



**Legend:**

Systematic literature searches were conducted to update epidemiologic, animal, and *in vitro* bodies of evidence to select the most appropriate health endpoint associated with exposure to fluoride in drinking water, and then to derive a point of departure to inform a health-based value for daily consumption of fluoride in drinking water. Weight of evidence assessments were conducted on all health endpoints examined, considering all streams of evidence and including risk of bias assessments on original studies. Bradford Hill considerations were then used for assessing causality on selected endpoints for which the weight of evidence for causality was strongest. In addition to dental fluorosis, other endpoints, including reduction in children's IQ, were considered when deriving points of departure using dose-response modelling and urine-to-drinking water conversions.