

Note to readers with disabilities: *EHP* strives to ensure that all journal content is accessible to all readers. However, some figures and Supplemental Material published in *EHP* articles may not conform to [508 standards](#) due to the complexity of the information being presented. If you need assistance accessing journal content, please contact ehponline@niehs.nih.gov. Our staff will work with you to assess and meet your accessibility needs within 3 working days.

Supplemental Material

The Association of Arsenic Metabolism with Cancer, Cardiovascular Disease and Diabetes: A Systematic Review of the Epidemiological Evidence

Chin-Chi Kuo, Katherine A. Moon, Shu-Li Wang, Ellen Silbergeld, and Ana Navas-Acien

Table of Contents

PubMed and EMBASE database search strategies for arsenic metabolism and outcomes of interest

Medline/PubMed (Jan 25, 2016)

EMBASE (Jan 25, 2016)

Figure S1. Flow diagram of study selection process.

Table S1. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and cancers.

Table S2. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and cardiovascular diseases.

Table S3. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and metabolic syndrome and diabetes.

Figure S2. Variability of arsenic metabolism biomarkers in the study populations after excluding studies without direct measurement of arsenic exposure(Li et al. 2013a; Melak et al. 2014; Steinmaus et al. 2006)

References

PubMed and EMBASE database search strategies for arsenic metabolism and outcomes of interest

Medline/PubMed (Jan 25, 2016):

Strategy: We combined the results for three major concepts (#1 to #3 below using “AND”) with restriction to human studies (#4 using “NOT”).

#1. Arsenic [32,451 results]: "Arsenic"[Mesh] OR "Arsenic Poisoning"[Mesh] OR "Arsenicals"[Mesh] OR "Arsenic"[tw] OR "Arsenic Poisoning"[tw] OR "Arsenicals"[tw] OR arsenite OR arsenate OR arsenicals

#2. Metabolism [6,801,179 results]: "Metabolism"[Mesh] OR "metabolism" [Subheading] OR "Metabolic Networks and Pathways"[Mesh] OR "Carbohydrate Metabolism"[Mesh] OR "Lipid Metabolism"[Mesh] OR "Glucose Metabolism Disorders"[Mesh] OR "Secondary Metabolism"[Mesh] OR "Lipid Metabolism Disorders"[Mesh] OR "Pyruvate Metabolism, Inborn Errors"[Mesh] OR "Purine-Pyrimidine Metabolism, Inborn Errors"[Mesh] OR "Phosphorus Metabolism Disorders"[Mesh] OR "Metal Metabolism, Inborn Errors"[Mesh] OR "Amino Acid Metabolism, Inborn Errors"[Mesh] OR "Steroid Metabolism, Inborn Errors"[Mesh] OR "Iron Metabolism Disorders"[Mesh] OR "Metabolism, Inborn Errors"[Mesh] OR "Lipid Metabolism, Inborn Errors"[Mesh] OR "Energy Metabolism"[Mesh] OR "Carbohydrate Metabolism, Inborn Errors"[Mesh] OR "Calcium Metabolism Disorders"[Mesh] OR "Methylation"[Mesh] OR "DNA Methylation"[Mesh] OR “Arsenic metabolism” OR “Arsenic methylation”

#3. Health outcome measures [8,091,941 results]: [Cancer] cancer[*sb*] OR [Cardiovascular diseases] "Atherosclerosis"[Mesh] OR "Carotid Artery Diseases"[Mesh] OR "Coronary Artery Disease"[Mesh] OR "Cardiovascular Diseases"[Mesh] OR "Myocardial Infarction"[Mesh] OR "Stroke"[Mesh] OR "Cerebrovascular Disorders"[Mesh] OR "Peripheral Vascular Diseases"[Mesh] OR "Peripheral Arterial Disease"[Mesh] OR "Mortality"[Mesh] OR atherosclerosis OR arteriosclerosis OR "cardiovascular disease" OR “cardiovascular diseases” OR

