

# Working Procedures for the *IARC Handbooks of Cancer Prevention*

The prevention of cancer is one of the key objectives of the International Agency for Research on Cancer (IARC). This may be achieved by avoiding exposures to known cancer-causing agents, by increasing host defences through immunization or chemoprevention or by modifying lifestyle. The aim of the series of *IARC Handbooks of Cancer Prevention* is to evaluate scientific information on agents and interventions that may reduce the incidence of or mortality from cancer.

## Scope

Cancer-preventive strategies embrace chemical, immunological, dietary and behavioural interventions that may retard, block or reverse carcinogenic processes or reduce underlying risk factors. The term 'chemoprevention' is used to refer to interventions with pharmaceuticals, vitamins, minerals and other chemicals to reduce cancer incidence. The *IARC Handbooks* address the efficacy, safety and mechanisms of cancer-preventive strategies and the adequacy of the available data, including those on timing, dose, duration and indications for use.

Preventive strategies can be applied across a continuum of: (1) the general population; (2) subgroups with particular predisposing host or environmental risk factors, including genetic susceptibility to cancer; (3) persons with precancerous lesions; and (4) cancer patients at risk for second primary tumours. Use of the same strategies or agents in the treatment of cancer patients to control the growth, metastasis and recurrence

of tumours is considered to be patient management, not prevention, although data from clinical trials may be relevant when making a *Handbooks* evaluation.

## Objective

The objective of the *Handbooks* programme is the preparation of critical reviews and evaluations of evidence for cancer-prevention and other relevant properties of a wide range of potential cancer-preventive agents and strategies by international working groups of experts. The resulting *Handbooks* may also indicate when additional research is needed.

The *Handbooks* may assist national and international authorities in devising programmes of health promotion and cancer prevention and in making benefit-risk assessments. The evaluations of IARC working groups are scientific judgements about the available evidence for cancer-preventive efficacy and safety. No recommendation is given with regard to national and international regulation or legislation, which are the responsibility of individual governments and/or other international authorities.

## Working Groups

Reviews and evaluations are formulated by international working groups of experts convened by the IARC. The tasks of each group are: (1) to ascertain that all appropriate data have been collected; (2) to select the data relevant for the evaluation on the basis of scientific merit; (3) to prepare accurate summaries

of the data to enable the reader to follow the reasoning of the Working Group; (4) to evaluate the significance of the available data from human studies and experimental models on cancer-preventive activity, and other beneficial effects and also on adverse effects; and (5) to evaluate data relevant to the understanding of the mechanisms of preventive activity.

Approximately 13 months before a working group meets, the topics of the *Handbook* are announced, and participants are selected by IARC staff in consultation with other experts. Subsequently, relevant clinical, experimental and human data are collected by the IARC from all available sources of published information. Representatives of producer or consumer associations may assist in the preparation of sections on production and use, as appropriate.

Working Group participants who contributed to the considerations and evaluations within a particular *Handbook* are listed, with their addresses, at the beginning of each publication. Each participant serves as an individual scientist and not as a representative of any organization, government or industry. In addition, scientists nominated by national and international agencies, industrial associations and consumer and/or environmental organizations may be invited as observers. IARC staff involved in the preparation of the *Handbooks* are listed.

About eight months before the meeting, the material collected is sent to meeting participants to prepare sections for the first drafts of the *Handbooks*. These are then compiled by IARC staff and sent, before the meet-

ing, to all participants of the Working Group for review. There is an opportunity to return the compiled specialized sections of the draft to the experts, inviting preliminary comments, before the complete first-draft document is distributed to all members of the Working Group.

### Data for Handbooks

The *Handbooks* do not necessarily cite all of the literature on the agent or strategy being evaluated. Only those data considered by the Working Group to be relevant to making the evaluation are included. In principle, meeting abstracts and other reports that do not provide sufficient detail upon which to base an assessment of their quality are not considered.

