NTP convened a Peer Review Panel (“the Panel”) on January 24, 2018, to peer review the Draft Report on Carcinogens Monograph on Antimony Trioxide (available at https://ntp.niehs.nih.gov/go/38854). The Panel peer reviewed the draft monograph and provided its opinion on NTP’s draft conclusions for the level of evidence for carcinogenicity from human studies and experimental animal studies and NTP’s preliminary listing decision for antimony trioxide. NTP will consider the Panel’s peer review comments in finalizing the monograph. When completed, the monograph will be published on the NTP website (https://ntp.niehs.nih.gov/go/aboutroc). A meeting report will also be prepared and posted to the NTP website when completed.

The Panel concurred with the statement that a significant number of persons living in the United States are exposed to antimony trioxide.

The Panel voted unanimously (6 yes, 0 no, 0 abstentions) to accept NTP’s level of evidence conclusion that the data available from studies in humans are inadequate to evaluate the relationship between human cancer and exposure specifically to antimony trioxide or other antimony compounds.

The Panel voted unanimously (6 yes, 0 no, 0 abstentions) to accept NTP’s level of evidence conclusion of sufficient evidence of carcinogenicity for antimony trioxide from studies in experimental animals. This conclusion was based on increases in the incidences of malignant tumors and/or combined incidences of malignant and benign tumors at several tissue sites in two rodent species exposed to antimony(III) trioxide by inhalation. Increased incidences were observed for lung tumors, skin tumors, and lymphoma (whole body) in mice and lung and adrenal gland tumors in rats.

The Panel voted unanimously (6 yes, 0 no, 0 abstentions) to accept NTP’s preliminary policy decision that antimony trioxide should be listed in the Report on Carcinogens as reasonably anticipated to be a human carcinogen based on sufficient evidence from studies in experimental animals and supporting mechanistic data.