"myocardial infarction" OR stroke OR "cerebrovascular disease" OR "peripheral vascular disease" OR "peripheral arterial disease" OR mortality OR "blackfoot disease" OR "infarct*" OR "ischemia" OR "ischemic heart disease" OR "heart diseases" OR **[Diabetes related outcome]** "obesity"[mh] OR "body mass index"[mh] OR "weight gain"[mh] OR "adipogenesis"[mh] OR "adipose tissue"[mh] OR "adipokines"[mh] OR "adiponectin"[mh] OR "leptin"[mh] OR resistin[mh]) OR ("diabetes mellitus"[mh] OR "glucose metabolism disorders"[mh] OR "insulin"[mh] OR "insulin resistance"[mh] OR "blood glucose"[mh] OR "islets of langerhans"[mh]) OR "body composition"

#4. Animal Study [4,188,771 results]: ["animals"[MeSH Terms] NOT ("humans"[MeSH Terms] AND "animals"[MeSH Terms])]

EMBASE (Jan 25, 2016):

Strategy: We combined the results for three major concepts (#1 to #3 below using "AND") with restriction to human studies (#4 using "NOT").

#1. Arsenic [27,218 results]: 'arsenic'/exp OR 'arsenic poisoning'/exp OR arsenic AND poisoning OR 'arsenicals'/exp OR arsenicals OR arsenite OR arsenate

#2. Metabolism [4,589,864 results]: 'metabolism'/exp OR metabolism OR 'methylation'/exp OR methylation OR 'arsenic methylatoxin' OR 'arsenic metabolism'

#3. Health outcome measures [8,997,148 results]: **[Cancer]**'cancer'/exp OR cancer OR 'neoplasm'/exp OR neoplasm OR 'malignancy' OR 'malignant' OR **[Cardiovascular diseases]** 'carotid artery diseases'/exp OR 'carotid artery diseases' OR 'coronary artery disease'/exp OR 'coronary artery disease' OR 'cardiovascular diseases'/exp OR 'cardiovascular diseases' OR 'myocardial infarction' OR 'myocardial infarction'/exp OR stroke OR 'stroke'/exp OR 'stroke' OR 'cerebrovascular disorders' OR 'cerebrovascular disorders'/exp OR 'peripheral vascular diseases' OR 'peripheral vascular diseases'/exp OR 'peripheral arterial diseases' OR 'peripheral arterial

diseases'/exp OR 'mortality' OR 'mortality'/exp OR 'atherosclerosis'/exp OR 'atherosclerosis' OR atherosclerosis OR 'arteriosclerosis'/exp OR 'arteriosclerosis' OR arteriosclerosis OR 'blackfoot disease'/exp OR 'blackfoot disease' OR 'infarct'/exp OR 'infarct' OR infarct OR 'ischemia'/exp OR 'ischemia' OR ischemia OR 'ischemic heart disease'/exp OR 'ischemic heart disease' OR 'heart disease'/exp OR 'heart disease' OR **[Diabetes related outcome]** 'diabetes' OR 'diabetes'/exp OR diabetes OR 'obesity' OR 'obesity'/exp OR obesity OR 'body mass index'/exp OR 'body mass index' OR 'weight gain'/exp OR 'weight gain' OR 'adipogenesis' OR 'adipogenesis'/exp OR adipogenesis OR 'adipose tissue'/exp OR 'adipose tissue' OR 'adipokines' OR 'adipokines'/exp OR adipokines OR 'adiponectin' OR 'adiponectin'/exp OR adiponectin OR 'leptin' OR 'leptin'/exp OR leptin OR 'resistin' OR 'resistin'/exp OR resistin OR 'glucose metabolism disorders'/exp OR 'glucose metabolism disorders' OR 'insulin' OR 'insulin'/exp OR insulin OR 'insulin resistance'/exp OR 'insulin resistance' OR 'blood glucose'/exp OR 'blood glucose' OR 'islets of langerhans'/exp OR 'islets of langerhans' OR 'body composition'/exp OR 'body composition'

#4. Animal Study [4,588,327 results]: 'animal'/exp NOT ('animal'/exp AND 'human'/exp)

Figure S1. Flow diagram of study selection process.

