR "Phorsat" OR "Phosphonomethylglycine" OR "Phosphonomethyliminoacetic acid" OR "Polado" OR "Pondmaster" OR "Potassium N-(phosphonomethyl)glycine" OR "R 50224" OR "Rebel Garden" OR "Ron-do" OR "Roundup" OR "Safal" OR "SC 0224" OR "Scout herbicide" OR "Silglif" OR "Sulfosate" OR "Sulphosate" OR "Touchdown Forte HiTech" OR "Touchdown herbicide" OR "Transorb R" OR "Trimethylsulfonium carboxymethylamino-methylphosphonate" OR "Trisodium hydrogen bis(N-(phosphonomethyl)aminoacetate" OR "Uragan Forte" OR "Utal" OR "Vision herbicide" OR "VisionMAX" OR "Weathermax" OR "yerbimat" OR "Zapp Qi" (Advanced), Search in: Projects AdminIC: All, Fiscal Year: Active Projects, 2017, 2016, 2015, 2014, 2013, 2012
Other	Identified throughout the assessment process

^aSeveral versions of the TSCATS database were searched, as needed, by CASRN including TSCATS1 via Toxline (no date limit), TSCATS2 via <https://yosemite.epa.gov/oppts/epatscat8.nsf/ReportSearch?OpenForm> (date restricted by EPA receipt date), and TSCATS via CDAT (date restricted by 'Mail Received Date Range'), as well as google for recent TSCA submissions.

The 2015 and 2017 results were:

- Number of records identified from PubMed, TOXLINE, and TOXCENTER (after duplicate removal): 5,592
- Number of records identified from other strategies: 211
- Total number of records to undergo literature screening: 5,803

B.1.2 Literature Screening

A two-step process was used to screen the literature search to identify relevant studies on glyphosate:

- Title and abstract screen
- Full text screen

Title and Abstract Screen. Within the reference library, titles and abstracts were screened manually for relevance. Studies that were considered relevant (see Table B-1 for inclusion criteria) were moved to the second step of the literature screening process. Studies were excluded when the title and abstract clearly indicated that the study was not relevant to the toxicological profile.

- Number of titles and abstracts screened: 5,803
- Number of studies considered relevant and moved to the next step: 628

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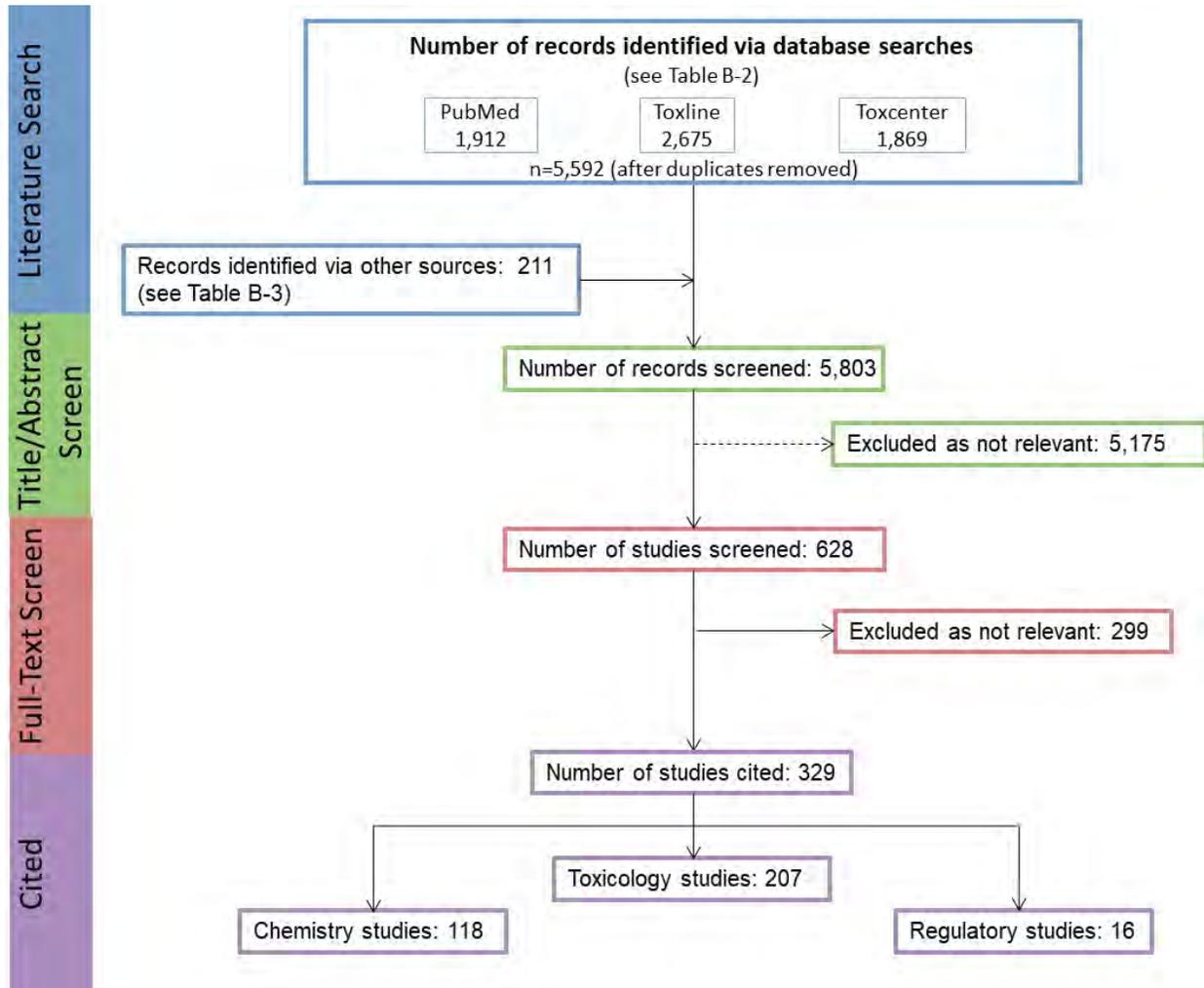
Full Text Screen. The second step in the literature screening process was a full text review of individual studies considered relevant in the title and abstract screen step. Each study was reviewed to determine whether it was relevant for inclusion in the toxicological profile.

- Number of studies undergoing full text review: 628
- Total number of studies cited in the profile: 329

A summary of the results of the literature search and screening is presented in Figure B-1.

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Figure B-1. February 2015 and September 2017 Literature Search Results and Screen for Glyphosate



APPENDIX C. USER'S GUIDE

Chapter 1. Relevance to Public Health

This chapter provides an overview of U.S. exposures, a summary of health effects based on evaluations of existing toxicologic, epidemiologic, and toxicokinetic information, and an overview of the minimal risk levels. This is designed to present interpretive, weight-of-evidence discussions for human health endpoints by addressing the following questions:

1. What effects are known to occur in humans?
2. What effects observed in animals are likely to be of concern to humans?
3. What exposure conditions are likely to be of concern to humans, especially around hazardous waste sites?

Minimal Risk Levels (MRLs)

Where sufficient toxicologic information is available, ATSDR derives MRLs for inhalation and oral routes of entry at each duration of exposure (acute, intermediate, and chronic). These MRLs are not meant to support regulatory action, but to acquaint health professionals with exposure levels at which adverse health effects are not expected to occur in humans.

MRLs should help physicians and public health officials determine the safety of a community living near a hazardous substance emission, given the concentration of a contaminant in air or the estimated daily dose in water. MRLs are based largely on toxicological studies in animals and on reports of human occupational exposure.

MRL users should be familiar with the toxicologic information on which the number is based. Section 1.2, Summary of Health Effects, contains basic information known about the substance. Other sections, such as Section 3.2 Children and Other Populations that are Unusually Susceptible and Section 3.4 Interactions with Other Substances, provide important supplemental information.

