

July 7, 2016

European Commission

RE: COM(2016)248/F1 Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work.

Dear Sir/Madam:

The American Forest & Paper Association (AF&PA) is pleased to provide the following comments on the European Commission's proposal to lower the Occupational Exposure Limit (OEL) for hardwood dust from 5 mg/m³ inhalable dust to 3 mg/m³ inhalable dust.

The American Forest & Paper Association (AF&PA) serves to advance a sustainable U.S. pulp, paper, packaging, tissue and wood products manufacturing industry through fact-based public policy and marketplace advocacy. AF&PA member companies make products essential for everyday life from renewable and recyclable resources and are committed to continuous improvement through the industry's sustainability initiative - [*Better Practices, Better Planet 2020*](#). The forest products industry accounts for approximately 4 percent of the total U.S. manufacturing GDP, manufactures over \$200 billion in products annually, and employs approximately 900,000 men and women. The industry meets a payroll of approximately \$50 billion annually and is among the top 10 manufacturing sector employers in 47 states. Other trade groups endorse the content and conclusions of this letter. These groups are listed in attachment 1.

AF&PA's sustainability initiative - *Better Practices, Better Planet 2020* - is the latest example of our members' proactive commitment to the long-term success of our industry, our communities and our environment. We have long been responsible stewards of our planet's resources. Our member companies have collectively made significant progress in each of the following goals, which comprise one of the most extensive quantifiable sets of sustainability goals for a U.S. manufacturing industry: increasing paper recovery for recycling; improving energy efficiency; reducing greenhouse gas emissions; promoting sustainable forestry practices; improving workplace safety; and reducing water use.

AF&PA has long been involved in addressing health issues relating to occupational exposures to wood dust. AF&PA was a co-sponsor of the largest and most data-intensive longitudinal pulmonary function study of wood workers. The results of this 6-year study, conducted by researchers at Tulane University, were published in the peer-reviewed literature in 2008¹. Our interest in the Commission's proposal is based on helping to ensure that the best available science is brought to bear in setting workplace exposure limits for wood dust. With this in mind, we offer these comments on the proposal, focusing on the health and risk analyses set forth in the proposal.

The EU Risk Assessment is Incomplete and Does Not Represent the Best Available Science

The risk analysis used to support the proposal's 3 mg/m³ OEL stems from the Institute of Occupational Medicine (IOM) report on hardwood dust as part of the so-called SHEcan research project on carcinogens and mutagens in the workplace. The report was issued in May 2011².

As stated in section 1.4.3 of the report, the risk estimates used to assess the health impacts are taken from a pooled updated analysis (Demers et al. 1995)³ of several published studies of furniture and plywood mill workers. The authors of the pooled analysis reported SMRs for nasopharyngeal cancer (NPC) and sinonasal cancer. Our examination of this study shows the following:

Among furniture workers, there were seven cases of NPC, five cases of which are said to be associated with "definite exposure" to wood dust, and two cases, with "possible exposure." There were an additional two cases associated with "possible exposure" among plywood mill workers. For sinonasal cancer, there were eleven cases, one each associated with possible and probable exposure, and nine with definite exposure. All eleven cases were among furniture workers, nine of which were among British furniture workers with definite exposure to wood dust. The nine cases occurred among workers in High Wycombe, UK, as reported in (Acheson et al, 1984)⁴.

With regard to NPC, the International Agency for Research on Cancer (IARC) conducted an evaluation that was published in 1995 and made the following conclusions, "A number of case-control studies on NPC have reported an association with employment in wood-related occupations; however, confounding was not ruled out from those studies, and the largest study, from Denmark, in which exposure to wood dust was estimated, did not confirm the association. Overall, these studies provide suggestive but inconclusive evidence for a causal role of occupational exposure to wood dust in cancers of the nasopharynx." Consequently, this difference in data interpretation must be resolved prior to having the IOM report change the conclusions of IARC.

As further reported, the SMR values for sinonasal cancer were highest among workers first employed prior to 1940 (9 of 11 cases). For NPC, based on the cases among

furniture workers, the SMR values were highly elevated for workers first employed prior to 1950 (8 of the 9 cases).

Unfortunately, a key study published in 2013⁵ is not referenced in any of the materials connected with the Commission's proposal. The study we refer to is an update of furniture workers in High Wycombe where the initial studies reported the strong association of sinonasal cancers with wood dust exposure. Using records from the High Wycombe General Hospital, researchers identified 105 cases of nasal adenocarcinoma in wood workers during the period 1965-2012. All cases were exposed prior to the 1970s. The study demonstrated a dramatic decline in the incidence of nasal adenocarcinoma since improvements in the working conditions made during the 1960s and later. Based on statistical analysis, and taking latencies into account, the authors ruled out that the declining incidence could solely be attributed to a reduction in workforce. They note that the reduction of the carcinogenic effect most likely preceded a regulatory initiative in 1988 which included an OEL of 5 mg/m³ inhalable dust⁶. Referring to a period from the 1930s to the 1970s, they note that "It was known for many years that the dust levels in the workshop and factories were very high," even including the symptom of "choking." The SMR risk factor for sinonasal cancer used in the IOM report is driven by the mortality study of these workers exposed to extremely high levels of wood dust employed during this period of time⁴. Given that 8 of the 9 cases of nasopharyngeal cancer were among workers first employed prior to 1950, the corresponding SMR value is also expected to be driven by the then extant very high exposures.

In light of the preceding facts, it makes no sense to use those risk factors to calculate attributable fractions associated with current or future exposures, as is done in the IOM report.

In summary, we see no scientific justification for amending the current OEL of 5 mg/m³ for wood dust. We urge the Commission to give serious consideration to our comments and the supporting data. Please feel free to contact Stewart Holm, Chief Scientist, at 202-463-2709 on my staff if you have questions or need further information. Thank you for your consideration.

Respectfully submitted,



Paul Noe
Vice President, Public Policy

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Attachment 1: Trade Groups that endorse the content and conclusions of this letter.

Appalachian Hardwood Manufacturers, Inc.
Composite Panel Association
Hardwood Federation
Hardwood Manufacturers Association
Hardwood Plywood and Veneer Association
Kitchen Cabinet Manufacturers Association
Maple Flooring Manufacturers Association
National Hardwood Lumber Association
National Wood Flooring Association

References

1. Glindmeyer HW, Rando RJ, Lefante JJ, Freyder L, Brisolara JA, Jones RN Longitudinal respiratory health study of the wood processing industry. Am J Ind Med. 2008 Aug; 51(8):595-609
2. IOM Research Project: P937/1 2011 May, Hardwood Dust
3. Demers PA, Boffetta P, Kogevinas M, Blair A, Miller BA, Robinson CF, Roscoe RJ, Winter PD, Colin D, Matos E, et al. Pooled reanalysis of cancer mortality among five cohorts of workers in wood-related industries. Scand J Work Environ Health. 1995 Jun; 21(3):179-90
4. Acheson ED, Pippard EC, Winter PD. Mortality of English Furniture Makers. Scand J Work Environ Health. 1984 Aug; 10(4):211-7.
5. Rourke T, Grover S, Wager N, Capper J. Decreasing incidence of nasal adenocarcinoma in Wycombe woodworkers. Laryngos 2014 May;124(5):1078-82. Epub 2013 Dec 10.
6. The Control of Substances Hazardous to Health Regulations.1988 No. 1657 HEALTH AND SAFETY <http://www.legislation.gov.uk/uksi/1988/1657/made>