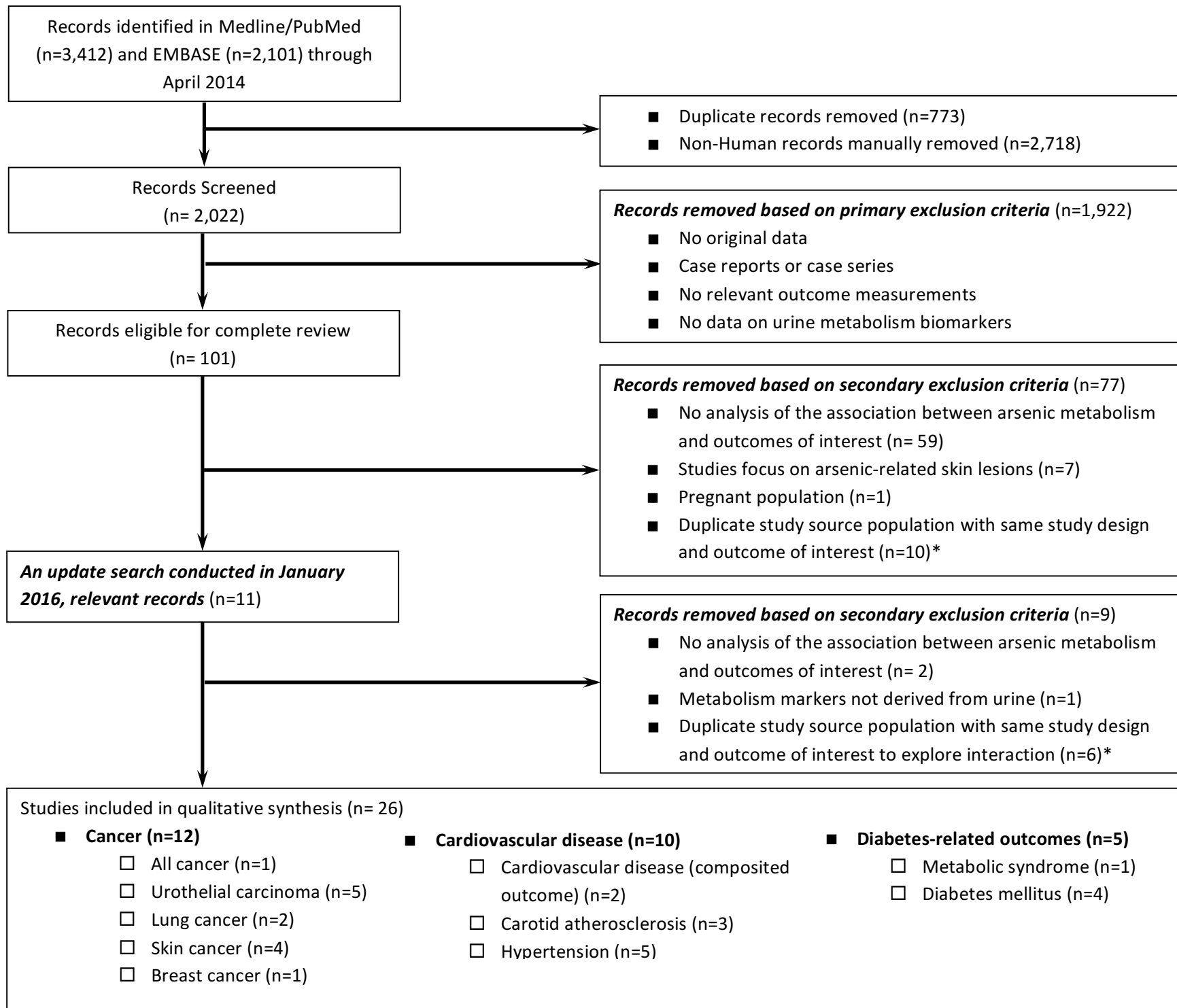


Table S1. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and cancers.

Note: Y: Yes; N: No; —: No relevant to the study design.

Quality Criteria

All studies

- Did the authors report all proportions of arsenic metabolism?
- Did the authors report both primary and secondary arsenic methylation indices ?
- Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?
- Did the authors present internal comparisons within study participants?
- Did the authors control for potential confounding risk factors at least including age, sex, and smoking?
- Did the authors control for total arsenic exposure?

Follow-up studies

- Was loss to follow up independent of exposure?
- Was the intensity of search of disease independent of exposure status?

Case-control and cross-sectional studies?

- Were the data collected in a similar manner for all participants?
- Were the same exclusion criteria applied to all participants?
- Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?
- Was the interviewer blinded with respect to the case status of the person interviewed?
- Was the response rate among non-cases at least 70%?
- Were all cases interviewed within 6 months of diagnosis?
- Was the study based on incident cases of diseases?
- Were noncases people who, had they developed the disease, would have been cases?