MRL users should also understand the MRL derivation methodology. MRLs are derived using a modified version of the risk assessment methodology that the Environmental Protection Agency (EPA) provides (Barnes and Dourson 1988) to determine reference doses (RfDs) for lifetime exposure.

To derive an MRL, ATSDR generally selects the most sensitive endpoint which, in its best judgement, represents the most sensitive human health effect for a given exposure route and duration. ATSDR cannot make this judgement or derive an MRL unless information (quantitative or qualitative) is available for all potential systemic, neurological, and developmental effects. If this information and reliable quantitative data on the chosen endpoint are available, ATSDR derives an MRL using the most sensitive species (when information from multiple species is available) with the highest no-observed-adverse-effect level (NOAEL) that does not exceed any adverse effect levels. When a NOAEL is not available, a lowest-observed-adverse-effect level (LOAEL) can be used to derive an MRL, and an uncertainty factor of 10 must be employed. Additional uncertainty factors of 10 must be used both for human variability to protect sensitive subpopulations (people who are most susceptible to the health effects caused by the substance) and for interspecies variability (extrapolation from animals to humans). In deriving an MRL, these individual uncertainty factors are multiplied together. The product is then divided into the inhalation concentration or oral dosage selected from the study. Uncertainty factors used in developing a

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substance-specific MRL are provided in the footnotes of the levels of significant exposure (LSE) tables that are provided in Chapter 2. Detailed discussions of the MRLs are presented in Appendix A.

Chapter 2. Health Effects

Tables and Figures for Levels of Significant Exposure (LSE)

Tables and figures are used to summarize health effects and illustrate graphically levels of exposure associated with those effects. These levels cover health effects observed at increasing dose concentrations and durations, differences in response by species and MRLs to humans for noncancer endpoints. The LSE tables and figures can be used for a quick review of the health effects and to locate data for a specific exposure scenario. The LSE tables and figures should always be used in conjunction with the text. All entries in these tables and figures represent studies that provide reliable, quantitative estimates of NOAELs, LOAELs, or Cancer Effect Levels (CELs).

The legends presented below demonstrate the application of these tables and figures. Representative examples of LSE tables and figures follow. The numbers in the left column of the legends correspond to the numbers in the example table and figure.

TABLE LEGEND

See Sample LSE Table (page C-5)

- (1) Route of exposure. One of the first considerations when reviewing the toxicity of a substance using these tables and figures should be the relevant and appropriate route of exposure. Typically, when sufficient data exist, three LSE tables and two LSE figures are presented in the document. The three LSE tables present data on the three principal routes of exposure (i.e., inhalation, oral, and dermal). LSE figures are limited to the inhalation and oral routes. Not all substances will have data on each route of exposure and will not, therefore, have all five of the tables and figures. Profiles with more than one chemical may have more LSE tables and figures.
- (2) Exposure period. Three exposure periods—acute (<15 days), intermediate (15–364 days), and chronic (≥ 365 days)—are presented within each relevant route of exposure. In this example, two oral studies of chronic-duration exposure are reported. For quick reference to health effects occurring from a known length of exposure, locate the applicable exposure period within the LSE table and figure.
- (3) Figure key. Each key number in the LSE table links study information to one or more data points using the same key number in the corresponding LSE figure. In this example, the study represented by key number 51 identified NOAELs and less serious LOAELs (also see the three "51R" data points in sample LSE Figure 2-X).
- (4) Species (strain) No./group. The test species (and strain), whether animal or human, are identified in this column. The column also contains information on the number of subjects and sex per group. Chapter 1, Relevance to Public Health, covers the relevance of animal data to human toxicity and Section 3.1, Toxicokinetics, contains any available information on comparative toxicokinetics. Although NOAELs and LOAELs are species specific, the levels are extrapolated to equivalent human doses to derive an MRL.
- (5) Exposure parameters/doses. The duration of the study and exposure regimens are provided in these columns. This permits comparison of NOAELs and LOAELs from different studies. In this case (key number 51), rats were orally exposed to "Chemical X" via feed for 2 years. For a

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more complete review of the dosing regimen, refer to the appropriate sections of the text or the original reference paper (i.e., Aida et al. 1992).

- (6) Parameters monitored. This column lists the parameters used to assess health effects. Parameters monitored could include serum (blood) chemistry (BC), behavioral (BH), biochemical changes (BI), body weight (BW), clinical signs (CS), developmental toxicity (DX), enzyme activity (EA), food intake (FI), fetal toxicity (FX), gross necropsy (GN), hematology (HE), histopathology (HP), lethality (LE), maternal toxicity (MX), organ function (OF), ophthalmology (OP), organ weight (OW), teratogenicity (TG), urinalysis (UR), and water intake (WI).
- (7) Endpoint. This column lists the endpoint examined. The major categories of health endpoints included in LSE tables and figures are death, body weight, respiratory, cardiovascular, gastrointestinal, hematological, musculoskeletal, hepatic, renal, dermal, ocular, endocrine, immunological, neurological, reproductive, developmental, other noncancer, and cancer. "Other noncancer" refers to any effect (e.g., alterations in blood glucose levels) not covered in these systems. In the example of key number 51, three endpoints (body weight, hematological, and hepatic) were investigated.
- (8) NOAEL. A NOAEL is the highest exposure level at which no adverse effects were seen in the organ system studied. The body weight effect reported in key number 51 is a NOAEL at 25.5 mg/kg/day. NOAELs are not reported for cancer and death; with the exception of these two endpoints, this field is left blank if no NOAEL was identified in the study.
- (9) LOAEL. A LOAEL is the lowest dose used in the study that caused an adverse health effect. LOAELs have been classified into "Less Serious" and "Serious" effects. These distinctions help readers identify the levels of exposure at which adverse health effects first appear and the gradation of effects with increasing dose. A brief description of the specific endpoint used to quantify the adverse effect accompanies the LOAEL. Key number 51 reports a less serious LOAEL of 6.1 mg/kg/day for the hepatic system, which was used to derive a chronic exposure, oral MRL of 0.008 mg/kg/day (see footnote "c"). MRLs are not derived from serious LOAELs. A cancer effect level (CEL) is the lowest exposure level associated with the onset of carcinogenesis in experimental or epidemiologic studies. CELs are always considered serious effects. The LSE tables and figures do not contain NOAELs for cancer, but the text may report doses not causing measurable cancer increases. If no LOAEL/CEL values were identified in the study, this field is left blank.
- (10) Reference. The complete reference citation is provided in Chapter 8 of the profile.
- (11) Footnotes. Explanations of abbreviations or reference notes for data in the LSE tables are found in the footnotes. For example, footnote "c" indicates that the LOAEL of 6.1 mg/kg/day in key number 51 was used to derive an oral MRL of 0.008 mg/kg/day.

FIGURE LEGEND**See Sample LSE Figure (page C-6)**

LSE figures graphically illustrate the data presented in the corresponding LSE tables. Figures help the reader quickly compare health effects according to exposure concentrations for particular exposure periods.

- (13) Exposure period. The same exposure periods appear as in the LSE table. In this example, health effects observed within the chronic exposure period are illustrated.

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- (14) Endpoint. These are the categories of health effects for which reliable quantitative data exist. The same health effect endpoints appear in the LSE table.
- (15) Levels of exposure. Concentrations or doses for each health effect in the LSE tables are graphically displayed in the LSE figures. Exposure concentration or dose is measured on the log scale "y" axis. Inhalation exposure is reported in mg/m³ or ppm and oral exposure is reported in mg/kg/day.
- (16) LOAEL. In this example, the half-shaded circle that is designated 51R identifies a LOAEL critical endpoint in the rat upon which a chronic oral exposure MRL is based. The key number 51 corresponds to the entry in the LSE table. The dashed descending arrow indicates the extrapolation from the exposure level of 6.1 mg/kg/day (see entry 51 in the sample LSE table) to the MRL of 0.008 mg/kg/day (see footnote "c" in the sample LSE table).
- (17) CEL. Key number 59R is one of studies for which CELs were derived. The diamond symbol refers to a CEL for the test species (rat). The number 59 corresponds to the entry in the LSE table.
- (18) Key to LSE figure. The key provides the abbreviations and symbols used in the figure.