With regard to data from toxicological, epidemiological and experimental studies and from clinical trials, only reports that have been published or accepted for publication in the openly available scientific literature are reviewed by the Working Group. In certain instances, government agency reports that have undergone peer review and are widely available are considered. Exceptions may be made on an ad-hoc basis to include unpublished reports that are in their final form and publicly available, if their inclusion is considered pertinent to making a final evaluation. In the sections on chemical and physical properties, on production, on use, on analysis and on human exposure, unpublished sources of information may be used.

The available studies are summarized by the Working Group. In general, numerical findings are indicated as they appear in the original report; units are converted when necessary for easier comparison. The Working Group may conduct additional analyses of the published data and use them in their assessment of the evidence. Important aspects of a study, directly impinging on its interpretation, are brought to the attention of the reader.

### Criteria for selection of topics for evaluation

Agents, classes of agents and interventions to be evaluated in the *Handbooks* are selected on the basis of one or more of the following criteria.

- The available evidence suggests potential for significantly reducing the incidence of cancers.
- There is a substantial body of human, experimental, clinical and/or mechanistic data suitable for evaluation.
- The agent is in widespread use and of putative protective value, but of uncertain efficacy and safety.
- The agent shows exceptional promise in experimental studies but has not been used in humans.
- The agent is available for further studies of human use.

### Evaluation of cancer-preventive agents

A wide range of findings must be taken into account before a particular agent can be recognized as preventing cancer and a systematized approach to data presentation has been adopted for *Handbooks* evaluations.

#### Characteristics of the agent or intervention

Chemical identity and other definitive information (such as genus and species of plants) are given as appropriate. Data relevant to identification, occurrence and biological activity are included. Technical products of chemicals, including trade names, relevant specifications and information on composition and impurities are mentioned.

Preventive interventions can be broad, community-based interventions, or interventions targeted to individuals (counselling, behavioural, chemopreventive).

### Occurrence, trends, analysis

#### Occurrence

Information on the occurrence of an agent in the environment is obtained from monitoring and surveillance in occupational environments, air, water, soil, foods and animal and human tissues. When available, data on the generation, persistence and bioaccumulation of the agent are included. For interventions, data on prevalence are supplied. The data on the prevalence of a factor (e.g., overweight) in different populations are collected as widely as possible.

#### Production and use

The dates of first synthesis and of first commercial production of a chemical or mixture are provided, the dates of first reported occurrence. In addition, methods of synthesis used in past and present commercial production and methods of production that may give rise to various impurities are described. For interventions, the dates of first mention of their use are given.

Data on the production, international trade and uses and applications of agents are obtained for representative regions. In the case of drugs, mention of their therapeutic applications does not necessarily represent current practice, nor does it imply judgement as to their therapeutic efficacy.

If an agent is used as a prescribed or over-the-counter pharmaceutical product, then the type of person receiving the product in terms of health status, age, sex and medical condition being treated are described. For non-pharmaceutical agents, particularly those taken because of cultural traditions, the characteristics of use or exposure and the relevant populations are described. In all cases, quantitative data, such as dose-response relationships, are considered to be of special importance.

### **Metabolism of and metabolic responses to the agent or metabolic consequences of an intervention**

In evaluating the potential utility of a suspected cancer-preventive agent or strategy, a number of different properties, in addition to direct effects upon cancer incidence, are described and weighed. Furthermore, as many of the data leading to an evaluation are expected to come from studies in experimental animals, information that facilitates interspecies extrapolation is particularly important; this includes metabolic, kinetic and genetic data. Whenever possible, quantitative data, including information on dose, duration and potency, are considered.