	<i>Chung et al. 2009</i>	<i>Chen et al. 2003b</i>	<i>Steinmaus et al. 2006</i>	<i>Pu et al. 2007</i>	<i>Huang et al. 2008</i>	<i>Melak et al. 2014</i>	<i>Steinmaus et al. 2010</i>	<i>Hsueh et al. 1997</i>	<i>Yu et al. 2000</i>	<i>Chen et al. 2003a</i>	<i>Gilbert-Diamond et al. 2013</i>	<i>Lopez-Carrillo et al. 2014</i>
Did the authors report all proportions of arsenic metabolism?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did the authors report both primary and secondary arsenic methylation indices ?	N	Y	N	Y	Y	N	N	Y	N	Y	Y	Y
Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
Did the authors present internal comparisons within study participants?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did the authors control for potential confounding risk factors at least including age, sex, and smoking?	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y
Did the authors control for total arsenic exposure?	N	Y	N	N	Y	N	Y	N	N	Y	Y	Y
Was loss to follow up independent of exposure?	N	—	—	—	N	—	—	Y	—	—	—	—
Was the intensity of search of disease independent of exposure status?	Y	—	—	—	Y	—	—	Y	—	—	—	—
Were the data collected in a similar manner for all participants?	—	Y	Y	Y	—	Y	Y	—	Y	Y	Y	Y
Were the same exclusion criteria applied to all participants?	—	Y	Y	Y	—	Y	Y	—	Y	Y	Y	Y
Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?	—	Y	N	N	—	N	N	—	N	Y	Y	Y
Was the interviewer blinded with respect to the case status of the person interviewed?	—	N	N	N	—	N	N	—	N	N	Y	N
Was the response rate among non-cases at least 70%?	—	Y	N	N	—	N	N	—	N	Y	Y	Y
Were all cases interviewed within 6 months of diagnosis?	—	N	N	N	—	N	N	—	N	N	N	Y
Was the study based on incident cases of diseases?	—	Y	Y	N	—	N	Y	—	N	Y	Y	Y
Were noncases people who, had they developed the disease, would have been cases?	—	N	Y	N	—	Y	Y	—	N	N	Y	Y

Table S2. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and cardiovascular diseases. Note: Y: Yes; N: No; —: No relevant to the study design.

Quality Criteria

All studies

- Did the authors report all proportions of arsenic metabolism?
- Did the authors report both primary and secondary arsenic methylation indices?
- Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?
- Did the authors present internal comparisons within study participants?
- Did the authors control for potential confounding risk factors at least including age, sex, and smoking?
- Did the authors control for total arsenic exposure?

Follow-up studies

- Was loss to follow up independent of exposure?
- Was the intensity of search of disease independent of exposure status?

Case-control and cross-sectional studies

- Were the data collected in a similar manner for all participants?
- Were the same exclusion criteria applied to all participants?
- Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?
- Was the interviewer blinded with respect to the case status of the person interviewed?
- Was the response rate among eligible participants or non-cases at least 70%?
- Were all cases interviewed within 6 months of diagnosis?
- Was the study based on incident cases of diseases?
- Were noncases people who, had they developed the disease, would have been cases?

	<i>Moon et al.</i> 2013	<i>Chen et al.</i> 2013b	<i>Wu et al.</i> 2006	<i>Huang et al.</i> 2009	<i>Chen et al.</i> 2013a	<i>Huang et al.</i> 2007	<i>Wang et al.</i> 2011	<i>Li et al.</i> 2013a	<i>Li et al.</i> 2013b	<i>Mendez et al.</i> 2016
Did the authors report all proportions of arsenic metabolism?	Y	Y	N	Y	Y	Y	N	Y	Y	Y
Did the authors report both primary and secondary arsenic methylation indices?	Y	Y	N	Y	Y	Y	N	N	N	N
Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did the authors present internal comparisons within study participants?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did the authors control for potential confounding risk factors at least including age, sex, and smoking?	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Did the authors control for total arsenic exposure?	Y	Y	Y	Y	N	Y	N	N	N	Y
Follow-up studies	Y	Y	Y							
Was loss to follow up independent of exposure?	Y	Y	Y	—	—	—	N	—	—	—
Was the intensity of search of disease independent of exposure status?	Y	Y	Y	—	—	—	Y	—	—	—
Case-control and cross-sectional studies			Y							
Were the data collected in a similar manner for all participants?	—	—	Y	Y	Y	Y	—	Y	Y	Y
Were the same exclusion criteria applied to all participants?	—	—	Y	Y	Y	Y	—	Y	Y	Y
Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?	—	—	Y	Y	Y	Y	—	Y	Y	Y
Was the interviewer blinded with respect to the case status of the person interviewed?	—	—	N	—	—	—	—	—	—	—
Was the response rate among eligible participants or non-cases at least 70%?	—	—	Y	N	Y	N	—	Y	Y	N
Were all cases interviewed within 6 months of diagnosis?	—	—	N	—	—	—	—	—	—	—
Was the study based on incident cases of diseases?	—	—	N	—	—	—	—	—	—	—
Were noncases people who, had they developed the disease, would have been cases?	—	—	Y	—	—	—	—	—	—	—