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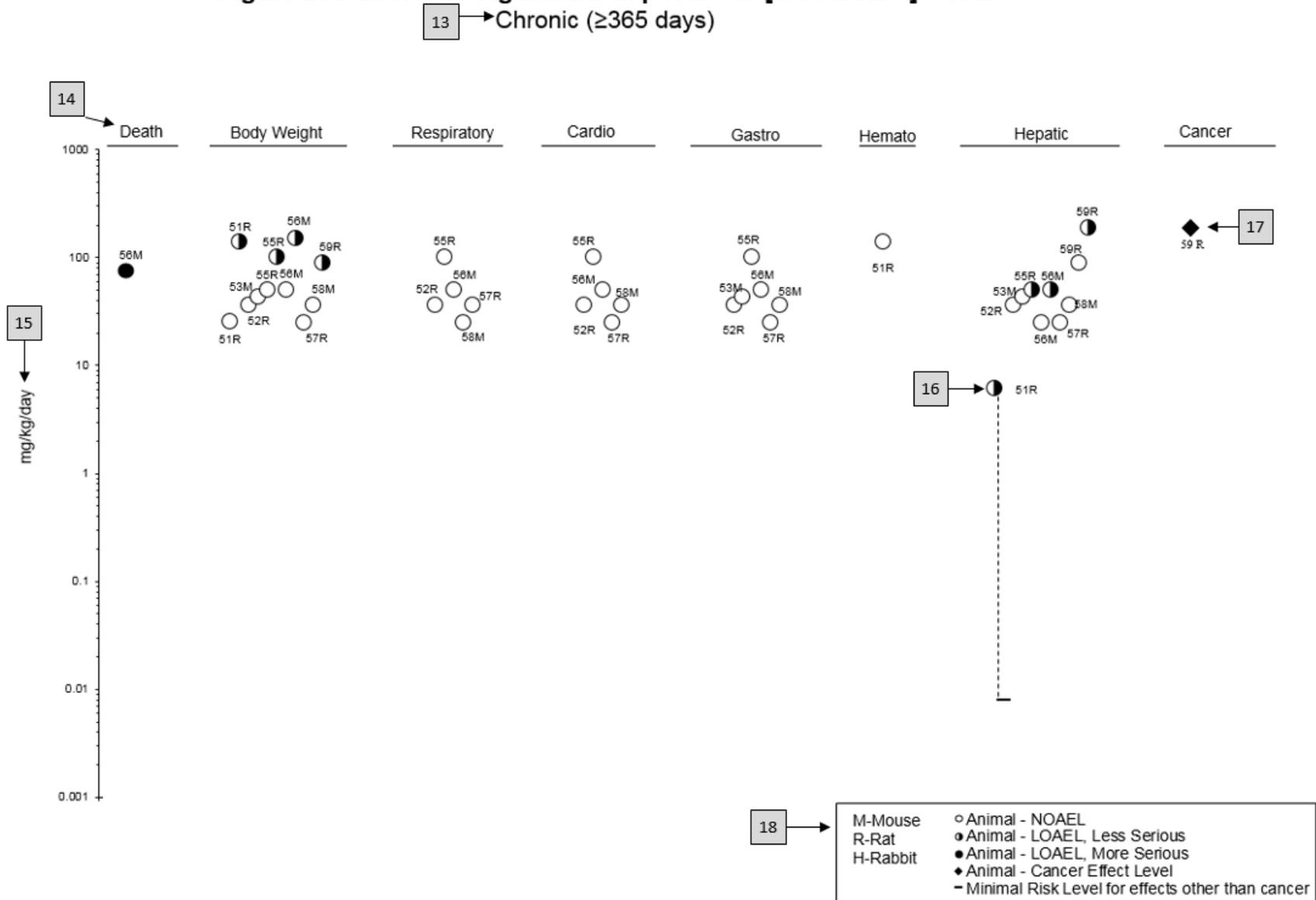
Table 2-X. Levels of Significant Exposure to [Chemical X] – Oral ← 1

	4 Species	5 Exposure parameters	5 Doses (mg/kg/day)	6 Parameters monitored	7 Endpoint	8 NOAEL (mg/kg/day)	8 Less serious LOAEL (mg/kg/day)	9 Serious LOAEL (mg/kg/day)	Effect
2	CHRONIC EXPOSURE								
3	51 Rat (Wistar) 40 M, 40 F	2 years (F)	M: 0, 6.1, 25.5, 138.0 F: 0, 8.0, 31.7, 168.4	CS, WI, BW, OW, HE, BC, HP	<u>Bd wt</u> <u>Hemato</u> <u>Hepatic</u>	25.5 138.0	138.0	6.1 ^c	Decreased body weight gain in males (23–25%) and females (31–39%) Increases in absolute and relative weights at ≥6.1/8.0 mg/kg/day after 12 months of exposure; fatty generation at ≥6.1 mg/kg/day in males and at ≥31.7 mg/kg/day in females, and granulomas in females at 31.7 and 168.4 mg/kg/day after 12, 18, or 24 months of exposure and in males at ≥6.1 mg/kg/day only after 24 months of exposure
10	Aida et al. 1992								
	52 Rat (F344) 78 M	104 weeks (W)	0, 3.9, 20.6, 36.3	CS, BW, FI, BC, OW, HP	<u>Hepatic</u> <u>Renal</u> <u>Endocr</u>	36.3 20.6 36.3	36.3		Increased incidence of renal tubular cell hyperplasia
	George et al. 2002								
	59 Rat (Wistar) 58M, 58F	Lifetime (W)	M: 0, 90 F: 0, 190	BW, HP	Cancer		190 F		Increased incidence of hepatic neoplastic nodules in females only; no additional description of the tumors was provided
	Tumasonis et al. 1985								

11 → ^aThe number corresponds to entries in Figure 2-x.
^bUsed to derive an acute-duration oral minimal risk level (MRL) of 0.1 mg/kg/day based on the BMDL₀₅ of 10 mg/kg/day and an uncertainty factor of 100 (10 for extrapolation from animals to humans and 10 for human variability).
^cUsed to derive a chronic-duration oral MRL of 0.008 mg/kg/day based on the BMDL₁₀ of 0.78 mg/kg/day and an uncertainty factor of 100 (10 for extrapolation from animals to humans and 10 for human variability).

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Figure 2-X. Levels of Significant Exposure to [Chemical X] - Oral



APPENDIX D. QUICK REFERENCE FOR HEALTH CARE PROVIDERS

Toxicological Profiles are a unique compilation of toxicological information on a given hazardous substance. Each profile reflects a comprehensive and extensive evaluation, summary, and interpretation of available toxicologic and epidemiologic information on a substance. Health care providers treating patients potentially exposed to hazardous substances may find the following information helpful for fast answers to often-asked questions.

Primary Chapters/Sections of Interest

Chapter 1: Relevance to Public Health: The Relevance to Public Health Section provides an overview of exposure and health effects and evaluates, interprets, and assesses the significance of toxicity data to human health. A table listing minimal risk levels (MRLs) is also included in this chapter.

Chapter 2: Health Effects: Specific health effects identified in both human and animal studies are reported by type of health effect (e.g., death, hepatic, renal, immune, reproductive), route of exposure (e.g., inhalation, oral, dermal), and length of exposure (e.g., acute, intermediate, and chronic).

NOTE: Not all health effects reported in this section are necessarily observed in the clinical setting.

Pediatrics:

Section 3.2 **Children and Other Populations that are Unusually Susceptible**
Section 3.3 **Biomarkers of Exposure and Effect**

ATSDR Information Center

Phone: 1-800-CDC-INFO (800-232-4636) or 1-888-232-6348 (TTY)

Internet: <http://www.atsdr.cdc.gov>

The following additional materials are available online:

Case Studies in Environmental Medicine are self-instructional publications designed to increase primary health care providers' knowledge of a hazardous substance in the environment and to aid in the evaluation of potentially exposed patients (see <https://www.atsdr.cdc.gov/csem/csem.html>).

