

# Summary of Findings Regarding the Association between Specific Health Outcomes and Exposure to Herbicides Used in the Vietnam War

(Changes in *Update 2006* are italicized)

## Sufficient Evidence of Association

Chloracne

Cancers:

Chronic lymphocytic leukemia (CLL)

Non-Hodgkin's lymphoma

Hodgkin's disease

Soft-tissue sarcoma

## Limited or Suggestive Evidence of Association

Early-onset transient peripheral neuropathy

*AL amyloidosis*

*Hypertension*

Porphyria cutanea tarda

Type 2 diabetes (mellitus)

Cancers:

Larynx

Lung, bronchus, or trachea

Multiple myeloma

Prostate

In offspring of exposed individuals:

Spina bifida

## Inadequate or Insufficient Evidence to Determine Association

Neurobehavioral disorders (cognitive and neuropsychiatric)

Movement disorders, including Parkinson's disease and amyotrophic lateral sclerosis

Chronic peripheral nervous system disorders

Respiratory disorders

Gastrointestinal, metabolic, and digestive disorders (changes in liver enzymes, lipid abnormalities, ulcers)

Immune system disorders (immune suppression, autoimmunity)

\* Ischemic heart disease

Circulatory disorders (other than hypertension)

Endometriosis

Effects on thyroid homeostasis

Cancers:

Oral cavity (including tongue), pharynx (including tonsils), or nasal cavity (including ears and sinuses)

Pleura, mediastinum, and other unspecified sites within the respiratory system and intrathoracic organs

*Esophagus*

*Stomach*

*Colorectal cancer (including small intestine and anus)*

Hepatobiliary cancers (liver, gallbladder, and bile ducts)

*Pancreas*

Bone and joint

\* Melanoma

Non-melanoma skin cancer (basal cell and squamous cell)

\* Breast

Reproductive organs (cervix, uterus, ovary, testes, and penis; excluding prostate)

Urinary bladder

Kidney

*Brain and nervous system (including eye)*

Endocrine cancers (thyroid, thymus, and other endocrine)

Leukemia (other than CLL)

Other and unspecified sites

Abnormal sperm characteristics and infertility

Spontaneous abortion (other than for paternal exposure to TCDD)

In offspring of exposed individuals:

Neonatal or infant death and stillbirth

Low birth weight

Birth defects (other than spina bifida)

Childhood cancer (including acute myelogenous leukemia)

\* The committee could not reach consensus as to whether the evidence for these health outcomes related to exposure to the chemicals of concern was “limited, suggestive” or “inadequate,” so they were retained in the inadequate category.

**Limited or Suggestive Evidence of *No* Association**

*(the possibility of a very small increase in risk can never be excluded)*

Spontaneous abortion following paternal exposure to TCDD

# Categories of Association

## **Sufficient Evidence of Association**

Evidence is sufficient to conclude that there is a positive association. That is, a positive association has been observed between exposure to herbicides and the outcome in studies in which chance, bias, and confounding could be ruled out with reasonable confidence. For example, if several small studies that are free from bias and confounding show an association that is consistent in magnitude and direction, there could be sufficient evidence of an association.

## **Limited or Suggestive Evidence of Association**

Evidence suggests an association between exposure to herbicides and the outcome, but a firm conclusion is limited because chance, bias, and confounding could not be ruled out with confidence. For example, a well-conducted study with strong findings in accord with less compelling results from studies of populations with similar exposures could constitute such evidence.

## **Inadequate or Insufficient Evidence to Determine Association**

The available studies are of insufficient quality, consistency, or statistical power to permit a conclusion regarding the presence or absence of an association. For example, studies fail to control for confounding, have inadequate exposure assessment, or fail to address latency.

## **Limited or Suggestive Evidence of *No* Association**

Several adequate studies, which cover the full range of human exposure, are consistent in not showing a positive association between any magnitude of exposure to the herbicides of interest and the outcome. A conclusion of “no association” is inevitably limited to the conditions, exposure, and length of observation covered by the available studies. *In addition, the possibility of a very small increase in risk at the exposure studied can never be excluded.*