Table S3. Quality criteria applied and evaluation of the design and data analysis issued in selected studies on the relation between arsenic metabolism and metabolic syndrome and diabetes. Note: Y: Yes; N: No; —: No relevant to the study design.

Quality Criteria

All studies

- Did the authors report all proportions of arsenic metabolism?
- Did the authors report both primary and secondary arsenic methylation indices ?
- Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?
- Did the authors present internal comparisons within study participants?
- Did the authors control for potential confounding risk factors at least including Age and sex?
- Did the authors control for total arsenic exposure?

Follow-up studies

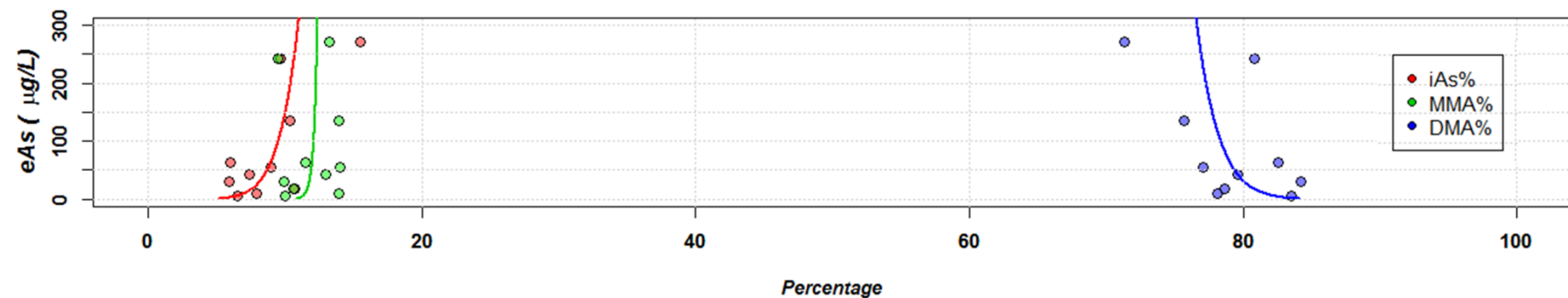
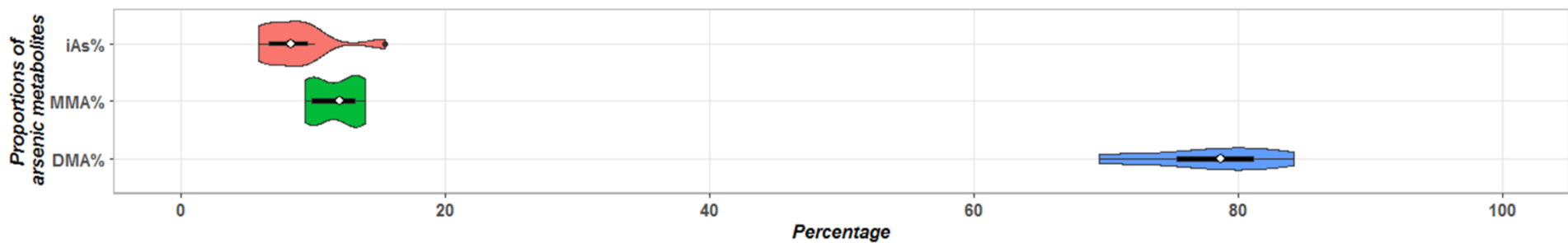
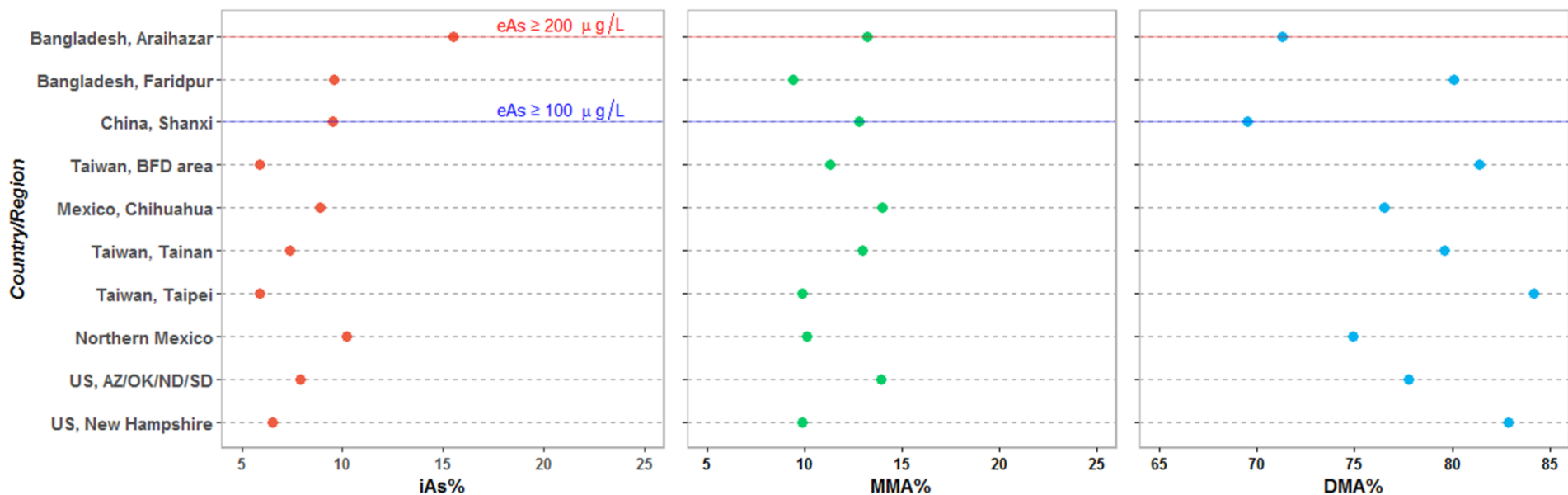
- Was loss to follow up independent of exposure?
- Was the intensity of search of disease independent of exposure status?

Case-control and cross-sectional studies

- Were the data collected in a similar manner for all participants?
- Were the same exclusion criteria applied to all participants?
- Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?
- Was the interviewer blinded with respect to the case status of the person interviewed?
- Was the response rate among eligible participants or non-cases at least 70%?
- Were all cases interviewed within 6 months of diagnosis?
- Was the study based on incident cases of diseases?