Information is given on absorption, distribution (including placental transfer), metabolism and excretion in humans and experimental animals. Kinetic properties within the target species may affect the interpretation and extrapolation of dose-response relationships, such as blood concentrations, protein binding, tissue concentrations, plasma half-lives and elimination rates. Comparative information on the relationship between use or exposure and the dose that reaches the target site may be of particular importance for extrapolation between species. Studies that indicate the metabolic pathways and fate of an agent in humans and experimental animals are summarized, and data on humans and experimental animals are compared when possible. Observations are made on inter-individual variations and relevant metabolic polymorphisms. Data indicating long-term accumulation in human tissues are included. Physiologically based pharmacokinetic models and their parameter values are relevant and are included whenever they are available. Information on the fate of the compound within tissues and cells (transport, role of cellular receptors, compartmentalization, binding to macromolecules) is given.

The metabolic consequences of interventions are described.

Genotyping will be used increasingly, not only to identify subpopulations at increased or decreased risk for cancers but also to characterize variation in the biotransformation of and responses to cancer-preventive agents. This subsection can include effects of the compound on gene expression, enzyme induction or inhibition, or pro-oxidant status, when such data are not described elsewhere. It covers data obtained in humans and experimental animals, with particular attention to effects of long-term use and exposure.

### **Cancer-preventive effects**

#### **Human studies**

##### ***Types of study considered***

Human data are derived from experimental and non-experimental study designs and are focused on cancer, precancer or intermediate biological end-points. The experimental designs include randomized controlled trials and short-term experimental studies; non-experimental designs include cohort, case-control and cross-sectional studies.

Cohort and case-control studies relate individual use of, or exposure to, the agent or intervention under study to the occurrence of cancer in individuals and provide an estimate of relative risk (ratio of incidence or mortality in those exposed to incidence or mortality in those not exposed) as the main measure of association. Cohort and case-control studies follow an observational approach, in which the use of, or exposure to, the agent is not controlled by the investigator.

Intervention studies are experimental in design — that is, the use of, or exposure to, the agent or intervention is assigned by the investigator. The intervention study or clinical trial is the design that can provide the strongest and most direct evidence of a protective or preventive effect; however, for practical and ethical reasons, such

studies are limited to observation of the effects among specifically defined study subjects of interventions of 10 years or fewer, which is relatively short when compared with the overall lifespan.

Intervention studies may be undertaken in individuals or communities and may or may not involve randomization to use or exposure. The differences between these designs is important in relation to analytical methods and interpretation of findings.

In addition, information can be obtained from reports of correlation (ecological) studies and case series; however, limitations inherent in these approaches usually mean that such studies carry limited weight in the evaluation of a preventive effect.

##### ***Quality of studies considered***

The *Handbooks* are not intended to summarize all published studies. The Working Group considers the following aspects: (1) the relevance of the study; (2) the appropriateness of the design and analysis to the question being asked; (3) the adequacy and completeness of the presentation of the data; and (4) the degree to which chance, bias and confounding may have affected the results.

Studies that are judged to be inadequate or irrelevant to the evaluation are generally omitted. They may be mentioned briefly, particularly when the information is considered to be a useful supplement to that in other reports or when it provides the only data available. Their inclusion does not imply acceptance of the adequacy of the study design, nor of the analysis and interpretation of the results, and their limitations are outlined.

##### ***Assessment of the cancer-preventive effect at different doses and durations***

The Working Group gives special attention to quantitative assessment of the preventive effect of the agent under study, by assessing data from studies at different doses. The Working Group

also addresses issues of timing and duration of use or exposure. Such quantitative assessment is important to clarify the circumstances under which a preventive effect can be achieved, as well as the dose at which a toxic effect has been shown.

**Criteria for a cancer-preventive effect**

After summarizing and assessing the individual studies, the Working Group makes a judgement concerning the evidence that the agent or intervention in question prevents cancer in humans. In making the judgement, the Working Group considers several criteria for each relevant cancer site.

Evidence of protection derived from intervention studies of good quality is particularly informative. Evidence of a substantial and significant reduction in risk, including a 'dose'–response relationship, is more likely to indicate a real effect. Nevertheless, a small effect, or an effect without a dose–response relationship, does not imply lack of real benefit and may be important for public health if the cancer is common.