Managing Hazardous Materials Incidents is a three-volume set of recommendations for on-scene (prehospital) and hospital medical management of patients exposed during a hazardous materials incident (see <https://www.atsdr.cdc.gov/MHMI/index.asp>). Volumes I and II are planning guides to assist first responders and hospital emergency department personnel in planning for incidents that involve hazardous materials. Volume III—*Medical Management Guidelines for Acute Chemical Exposures*—is a guide for health care professionals treating patients exposed to hazardous materials.

Fact Sheets (ToxFAQs™) provide answers to frequently asked questions about toxic substances (see <https://www.atsdr.cdc.gov/toxfaqs/Index.asp>).

Other Agencies and Organizations

The National Center for Environmental Health (NCEH) focuses on preventing or controlling disease, injury, and disability related to the interactions between people and their environment outside the workplace. Contact: NCEH, Mailstop F-29, 4770 Buford Highway, NE, Atlanta, GA 30341-3724 • Phone: 770-488-7000 • FAX: 770-488-7015 • Web Page: <https://www.cdc.gov/nceh/>.

The National Institute for Occupational Safety and Health (NIOSH) conducts research on occupational diseases and injuries, responds to requests for assistance by investigating problems of health and safety in the workplace, recommends standards to the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration (MSHA), and trains professionals in occupational safety and health. Contact: NIOSH, 395 E Street, S.W., Suite 9200, Patriots Plaza Building, Washington, DC 20201 • Phone: 202-245-0625 or 1-800-CDC-INFO (800-232-4636) • Web Page: <https://www.cdc.gov/niosh/>.

The National Institute of Environmental Health Sciences (NIEHS) is the principal federal agency for biomedical research on the effects of chemical, physical, and biologic environmental agents on human health and well-being. Contact: NIEHS, PO Box 12233, 104 T.W. Alexander Drive, Research Triangle Park, NC 27709 • Phone: 919-541-3212 • Web Page: <https://www.niehs.nih.gov/>.

Clinical Resources (Publicly Available Information)

The Association of Occupational and Environmental Clinics (AOEC) has developed a network of clinics in the United States to provide expertise in occupational and environmental issues. Contact: AOEC, 1010 Vermont Avenue, NW, #513, Washington, DC 20005 • Phone: 202-347-4976 • FAX: 202-347-4950 • e-mail: AOEC@AOEC.ORG • Web Page: <http://www.aoec.org/>.

The American College of Occupational and Environmental Medicine (ACOEM) is an association of physicians and other health care providers specializing in the field of occupational and environmental medicine. Contact: ACOEM, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030 • Phone: 847-818-1800 • FAX: 847-818-9266 • Web Page: <http://www.acoem.org/>.

The American College of Medical Toxicology (ACMT) is a nonprofit association of physicians with recognized expertise in medical toxicology. Contact: ACMT, 10645 North Tatum Boulevard, Suite 200-111, Phoenix AZ 85028 • Phone: 844-226-8333 • FAX: 844-226-8333 • Web Page: <http://www.acmt.net>.

The Pediatric Environmental Health Specialty Units (PEHSUs) is an interconnected system of specialists who respond to questions from public health professionals, clinicians, policy makers, and the public about the impact of environmental factors on the health of children and reproductive-aged adults. Contact information for regional centers can be found at <http://pehsu.net/findhelp.html>.

The American Association of Poison Control Centers (AAPCC) provide support on the prevention and treatment of poison exposures. Contact: AAPCC, 515 King Street, Suite 510, Alexandria VA 22314 • Phone: 701-894-1858 • Poison Help Line: 1-800-222-1222 • Web Page: <http://www.aapcc.org/>.

APPENDIX E. GLOSSARY

Absorption—The process by which a substance crosses biological membranes and enters systemic circulation. Absorption can also refer to the taking up of liquids by solids, or of gases by solids or liquids.

Acute Exposure—Exposure to a chemical for a duration of ≤ 14 days, as specified in the Toxicological Profiles.

Adsorption—The adhesion in an extremely thin layer of molecules (as of gases, solutes, or liquids) to the surfaces of solid bodies or liquids with which they are in contact.

Adsorption Coefficient (K_{oc})—The ratio of the amount of a chemical adsorbed per unit weight of organic carbon in the soil or sediment to the concentration of the chemical in solution at equilibrium.

Adsorption Ratio (K_d)—The amount of a chemical adsorbed by sediment or soil (i.e., the solid phase) divided by the amount of chemical in the solution phase, which is in equilibrium with the solid phase, at a fixed solid/solution ratio. It is generally expressed in micrograms of chemical sorbed per gram of soil or sediment.

Benchmark Dose (BMD) or Benchmark Concentration (BMC)—is the dose/concentration corresponding to a specific response level estimate using a statistical dose-response model applied to either experimental toxicology or epidemiology data. For example, a BMD_{10} would be the dose corresponding to a 10% benchmark response (BMR). The BMD is determined by modeling the dose-response curve in the region of the dose-response relationship where biologically observable data are feasible. The BMDL or BMCL is the 95% lower confidence limit on the BMD or BMC.

Bioconcentration Factor (BCF)—The quotient of the concentration of a chemical in aquatic organisms at a specific time or during a discrete time period of exposure divided by the concentration in the surrounding water at the same time or during the same period.

Biomarkers—Indicators signaling events in biologic systems or samples, typically classified as markers of exposure, effect, and susceptibility.

Cancer Effect Level (CEL)—The lowest dose of a chemical in a study, or group of studies, that produces significant increases in the incidence of cancer (or tumors) between the exposed population and its appropriate control.

Carcinogen—A chemical capable of inducing cancer.

Case-Control Study—A type of epidemiological study that examines the relationship between a particular outcome (disease or condition) and a variety of potential causative agents (such as toxic chemicals). In a case-control study, a group of people with a specified and well-defined outcome is identified and compared to a similar group of people without the outcome.

Case Report—A report that describes a single individual with a particular disease or exposure. These reports may suggest some potential topics for scientific research, but are not actual research studies.

Case Series—Reports that describe the experience of a small number of individuals with the same disease or exposure. These reports may suggest potential topics for scientific research, but are not actual research studies.

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Ceiling Value—A concentration that must not be exceeded.

Chronic Exposure—Exposure to a chemical for ≥ 365 days, as specified in the Toxicological Profiles.

Clastogen—A substance that causes breaks in chromosomes resulting in addition, deletion, or rearrangement of parts of the chromosome.

Cohort Study—A type of epidemiological study of a specific group or groups of people who have had a common insult (e.g., exposure to an agent suspected of causing disease or a common disease) and are followed forward from exposure to outcome, and who are disease-free at start of follow-up. Often, at least one exposed group is compared to one unexposed group, while in other cohorts, exposure is a continuous variable and analyses are directed towards analyzing an exposure-response coefficient.

Cross-sectional Study—A type of epidemiological study of a group or groups of people that examines the relationship between exposure and outcome to a chemical or to chemicals at a specific point in time.

Data Needs—Substance-specific informational needs that, if met, would reduce the uncertainties of human health risk assessment.

Developmental Toxicity—The occurrence of adverse effects on the developing organism that may result from exposure to a chemical prior to conception (either parent), during prenatal development, or postnatally to the time of sexual maturation. Adverse developmental effects may be detected at any point in the life span of the organism.

Dose-Response Relationship—The quantitative relationship between the amount of exposure to a toxicant and the incidence of the response or amount of the response.

Embryotoxicity and Fetotoxicity—Any toxic effect on the conceptus as a result of prenatal exposure to a chemical; the distinguishing feature between the two terms is the stage of development during which the effect occurs. Effects include malformations and variations, altered growth, and *in utero* death.

Epidemiology—The investigation of factors that determine the frequency and distribution of disease or other health-related conditions within a defined human population during a specified period.

Excretion—The process by which metabolic waste products are removed from the body.

