The Agency is about to participate in a conference in Kiev, Ukraine, entitled: "Chrysotile Asbestos: Risk Assessment & Management". Our agreement to participate has caused some concerns to which the Agency is sensitive.

An IARC scientist\(^1\) from the Section of Environment and Radiation, will deliver a talk at the invitation of collaborators at the Scientific Research Institute of Occupational Health, Russian Federation, who are joint organisers of the conference. IARC is currently collaborating with this Institute on a study of cancer in chrysotile workers in Asbest, Russia.

Agreement to participate in the conference has been made on the basis that IARC will not take part in or be signatory to any resolution emanating from the conference.

The peer-reviewed work to be presented (McCormack et al.)\(^2\) is an analysis of data from 55 asbestos cohorts from around the world which concludes that most types of asbestos fibres kill at least twice as many people through lung cancer as through mesothelioma. For chrysotile, the only asbestos fibre type being mined today, a small mesothelioma burden should not be interpreted as a small total cancer burden. The future chrysotile-related cancer burden will predominantly consist of lung cancer. The results being presented in Kiev are therefore entirely consistent with the overall assessment of the IARC Monograph program, that chrysotile, as all other forms of asbestos, is a Group 1 human carcinogen.

The Agency is aware of concerns about its participation in the conference but is convinced that the best science needs to be communicated to all stakeholders, in line with our mandate as a research organization.

The rationale and design features of the study of Russian chrysotile workers in which IARC is collaborating will soon be published in the scientific literature.

The Agency remains committed to providing the most reliable, independent scientific evidence on which others will base public health decisions.

\(^1\) V McCormack and J Schuz. Mesothelioma deaths as predictors of the asbestos-related lung cancer burden

\(^2\) Br J Cancer 2012;106(3):575-84.