Evidence is frequently available from different types of study and is evaluated as a whole. Findings that are replicated in several studies of the same design or using different approaches are more likely to provide evidence of a true protective effect than isolated observations from single studies.

The Working Group evaluates possible explanations for inconsistencies across studies, including differences in use of, or exposure to, the agent, differences in the underlying risk of cancer and metabolism and genetic differences in the population.

The results of studies judged to be of high quality are given more weight. Note is taken of both the applicability of preventive action to several cancers and of possible differences in activity, including contradictory findings, across cancer sites.

Data from human studies (as well as from experimental models) that suggest plausible mechanisms for a cancer-preventive effect are important in assessing the overall evidence.

The Working Group may also determine whether, on aggregate, the evidence from human studies is consistent with a lack of preventive effect.

**Experimental models**

**Experimental animals**

Animal models are an important component of research into cancer prevention. They provide a means of identifying effective compounds, of carrying out fundamental investigations into their mechanisms of action, of determining how they can be used optimally, of evaluating toxicity and, ultimately, of providing an information base for developing intervention trials in humans. Models that permit evaluation of the effects of cancer-preventive agents on the occurrence of cancer in most major organ sites are available. Major groups of animal models include: those in which cancer is produced by the administration of chemical or physical carcinogens; those involving genetically engineered animals; and those in which tumours develop spontaneously. Most cancer-preventive agents investigated in such studies can be placed into one of three categories: compounds that prevent molecules from reaching or reacting with critical target sites (blocking agents); compounds that decrease the sensitivity of target tissues to carcinogenic stimuli; and compounds that prevent evolution of the neoplastic process (suppressing agents). There is increasing interest in the use of combinations of agents as a means of improving efficacy and minimizing toxicity. Animal models are useful in evaluating such combinations. The development of optimal strategies for human intervention trials can be facilitated by the use of animal models that mimic the neoplastic process in humans.

Specific factors to be considered in such experiments are: (1) the temporal requirements of administration of the cancer-preventive agents; (2) dose–response effects; (3) the site-specificity of cancer-preventive activity; and (4) the number and structural diversity of carcinogens whose activity can be reduced by the agent being evaluated.

An important variable in the evaluation of the cancer-preventive response is the time and the duration of administration of the agent or intervention in relation to any carcinogenic treatment, or in transgenic or other experimental models in which no carcinogen is administered. Furthermore, concurrent administration of a cancer-preventive agent may result in a decreased incidence of tumours in a given organ and an increase in another organ of the same animal. Thus, in these experiments it is important that multiple organs be examined.

For all these studies, the nature and extent of impurities or contaminants present in the cancer-preventive agent or agents being evaluated are given when available. For experimental studies of mixtures, consideration is given to the possibility of changes in the physico-chemical properties of the test substance during collection, storage, extraction, concentration and delivery. Chemical and toxicological interactions of the components of mixtures may result in nonlinear dose–response relationships.

As certain components of commonly used diets of experimental animals are themselves known to have cancer-preventive activity, particular consideration should be given to the interaction between the diet and the apparent effect of the agent or intervention being studied. Likewise, restriction of diet may be important. The appropriateness of the diet given relative to the composition of human diets may be commented on by the Working Group.

*Qualitative aspects.* An assessment of the experimental prevention of cancer involves several considerations of qualitative importance, including: (1) the experimental conditions under which the test was performed (route and schedule of exposure, species, strain, sex and age of animals studied, duration of the exposure, and duration of the study); (2) the consistency of the results, for example across species and target organ(s); (3) the stage or stages of the neoplastic process, from preneoplastic lesions and benign tumours to malignant neoplasms, studied and (4) the possible role of modifying factors.