Genotoxicity—A specific adverse effect on the genome of living cells that, upon the duplication of affected cells, can be expressed as a mutagenic, clastogenic, or carcinogenic event because of specific alteration of the molecular structure of the genome.

Half-life—A measure of rate for the time required to eliminate one-half of a quantity of a chemical from the body or environmental media.

Health Advisory—An estimate of acceptable drinking water levels for a chemical substance derived by EPA and based on health effects information. A health advisory is not a legally enforceable federal standard, but serves as technical guidance to assist federal, state, and local officials.

Immediately Dangerous to Life or Health (IDLH)—A condition that poses a threat of life or health, or conditions that pose an immediate threat of severe exposure to contaminants that are likely to have adverse cumulative or delayed effects on health.

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Immunotoxicity—Adverse effect on the functioning of the immune system that may result from exposure to chemical substances.

Incidence—The ratio of new cases of individuals in a population who develop a specified condition to the total number of individuals in that population who could have developed that condition in a specified time period.

Intermediate Exposure—Exposure to a chemical for a duration of 15–364 days, as specified in the Toxicological Profiles.

In Vitro—Isolated from the living organism and artificially maintained, as in a test tube.

In Vivo—Occurring within the living organism.

Lethal Concentration_(LO) (LC_{LO})—The lowest concentration of a chemical in air that has been reported to have caused death in humans or animals.

Lethal Concentration₍₅₀₎ (LC₅₀)—A calculated concentration of a chemical in air to which exposure for a specific length of time is expected to cause death in 50% of a defined experimental animal population.

Lethal Dose_(LO) (LD_{LO})—The lowest dose of a chemical introduced by a route other than inhalation that has been reported to have caused death in humans or animals.

Lethal Dose₍₅₀₎ (LD₅₀)—The dose of a chemical that has been calculated to cause death in 50% of a defined experimental animal population.

Lethal Time₍₅₀₎ (LT₅₀)—A calculated period of time within which a specific concentration of a chemical is expected to cause death in 50% of a defined experimental animal population.

Lowest-Observed-Adverse-Effect Level (LOAEL)—The lowest exposure level of chemical in a study, or group of studies, that produces statistically or biologically significant increases in frequency or severity of adverse effects between the exposed population and its appropriate control.

Lymphoreticular Effects—Represent morphological effects involving lymphatic tissues such as the lymph nodes, spleen, and thymus.

Malformations—Permanent structural changes that may adversely affect survival, development, or function.

Metabolism—Process in which chemical substances are biotransformed in the body that could result in less toxic and/or readily excreted compounds or produce a biologically active intermediate.

Minimal Risk Level (MRL)—An estimate of daily human exposure to a hazardous substance that is likely to be without an appreciable risk of adverse noncancer health effects over a specified route and duration of exposure.

Modifying Factor (MF)—A value (greater than zero) that is applied to the derivation of a Minimal Risk Level (MRL) to reflect additional concerns about the database that are not covered by the uncertainty factors. The default value for a MF is 1.

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Morbidity—The state of being diseased; the morbidity rate is the incidence or prevalence of a disease in a specific population.

Mortality—Death; the mortality rate is a measure of the number of deaths in a population during a specified interval of time.

Mutagen—A substance that causes mutations, which are changes in the DNA sequence of a cell's DNA. Mutations can lead to birth defects, miscarriages, or cancer.

Necropsy—The gross examination of the organs and tissues of a dead body to determine the cause of death or pathological conditions.

Neurotoxicity—The occurrence of adverse effects on the nervous system following exposure to a hazardous substance.

No-Observed-Adverse-Effect Level (NOAEL)—The dose of a chemical at which there were no statistically or biologically significant increases in frequency or severity of adverse effects seen between the exposed population and its appropriate control. Although effects may be produced at this dose, they are not considered to be adverse.

Octanol-Water Partition Coefficient (K_{ow})—The equilibrium ratio of the concentrations of a chemical in *n*-octanol and water, in dilute solution.

Odds Ratio (OR)—A means of measuring the association between an exposure (such as toxic substances and a disease or condition) that represents the best estimate of relative risk (risk as a ratio of the incidence among subjects exposed to a particular risk factor divided by the incidence among subjects who were not exposed to the risk factor). An odds ratio that is greater than 1 is considered to indicate greater risk of disease in the exposed group compared to the unexposed group.

Permissible Exposure Limit (PEL)—An Occupational Safety and Health Administration (OSHA) regulatory limit on the amount or concentration of a substance not to be exceeded in workplace air averaged over any 8-hour work shift of a 40-hour workweek.

Pesticide—General classification of chemicals specifically developed and produced for use in the control of agricultural and public health pests (insects or other organisms harmful to cultivated plants or animals).

Pharmacokinetics—The dynamic behavior of a material in the body, used to predict the fate (disposition) of an exogenous substance in an organism. Utilizing computational techniques, it provides the means of studying the absorption, distribution, metabolism, and excretion of chemicals by the body.

Pharmacokinetic Model—A set of equations that can be used to describe the time course of a parent chemical or metabolite in an animal system. There are two types of pharmacokinetic models: data-based and physiologically-based. A data-based model divides the animal system into a series of compartments, which, in general, do not represent real, identifiable anatomic regions of the body, whereas the physiologically-based model compartments represent real anatomic regions of the body.

Physiologically Based Pharmacodynamic (PBPD) Model—A type of physiologically based dose-response model that quantitatively describes the relationship between target tissue dose and toxic endpoints. These models advance the importance of physiologically based models in that they clearly describe the biological effect (response) produced by the system following exposure to an exogenous substance.

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Physiologically Based Pharmacokinetic (PBPK) Model—A type of physiologically based dose-response model that is comprised of a series of compartments representing organs or tissue groups with realistic weights and blood flows. These models require a variety of physiological information, including tissue volumes, blood flow rates to tissues, cardiac output, alveolar ventilation rates, and possibly membrane permeabilities. The models also utilize biochemical information, such as blood:air partition coefficients, and metabolic parameters. PBPK models are also called biologically based tissue dosimetry models.

Prevalence—The number of cases of a disease or condition in a population at one point in time.

Prospective Study—A type of cohort study in which a group is followed over time and the pertinent observations are made on events occurring after the start of the study.

Provisional MRL—A designation applied to an MRL to denote that it is an interim value for public comment. The term “provisional” is removed at release of the finalized document.

Recommended Exposure Limit (REL)—A National Institute for Occupational Safety and Health (NIOSH) time-weighted average (TWA) concentration for up to a 10-hour workday during a 40-hour workweek.

Reference Concentration (RfC)—An estimate (with uncertainty spanning perhaps an order of magnitude) of a continuous inhalation exposure to the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious noncancer health effects during a lifetime. The inhalation RfC is expressed in units of mg/m³ or ppm.

Reference Dose (RfD)—An estimate (with uncertainty spanning perhaps an order of magnitude) of the daily oral exposure of the human population to a potential hazard that is likely to be without risk of deleterious noncancer health effects during a lifetime. The oral RfD is expressed in units of mg/kg/day.

Reportable Quantity (RQ)—The quantity of a hazardous substance that is considered reportable under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). RQs are (1) ≥1 pound or (2) for selected substances, an amount established by regulation either under CERCLA or under Section 311 of the Clean Water Act. Quantities are measured over a 24-hour period.

Reproductive Toxicity—The occurrence of adverse effects on the reproductive system that may result from exposure to a hazardous substance. The toxicity may be directed to the reproductive organs and/or the related endocrine system. The manifestation of such toxicity may be noted as alterations in sexual behavior, fertility, pregnancy outcomes, or modifications in other functions that are dependent on the integrity of this system.

Retrospective Study—A type of cohort study based on a group of persons known to have been exposed at some time in the past. Data are collected from routinely recorded events, up to the time the study is undertaken. Retrospective studies are limited to causal factors that can be ascertained from existing records and/or examining survivors of the cohort.

Risk—The possibility or chance that some adverse effect will result from a given exposure to a hazardous substance.