- Were noncases people who, had they developed the disease, would have been cases?

	Chen et al. 2012	Del Razo et al. 2011	Nizam et al. 2013	Kuo et al. 2015	Mendez et al. 2016
Did the authors report all proportions of arsenic metabolism?	Y	N	Y	Y	Y
Did the authors report both primary and secondary arsenic methylation indices ?	Y	Y	Y	Y	N
Were outcomes based on objective tests or standard criteria in $\geq 90\%$ of study participants?	Y	Y	Y	Y	Y
Did the authors present internal comparisons within study participants?	Y	Y	Y	Y	Y
Did the authors control for potential confounding risk factors at least including Age and sex?	N	Y	Y	Y	Y
Did the authors control for total arsenic exposure?	N	N	Y	Y	Y
Was loss to follow up independent of exposure?	—	—	—	Y	—
Was the intensity of search of disease independent of exposure status?	—	—	—	Y	—
Were the data collected in a similar manner for all participants?	Y	Y	Y	—	Y
Were the same exclusion criteria applied to all participants?	Y	Y	Y	—	Y
Was the time period over which cases and noncases or exposed and nonexposed participants were interviewed the same?	Y	Y	Y	—	Y
Was the interviewer blinded with respect to the case status of the person interviewed?	—	—	N	—	—
Was the response rate among eligible participants or non-cases at least 70%?	—	N	N	—	N
Were all cases interviewed within 6 months of diagnosis?	—	—	N	—	—
Was the study based on incident cases of diseases?	—	—	N	—	—
Were noncases people who, had they developed the disease, would have been cases?	Y	—	Y	—	—