Considerations of importance to the Working Group in the interpretation and evaluation of a particular study include: (1) how clearly the agent was defined and, in the case of mixtures, how adequately the sample composition was reported; (2) the composition of the diet and the stability of the agent in the diet; (3) whether the source, strain and quality of the animals was reported; (4) whether the dose and schedule of treatment with the known carcinogen were appropriate in assays of combined treatment; (5) whether the doses of the cancer-preventive agent were adequately monitored; (6) whether the agent(s) was absorbed, as shown by blood concentrations; (7) whether the survival of treated animals was similar to that of controls; (8) whether the body and organ weights of treated animals were similar to those of controls; (9) whether there were adequate numbers of animals, of appropriate age, per group; (10) whether animals of each sex were used, if appropriate; (11) whether animals were allocated randomly to groups; (12) whether appropriate respective controls were used; (13) whether the duration of the experiment was adequate; (14) whether there was adequate statistical analysis; and (15) whether the data were adequately reported. If available, recent data on the incidence of specific tumours in historical controls, as well as in con-

current controls, are taken into account in the evaluation of tumour response.

*Quantitative aspects.* The probability that tumours will occur may depend on the species, sex, strain and age of the animals, the dose of carcinogen (if any), the dose of the agent and the route and duration of exposure. A decreased incidence and/or decreased multiplicity of neoplasms in adequately designed studies provides evidence of a cancer-preventive effect. A dose-related decrease in incidence and/or multiplicity further strengthens this association.

*Statistical analysis.* Major factors considered in the statistical analysis by the Working Group include the adequacy of the data for each treatment group: (1) the initial and final effective numbers of animals studied and the survival rate; (2) body weights; and (3) tumour incidence and multiplicity. The statistical methods used should be clearly stated and should be the generally accepted techniques refined for this purpose. In particular, the statistical methods should be appropriate for the characteristics of the expected data distribution and should account for interactions in multifactorial studies. Consideration is given as to whether appropriate adjustment was made for differences in survival.

#### *In-vitro models*

Cell systems *in vitro* contribute to the early identification of potential cancer-preventive agents and to elucidation of mechanisms of cancer prevention. A number of assays in prokaryotic and eukaryotic systems are used for this purpose. Evaluation of the results of such assays includes consideration of: (1) the nature of the cell type used; (2) whether primary cell cultures or cell lines (tumorigenic or nontumorigenic) were studied; (3) the appropriateness of controls; (4) whether toxic effects were considered in the outcome; (5) whether the data were appropriately summated and analysed; (6) whether appropriate controls were

used; (7) whether appropriate concentration ranges were used; (8) whether adequate numbers of independent measurements were made per group; and (9) the relevance of the end-points, including inhibition of mutagenesis, morphological transformation, anchorage-independent growth, cell-cell communication, calcium tolerance and differentiation.

#### **Intermediate biomarkers**

Other types of study include experiments in which the end-point is not cancer but a defined preneoplastic lesion or tumour-related intermediate biomarker.

The observation of effects on the occurrence of lesions presumed to be preneoplastic or the emergence of benign or malignant tumours may aid in assessing the mode of action of the presumed cancer-preventive agent or intervention. Particular attention is given to assessing the reversibility of these lesions and their predictive value in relation to cancer development.

#### **Mechanisms of cancer prevention**

Data on mechanisms can be derived from both human studies and experimental models. For a rational implementation of cancer-preventive measures, it is essential not only to assess protective end-points but also to understand the mechanisms by which the agents or interventions exert their anticarcinogenic action. Information on the mechanisms of cancer-preventive activity can be inferred from relationships between chemical structure and biological activity, from analysis of interactions between agents and specific molecular targets, from studies of specific end-points *in vitro*, from studies of the inhibition of tumorigenesis *in vivo*, from the effects of modulating intermediate biomarkers, and from human studies. Therefore, the Working Group takes account of data on mechanisms in making the final evaluation of cancer prevention.