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Risk Factor—An aspect of personal behavior or lifestyle, an environmental exposure, existing health condition, or an inborn or inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

Risk Ratio/Relative Risk—The ratio of the risk among persons with specific risk factors compared to the risk among persons without risk factors. A risk ratio that is greater than 1 indicates greater risk of disease in the exposed group compared to the unexposed group.

Short-Term Exposure Limit (STEL)—A STEL is a 15-minute TWA exposure that should not be exceeded at any time during a workday.

Standardized Mortality Ratio (SMR)—A ratio of the observed number of deaths and the expected number of deaths in a specific standard population.

Target Organ Toxicity—This term covers a broad range of adverse effects on target organs or physiological systems (e.g., renal, cardiovascular) extending from those arising through a single limited exposure to those assumed over a lifetime of exposure to a chemical.

Teratogen—A chemical that causes structural defects that affect the development of an organism.

Threshold Limit Value (TLV)—An American Conference of Governmental Industrial Hygienists (ACGIH) concentration of a substance to which it is believed that nearly all workers may be repeatedly exposed, day after day, for a working lifetime without adverse effect. The TLV may be expressed as a Time-Weighted Average (TLV-TWA), as a Short-Term Exposure Limit (TLV-STEL), or as a ceiling limit (TLV-C).

Time-Weighted Average (TWA)—An average exposure within a given time period.

Toxicokinetic—The absorption, distribution, metabolism, and elimination of toxic compounds in the living organism.

Toxics Release Inventory (TRI)—The TRI is an EPA program that tracks toxic chemical releases and pollution prevention activities reported by industrial and federal facilities.

Uncertainty Factor (UF)—A factor used in operationally deriving the Minimal Risk Level (MRL), Reference Dose (RfD), or Reference Concentration (RfC) from experimental data. UFs are intended to account for (1) the variation in sensitivity among the members of the human population, (2) the uncertainty in extrapolating animal data to the case of human, (3) the uncertainty in extrapolating from data obtained in a study that is of less than lifetime exposure, and (4) the uncertainty in using lowest-observed-adverse-effect level (LOAEL) data rather than no-observed-adverse-effect level (NOAEL) data. A default for each individual UF is 10; if complete certainty in data exists, a value of 1 can be used; however, a reduced UF of 3 may be used on a case-by-case basis (3 being the approximate logarithmic average of 10 and 1).

Xenobiotic—Any substance that is foreign to the biological system.

APPENDIX F. ACRONYMS, ABBREVIATIONS, AND SYMBOLS

AAPCC	American Association of Poison Control Centers
ACGIH	American Conference of Governmental Industrial Hygienists
ACOEM	American College of Occupational and Environmental Medicine
ACMT	American College of Medical Toxicology
ADI	acceptable daily intake
ADME	absorption, distribution, metabolism, and excretion
AEGL	Acute Exposure Guideline Level
AIC	Akaike's information criterion
AIHA	American Industrial Hygiene Association
ALT	alanine aminotransferase
AOEC	Association of Occupational and Environmental Clinics
AP	alkaline phosphatase
AST	aspartate aminotransferase
atm	atmosphere
ATSDR	Agency for Toxic Substances and Disease Registry
AWQC	Ambient Water Quality Criteria
BCF	bioconcentration factor
BMD/C	benchmark dose or benchmark concentration
BMD _x	dose that produces a X% change in response rate of an adverse effect
BMDL _x	95% lower confidence limit on the BMD _x
BMDS	Benchmark Dose Software
BMR	benchmark response
BUN	blood urea nitrogen
C	centigrade
CAA	Clean Air Act
CAS	Chemical Abstract Services
CDC	Centers for Disease Control and Prevention
CEL	cancer effect level
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFR	Code of Federal Regulations
Ci	curie
CI	confidence interval
cm	centimeter
CPSC	Consumer Products Safety Commission
CWA	Clean Water Act
DHHS	Department of Health and Human Services
DNA	deoxyribonucleic acid
DOD	Department of Defense
DOE	Department of Energy
DWEL	drinking water exposure level
EAFUS	Everything Added to Food in the United States
ECG/EKG	electrocardiogram
EEG	electroencephalogram
EPA	Environmental Protection Agency
ERPG	emergency response planning guidelines
F	Fahrenheit
F1	first-filial generation
FDA	Food and Drug Administration
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act

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FR	Federal Register
FSH	follicle stimulating hormone
g	gram
GC	gas chromatography
gd	gestational day
GGT	γ -glutamyl transferase
GRAS	generally recognized as safe
HEC	human equivalent concentration
HED	human equivalent dose
HHS	Department of Health and Human Services
HPLC	high-performance liquid chromatography
HSDB	Hazardous Substance Data Bank
IARC	International Agency for Research on Cancer
IDLH	immediately dangerous to life and health
IRIS	Integrated Risk Information System
Kd	adsorption ratio
kg	kilogram
kkg	kilokilogram; 1 kilokilogram is equivalent to 1,000 kilograms and 1 metric ton
K _{oc}	organic carbon partition coefficient
K _{ow}	octanol-water partition coefficient
L	liter
LC	liquid chromatography
LC ₅₀	lethal concentration, 50% kill
LC _{Lo}	lethal concentration, low
LD ₅₀	lethal dose, 50% kill
LD _{Lo}	lethal dose, low
LDH	lactic dehydrogenase
LH	luteinizing hormone
LOAEL	lowest-observed-adverse-effect level
LSE	Level of Significant Exposure
LT ₅₀	lethal time, 50% kill
m	meter
mCi	millicurie
MCL	maximum contaminant level
MCLG	maximum contaminant level goal
MF	modifying factor
mg	milligram
mL	milliliter
mm	millimeter
mmHg	millimeters of mercury
mmol	millimole
MRL	Minimal Risk Level
MS	mass spectrometry
MSHA	Mine Safety and Health Administration
Mt	metric ton
NAAQS	National Ambient Air Quality Standard
NAS	National Academy of Science
NCEH	National Center for Environmental Health
ND	not detected
ng	nanogram
NHANES	National Health and Nutrition Examination Survey

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NIEHS	National Institute of Environmental Health Sciences
NIOSH	National Institute for Occupational Safety and Health
NLM	National Library of Medicine
nm	nanometer
nmol	nanomole
NOAEL	no-observed-adverse-effect level
NPL	National Priorities List
NR	not reported
NRC	National Research Council
NS	not specified
NTP	National Toxicology Program
OR	odds ratio
OSHA	Occupational Safety and Health Administration
PAC	Protective Action Criteria
PAH	polycyclic aromatic hydrocarbon
PBPD	physiologically based pharmacodynamic
PBPK	physiologically based pharmacokinetic
PEL	permissible exposure limit
PEL-C	permissible exposure limit-ceiling value
pg	picogram
PEHSU	Pediatric Environmental Health Specialty Unit
PND	postnatal day
POD	point of departure
ppb	parts per billion
ppbv	parts per billion by volume
ppm	parts per million
ppt	parts per trillion
REL	recommended exposure level/limit
REL-C	recommended exposure level-ceiling value
RfC	reference concentration
RfD	reference dose
RNA	ribonucleic acid
SARA	Superfund Amendments and Reauthorization Act
SCE	sister chromatid exchange
SD	standard deviation
SE	standard error
SGOT	serum glutamic oxaloacetic transaminase (same as aspartate aminotransferase or AST)
SGPT	serum glutamic pyruvic transaminase (same as alanine aminotransferase or ALT)
SIC	standard industrial classification
SMR	standardized mortality ratio
sRBC	sheep red blood cell
STEL	short term exposure limit
TLV	threshold limit value
TLV-C	threshold limit value-ceiling value
TRI	Toxics Release Inventory
TSCA	Toxic Substances Control Act
TWA	time-weighted average
UF	uncertainty factor
U.S.	United States
USDA	United States Department of Agriculture
USGS	United States Geological Survey

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USNRC	U.S. Nuclear Regulatory Commission
VOC	volatile organic compound
WBC	white blood cell
WHO	World Health Organization
>	greater than
≥	greater than or equal to
=	equal to
<	less than
≤	less than or equal to
%	percent
α	alpha
β	beta
γ	gamma
δ	delta
μm	micrometer
μg	microgram
q ₁ *	cancer slope factor
-	negative
+	positive
(+)	weakly positive result
(-)	weakly negative result

Kitsap County Noxious Weed control Program

Balancing act of invasive species management
In our aquifers and waterways

“We are gathered today on territory of the local indigenous people, who have stewarded this land from time and memoriam. It is our goal and task as environmental stewards to respectfully manage those lands.”