Figure S2. Variability of arsenic metabolism biomarkers in the study populations after excluding studies without direct measurement of arsenic exposure (Li et al. 2013a; Melak et al. 2014; Steinmaus et al. 2006) Top panel: The distribution of each arsenic metabolism biomarker (iAs%, MMA%, DMA%) is plotted for each study listed in increasing order (from bottom to top) of the estimated urine arsenic levels in (eAs, $\mu\text{g/L}$) in the study area. Middle panel, violin plot showing the median (hollow circle) with interquartile range (horizontal bar) and the kernel probability density for each arsenic metabolism biomarker (iAs%, MMA%, DMA%) across all studies. Bottom panel, the prediction curve (line) (right for iAs%, central for MMA%, and left for DMA%) derived from the compositional regression of each arsenic metabolism biomarker based on estimated urine arsenic levels (eAs, $\mu\text{g/L}$). The right increasing curve supports that iAs% increases as eAs increases and the left decreasing curve supports that DMA% decreases as eAs increases. The central curve supports that MMA% does not change with changes in eAs concentrations as the line is vertical.



References:

Chen JW, Wang SL, Wang YH, Sun CW, Huang YL, Chen CJ, et al. 2012. Arsenic methylation, gsto1 polymorphisms, and metabolic syndrome in an arseniasis endemic area of southwestern taiwan. *Chemosphere* 88:432-438.

Chen Y, Wu F, Graziano JH, Parvez F, Liu M, Paul RR, et al. 2013a. Arsenic exposure from drinking water, arsenic methylation capacity, and carotid intima-media thickness in bangladesh. *American journal of epidemiology* 178:372-381.

Chen Y, Wu F, Liu M, Parvez F, Slavkovich V, Eunus M, et al. 2013b. A prospective study of arsenic exposure, arsenic methylation capacity, and risk of cardiovascular disease in bangladesh. *Environmental health perspectives* 121:832-838.

Chen YC, Guo YL, Su HJ, Hsueh YM, Smith TJ, Ryan LM, et al. 2003a. Arsenic methylation and skin cancer risk in southwestern taiwan. *Journal of occupational and environmental medicine / American College of Occupational and Environmental Medicine* 45:241-248.

Chen YC, Su HJ, Guo YL, Hsueh YM, Smith TJ, Ryan LM, et al. 2003b. Arsenic methylation and bladder cancer risk in taiwan. *Cancer causes & control : CCC* 14:303-310.

Chung CJ, Hsueh YM, Bai CH, Huang YK, Huang YL, Yang MH, et al. 2009. Polymorphisms in arsenic metabolism genes, urinary arsenic methylation profile and cancer. *Cancer causes & control : CCC* 20:1653-1661.

Del Razo LM, Garcia-Vargas GG, Valenzuela OL, Castellanos EH, Sanchez-Pena LC, Currier JM, et al. 2011. Exposure to arsenic in drinking water is associated with increased prevalence of diabetes: A cross-sectional study in the zimapan and lagunera regions in mexico. *Environmental health : a global access science source* 10:73.

Gilbert-Diamond D, Li Z, Perry AE, Spencer SK, Gandolfi AJ, Karagas MR. 2013. A population-based case-control study of urinary arsenic species and squamous cell carcinoma in new hampshire, USA.

Environmental health perspectives 121:1154-1160.

Hsueh YM, Chiou HY, Huang YL, Wu WL, Huang CC, Yang MH, et al. 1997. Serum beta-carotene level, arsenic methylation capability, and incidence of skin cancer. Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology 6:589-596.

Huang YK, Tseng CH, Huang YL, Yang MH, Chen CJ, Hsueh YM. 2007. Arsenic methylation capability and hypertension risk in subjects living in arseniasis-hyperendemic areas in southwestern taiwan. Toxicology and applied pharmacology 218:135-142.