Several classifications of mechanisms have been proposed, as have several systems for evaluating them. Cancer-preventive agents may act at several distinct levels. Their action may be: (1) extracellular, for example, inhibiting the uptake or endogenous formation of carcinogens, or forming complexes with, diluting and/or deactivating carcinogens; (2) intracellular, for example, trapping carcinogens in non-target cells, modifying transmembrane transport, modulating metabolism, blocking reactive molecules, inhibiting cell replication or modulating gene expression or DNA metabolism; or (3) at the level of the cell, tissue or organism, for example, affecting cell differentiation, intercellular communication, proteases, signal transduction, growth factors, cell adhesion molecules, angiogenesis, interactions with the extracellular matrix, hormonal status and the immune system.

Many cancer-preventive agents are known or suspected to act by several mechanisms, which may operate in a coordinated manner and allow them a broader spectrum of anticarcinogenic activity. Therefore, multiple mechanisms of action are taken into account in the evaluation of cancer-prevention.

Beneficial interactions, generally resulting from exposure to inhibitors that work through complementary mechanisms, are exploited in combined cancer-prevention. Because organisms are naturally exposed not only to mixtures of carcinogenic agents but also to mixtures of protective agents, it is also important to understand the mechanisms of interactions between inhibitors.

#### **Other beneficial effects**

An expanded description is given, when appropriate, of the efficacy of the agent in the maintenance of a normal healthy state and the treatment of particular diseases. Information on the mechanisms involved in these activities is described. Reviews, rather than individual studies, may be cited as references.

The physiological functions of agents such as vitamins and micronutrients can be described briefly, with reference to reviews. Data on the therapeutic effects of drugs approved for clinical use are summarized.

#### **Toxic effects**

Toxic effects are of particular importance in the case of agents or interventions that may be used widely over long periods in healthy populations. Data are given on acute and chronic toxic effects, such as organ toxicity, increased cell proliferation, immunotoxicity and adverse endocrine effects. Some agents or interventions may have both carcinogenic and anticarcinogenic activities. If the agent has been evaluated within the *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans*, that evaluation is accepted, unless significant new data have appeared that may lead the Working Group to reconsider the evidence. If the agent occurs naturally or has been in clinical use previously, the doses and durations used in cancer-prevention trials are compared with intakes from the diet, in the case of vitamins, and previous clinical exposure, in the case of drugs already approved for human use. When extensive data are available, only summaries are presented; if adequate reviews are available, reference may be made to these. If there are no relevant reviews, the evaluation is made on the basis of the same criteria as are applied to epidemiological studies of cancer. Differences in response as a consequence of species, sex, age and genetic variability are presented when the information is available.

Data demonstrating the presence or absence of adverse effects in humans are included; equally, lack of data on specific adverse effects is stated clearly.

Information is given on carcinogenicity, immunotoxicity, neurotoxicity, cardiotoxicity, haematological effects and toxicity to other target organs. Specific case

reports in humans and any previous clinical data are noted. Other biochemical effects thought to be relevant to adverse effects are mentioned.

The results of studies of genetic and related effects in mammalian and non-mammalian systems *in vivo* and *in vitro* are summarized. Information on whether DNA damage occurs via direct interaction with the agent or via indirect mechanisms (e.g. generation of free radicals) is included, as is information on other genetic effects such as mutation, recombination, chromosomal damage, aneuploidy, cell immortalization and transformation, and effects on cell-cell communication. The presence and toxicological significance of cellular receptors for the cancer-preventive agent are described.

Structure-activity relationships that may be relevant to the evaluation of the toxicity of an agent are described.

#### **Summary of data**

In this section, the relevant human and experimental data are summarized. Inadequate studies are generally not included but are identified in the preceding text.

#### **Evaluation**

Evaluations of the strength of the evidence for cancer-preventive activity and carcinogenic effects from studies in humans and experimental models are made, using standard terms. These terms may also be applied to other beneficial and adverse effects, when indicated. When appropriate, reference is made to specific organs and populations.