Impacts of Weeds

- Approx 5,000 species of introduced plants have escaped in the U.S.
- Non native weeds invade approx 1.8 million acres of U.S. Wildlife habitat/ yr
- Over 60% are escaped ornamental plants
- Impacts:
 - Environmental, Recreational, Public Health, & Economic

Obnoxious vs. **NOXIOUS** Weeds

- Non Native Weeds:
 - Plants that have been introduced to a “native” plant community either by contamination or by intentional propagation
- Obnoxious Weeds:
 - Plants that are an annoyance
 - Can be controlled or managed relatively easily
- Invasive Weeds:
 - Aggressive plants
 - Take over a “native” plant community
 - May have been intentionally introduced
 - Could also be natives

What is a **Noxious** Weed?

- Legally deemed for control (RCW 17.10)
- Non-native, Invasive Plants
 - Destructive & Competitive
 - **Difficult to control**
- Botanical Characteristics
 - Perennials
 - Prolific seed producers
 - Seeds can remain dormant for many years



Dalmatian Toadflax

How a Weed Becomes a State

Noxious Weed

- Plants are noted as aggressive and highly difficult to control
- These plants have a significant ecological, environmental impact and or cause harm to humans and other animals
- Washington's weed laws mandate the control of many weed species. "Control" is defined as the prevention of all seed production.
 - 3 categories of "priority"

What are Noxious Weeds & Why should we care

- **Legal definition :**

- A plant that when established is highly destructive, competitive, or difficult to control by cultural or chemical practices.

- **RCW 17.10:**

- limit economic loss and adverse effects to Washington's agricultural, natural, and human resources due to the presence and spread of noxious weeds on all terrestrial and aquatic areas in the state.

<http://app.leg.wa.gov/rcw/default.aspx?cite=17.10&full=true>

CDC OF the plant world

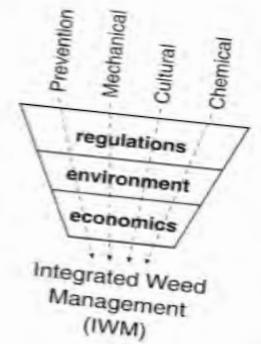
What I Do

- **Noxious Weed Control**
 - Ecology
 - Botany
 - Plant physiology
 - Herbicide chemistry
 - Integrated Pest Management
 - People Management



Integrated Vegetation Management

- Prevention IS the BEST WEED CONTROL
- Stop infestations when there are only a few plants to control!!!
- Prevention
- Mechanical
- Cultural
- Chemical
- Biological
- You must use them all together



Impacts of invasive weeds

- Increases soil erosion
- Prevent Native plant growth
- Change dynamics of living system
- Impact water quality
- Disrupt natural habitats



Where are Noxious Weeds

- Forests
- **Rangelands**
- Rivers & Lakes
- Shorelines
- **Wetlands**
- Fields
- Back yards
- Parking lots



CLASS “A” WEEDs

- Non-native
- Pose a serious threat to WA
- Limited Distribution
- Unrecorded
- Goal
 - Prevention of new infestations
 - Eradication of infestations

Highest Priority

Giant Hogweed



CLASS “B” WEEDS

- Non-native
- Abundant Distribution in portions
- Limited to no distribution in other areas
- Pose a serious threat to “clean” areas
- Goal
 - Prevention of new infestations in Designated areas
 - Containment

CLASS “B-Designate” Weeds

- **State has authority to designate control**
- **Regions where weed is unrecorded or limited in Distribution**
- **Automatically placed on county/ weed district list**
- **Goal: Containment and eventual eradication**

CLASS “B-Designate” Weed Purple and Garden Loosestrifes



CLASS “B-NON Designate” Weeds

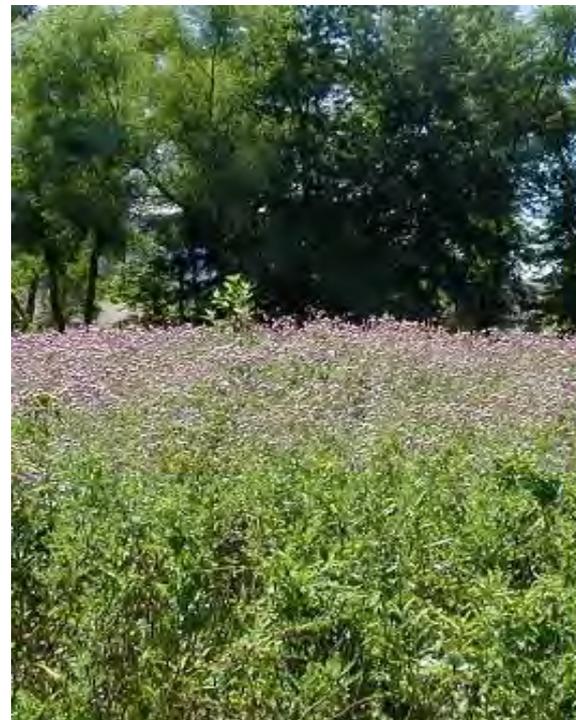
- **Regions where weed is common or abundant.**
- **County/ weed districts have ability to place on their weed list**

CLASS “B-NON Designate” Weed Scotch Broom



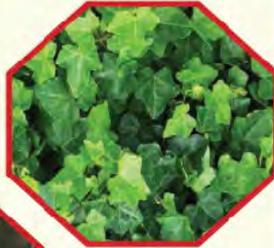
CLASS “C” WEEDs

- Non-native
 - Widespread Distribution
 - Control is Decided at the County or district level
-
- Goal
 - Long-term suppression
 - Control is decided at the



Education and Outreach: These State Noxious Weeds have been selected by the Weed Control Board for the purpose of educating landowners about their ecological impacts. Program staff **encourage** all landowners to work to stop the spread of these invaders.

English Ivy



Scotch Broom and Black Berries



Butterfly Bush



Fragrant Water Lily



Control & Containment: These state-listed Noxious Weeds are priority species for control in our county.

Citizens are **REQUIRED** by RCW 17.10 to prevent their spread. Program staff will work with citizens to create site-specific plans for landowners.

Knotweeds



Knapweeds



Purple Loosetrife



Tansy Ragwort



Eradication: These Noxious Weeds have been selected by the Weed Control Board for **ERADICATION** in our county. They have limited distribution and are our **HIGHEST PRIORITY**. Program staff will work with citizens to **remove all known sites**.

Gorse



Giant Hogweed



Policeman's Helmet



Poison Hemlock



Highest priority in Kitsap

- These plants have limited distribution within our area
- May be **toxic**
- Are found in areas that are challenging to control
- Key is preventing these from getting a foot hold

Eradication: These Noxious Weeds have been selected by the Weed Control Board for **ERADICATION** in our county. They have limited distribution and are our **HIGHEST PRIORITY**. Program staff will work with citizens to *remove all known sites*.

Gorse



Giant Hogweed



Policeman's Helmet



Poison Hemlock



Control and Containment

- Could be wide spread
- There is hope of slowing infestations down
- May be toxic
- Cost to control is still reasonable
- Kitsap County Staff will work to remove

Control & Containment: These state-listed Noxious Weeds are priority species for control in our county.

Citizens are **REQUIRED** by RCW 17.10 to prevent their spread. Program staff will work with citizens to create site-specific plans for landowners.