Huang YK, Huang YL, Hsueh YM, Yang MH, Wu MM, Chen SY, et al. 2008. Arsenic exposure, urinary arsenic speciation, and the incidence of urothelial carcinoma: A twelve-year follow-up study. Cancer causes & control : CCC 19:829-839.

Huang YL, Hsueh YM, Huang YK, Yip PK, Yang MH, Chen CJ. 2009. Urinary arsenic methylation capability and carotid atherosclerosis risk in subjects living in arsenicosis-hyperendemic areas in southwestern taiwan. The Science of the total environment 407:2608-2614.

Kuo CC, Howard BV, Umans JG, Gribble MO, Best LG, Francesconi KA, et al. 2015. Arsenic exposure, arsenic metabolism, and incident diabetes in the strong heart study. Diabetes Care 38:620-627.

Li X, Li B, Xi S, Zheng Q, Lv X, Sun G. 2013a. Prolonged environmental exposure of arsenic through drinking water on the risk of hypertension and type 2 diabetes. Environmental science and pollution research international 20:8151-8161.

Li X, Li B, Xi S, Zheng Q, Wang D, Sun G. 2013b. Association of urinary monomethylated arsenic concentration and risk of hypertension: A cross-sectional study from arsenic contaminated areas in northwestern china. Environmental health : a global access science source 12:37.

Lopez-Carrillo L, Hernandez-Ramirez RU, Gandolfi AJ, Ornelas-Aguirre JM, Torres-Sanchez L, Cebrian ME. 2014. Arsenic methylation capacity is associated with breast cancer in northern Mexico. *Toxicology and applied pharmacology* 280:53-59.

Melak D, Ferreccio C, Kalman D, Parra R, Acevedo J, Perez L, et al. 2014. Arsenic methylation and lung and bladder cancer in a case-control study in northern Chile. *Toxicology and applied pharmacology* 274:225-231.

Mendez MA, Gonzalez-Horta C, Sanchez-Ramirez B, Ballinas-Casarrubias L, Ceron RH, Morales DV, et al. 2016. Chronic exposure to arsenic and markers of cardiometabolic risk: A cross-sectional study in Chihuahua, Mexico. *Environmental health perspectives* 124:104-111.

Moon KA, Guallar E, Umans JG, Devereux RB, Best LG, Francesconi KA, et al. 2013. Association between exposure to low to moderate arsenic levels and incident cardiovascular disease. A prospective cohort study. *Annals of internal medicine* 159:649-659.

Nizam S, Kato M, Yatsuya H, Khalequzzaman M, Ohnuma S, Naito H, et al. 2013. Differences in urinary arsenic metabolites between diabetic and non-diabetic subjects in Bangladesh. *International journal of environmental research and public health* 10:1006-1019.

Pu YS, Yang SM, Huang YK, Chung CJ, Huang SK, Chiu AW, et al. 2007. Urinary arsenic profile affects the risk of urothelial carcinoma even at low arsenic exposure. *Toxicology and applied pharmacology* 218:99-106.

Steinmaus C, Bates MN, Yuan Y, Kalman D, Atallah R, Rey OA, et al. 2006. Arsenic methylation and bladder cancer risk in case-control studies in Argentina and the United States. *Journal of occupational and environmental medicine / American College of Occupational and Environmental Medicine* 48:478-488.

Steinmaus C, Yuan Y, Kalman D, Rey OA, Skibola CF, Dauphine D, et al. 2010. Individual differences in arsenic metabolism and lung cancer in a case-control study in cordoba, argentina. *Toxicology and applied pharmacology* 247:138-145.

Wang SL, Li WF, Chen CJ, Huang YL, Chen JW, Chang KH, et al. 2011. Hypertension incidence after tap-water implementation: A 13-year follow-up study in the arseniasis-endemic area of southwestern taiwan. *The Science of the total environment* 409:4528-4535.

Wu MM, Chiou HY, Hsueh YM, Hong CT, Su CL, Chang SF, et al. 2006. Effect of plasma homocysteine level and urinary monomethylarsonic acid on the risk of arsenic-associated carotid atherosclerosis. *Toxicology and applied pharmacology* 216:168-175.

Yu RC, Hsu KH, Chen CJ, Froines JR. 2000. Arsenic methylation capacity and skin cancer. *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology* 9:1259-1262.