It is recognized that the criteria for these evaluation categories, described below, cannot encompass all factors that may be relevant to an evaluation of cancer-preventive activity. In considering all the relevant scientific data, the Working Group may assign the agent or intervention to a higher or lower category than a strict interpretation of these criteria would indicate.

### Cancer-preventive activity

The evaluation categories refer to the strength of the evidence that an agent or intervention prevents cancer. The evaluations may change as new information becomes available.

Evaluations are inevitably limited to the cancer sites, conditions and levels of exposure and length of observation covered by the available studies. An evaluation of degree of evidence, whether for an agent or intervention, is limited to the materials tested, as defined physically, chemically or biologically, or to the intensity or frequency of an intervention. When agents are considered by the Working Group to be sufficiently closely related, they may be grouped for the purpose of a single evaluation of degree of evidence.

Information on mechanisms of action is taken into account when evaluating the strength of evidence in humans and in experimental animals, as well as in assessing the consistency of results between studies in humans and experimental models.

### Cancer-preventive activity in humans

The evidence relevant to cancer prevention in humans is classified into one of the following categories.

- *Sufficient evidence of cancer-preventive activity*

The Working Group considers that a causal relationship has been established between use of the agent or intervention and the prevention of human cancer in studies in which chance, bias and confounding could be ruled out with reasonable confidence.

- *Limited evidence of cancer-preventive activity*

The data suggest a reduced risk for cancer with use of the agent or intervention but are limited for making a definitive evaluation either because chance, bias or confounding could not be ruled out with reasonable confidence or because

the data are restricted to intermediary biomarkers of uncertain validity in the putative pathway to cancer.

- *Inadequate evidence of cancer-preventive activity*

The available studies are of insufficient quality, consistency or statistical power to permit a conclusion regarding a cancer-preventive effect of the agent or intervention, or no data on the prevention of cancer in humans are available

- *Evidence suggesting lack of cancer-preventive activity*

Several adequate studies of use or exposure to the agent or intervention are mutually consistent in not showing a preventive effect.

The strength of the evidence for any carcinogenic effect is assessed in parallel.

Both cancer-preventive activity and carcinogenic effects are identified and, when appropriate, tabulated by organ site. The evaluation also cites the population subgroups concerned, specifying age, sex, genetic or environmental predisposing risk factors and the relevance of precancerous lesions.

### Cancer-preventive activity in experimental animals

Evidence for cancer prevention in experimental animals is classified into one of the following categories.

- *Sufficient evidence of cancer-preventive activity*

The Working Group considers that a causal relationship has been established between the agent or intervention and a decreased incidence and/or multiplicity of neoplasms.

- *Limited evidence of cancer-preventive activity*

The data suggest a cancer-preventive effect but are limited for making a definitive evaluation because, for example, the evidence of cancer prevention is

restricted to a single experiment, the agent or intervention decreases the incidence and/or multiplicity only of benign neoplasms or lesions of uncertain neoplastic potential or there is conflicting evidence.

- *Inadequate evidence of cancer-preventive activity*

The studies cannot be interpreted as showing either the presence or absence of a preventive effect because of major or quantitative limitations (unresolved questions regarding the adequacy of the design, conduct or interpretation of the study), or no data on cancer prevention in experimental animals are available.

- *Evidence suggesting lack of cancer-preventive activity*

Adequate evidence from conclusive studies in several models shows that, within the limits of the tests used, the agent or intervention does not prevent cancer.

### Overall evaluation

Finally, the body of evidence is considered as a whole, and summary statements are made that encompass the effects of the agent or intervention in humans with regard to cancer-preventive activity and other beneficial effects or adverse effects, as appropriate.

### Recommendations

During the evaluation process, it is likely that opportunities for further research will be identified. These are clearly stated, with the understanding that the areas are recommended for future investigation. It is made clear that these research opportunities are identified in general terms on the basis of the data currently available.

Recommendations for public health action are listed, based on the analysis of the existing scientific data.