Knotweeds



Knapweeds



Purple Loosestrife



Tansy Ragwort



Education and outreach

- Species are already wide spread so staff time is not spent on control
- Key is to get individuals to keep the populations in check.
- Work with volunteer groups on public properties

Education and Outreach: These State Noxious Weeds have been selected by the Weed Control Board for the purpose of educating landowners about their ecological impacts. Program staff **encourage** all landowners to work to stop the spread of these invaders.

English Ivy



Scotch Broom and Black Berries



Butterfly Bush



Fragrant Water Lily

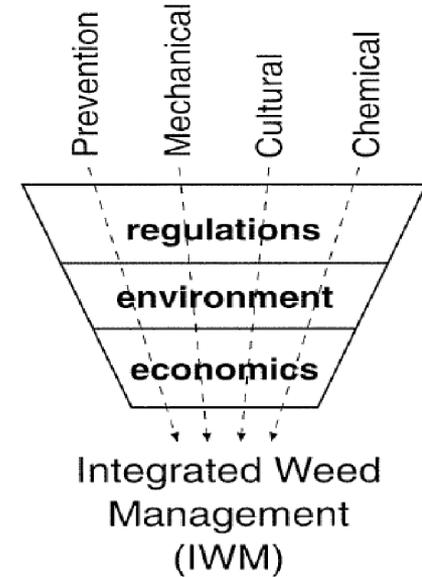


Not all **weeds** are **noxious** weeds

- You will get most questions about *obnoxious* weeds
- Common questions you will get
 - I have this green plant that is growing everywhere. What is it?
 - There is this thing taking over my garden that has little white flowers. What is it?

Integrated Vegetation Management

- Prevention IS the BEST WEED CONTROL
- Stop infestations when there are only a few plants to control!!!
- Prevention * Mechanical * Cultural * Chemical
- Biological
- You must use them all together



Rules of success for weed removal

- Stop weeds early
- Start with a small manageable area
- Treat the area like a fire, go to the edges and work in
- Get help
- Replant quickly
- Keep up on maintenance weekly
- Try to avoid pesticides



What can happen When you don't treat



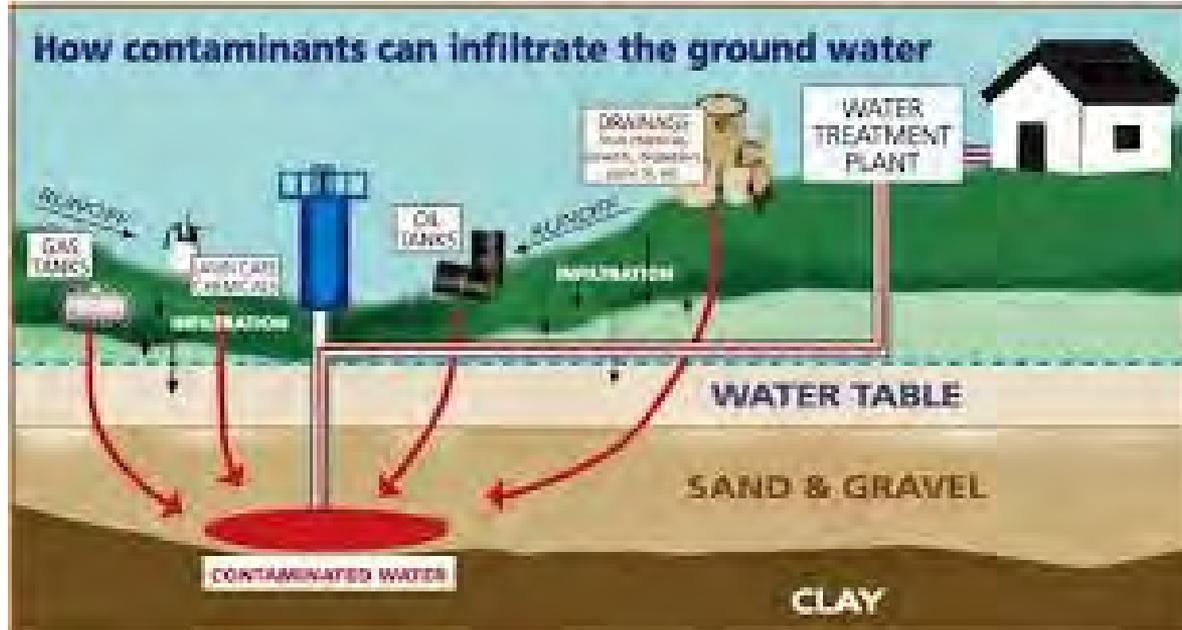
Management is a Balancing act:



Our jobs: control “pests” to Increase “yield” and Environmental Health

- Public sees the hazmat suits not the weeds or other issues
- Public sees us “harming” the environment not Helping heal the environment
 - Herbicides as an “antibiotic” or chemotherapy
- Public reads all the propaganda but never real research
 - I never claim that herbicides are “not harmful”

Wellheads and weeds



Wellheads and weeds

- **Avoid pesticides when possible.**
- **Read the label**
- **Know your soil type**
 - High organic matter
 - Loam
 - Sandy loam
 - Sand



Wellheads and weeds

- **How deep is your water table?**
- **Are there surface runoff issues?**
- **Slope of the area**



<http://npic.orst.edu/capro/groundwater.html>

Why control the weeds?

***You may not need to control the common weeds on your well site.**

*** IF you are dealing with noxious weeds you may have to take other actions.**

Weeds of concern: Knotweed, poison hemlock, tansy ragwort

Noxious Weed Challenges

Mechanically mowing

- Spreads the problem
- Makes some plants more aggressive
- Pulling is not effective



Small targeted herbicide treatments

- **Get to the root of the problem**
- **Targeted herbicides should only be used as a last resort**
- **Always read the label**
- **Use licenced applicators that will use herbicides specifically for “aquatic” areas**

Targeted approach for knotweed on or near wells

- **Direct injection of licensed herbicides**
- **Continual management of site to ensure no regrowth**



2007-2015





Balancing Public Opinion

- **A few complaints have logged**
- **Landowners started to see native plant regrowth**



The Balancing act

- **Bringing all the players to the table**
- **Partnering with various groups to achieve control**
- **Keeping the public informed**
 - Each year there is are news paper articles
 - Each March and August information is sent out to landowners

What is success?

- **Not just controlling one weed but engaging the public in a conversation to help the pendulum swing back**
- **Successful IPM plans hinge on the judicious use of herbicides**
- **Education and outreach to increase personal knowledge will ultimately result in the success of a noxious weed program**
- **Taking the fear factor out of pesticides and providing landowners with actual science based facts is key**

Lessons learned

- Key is getting people engaged
- Put out as much education as possible
 - There is never enough education people will still say you did not inform the public
 - Keep records and meet with people on site
- Keep working with local officials
- Partnering is Key

Current local issues

Forest practices:

Washington's working forests provide many products and benefits including wood and paper products, recreational opportunities, wildlife habitat, and protect clean air and water now and for future generations.

Working forests post harvest pre planting

After harvest the “blank slate” is now very susceptible to weed infestations to overtake the area.

Targeted applications take place with the use of licensed applicators.

**Water way buffers are identified, marked and
avoided**

Application methods

***Methods may include ground applications and aerial applications where applicable.**

***Various products are licenced to be used on the harvest sites.**

Why are herbicides used?

***To improve growing conditions for young trees by reducing the competition from fast growing brush, weeds, and invasive plants.**

***Reduce the impacts of Scotch broom and butterfly bush along with reducing toxic plants like tansy.**

Take away

- **Herbicides play a role in weed management**
- **We must all ask questions and hold accountability**
- **Education and information is key**

4.8 million acres in Washington are certified as Sustainable Forestry.

***Sustainable forest management includes protection of water quality, biodiversity, and wildlife habitat with special consideration for at-risk species.**

Questions?

**"Treat the earth well: We did not inherit it
from our Ancestors, but we borrow it
from our Children."**

Ancient Indian Proverb