

FROM Carl R. Hopper AT Harmarville DATE March 7, 1980
O Distribution * AT REFERENCE 5.2.0
SUBJECT CMA - VINYL CHLORIDE TECHNICAL PANEL MEETING

Dr. Wen and I attended the Vinyl Chloride Technical Panel Meeting on March 4, 1980. In general, this meeting was held to discuss and evaluate additional proposals concerning the "Epidemiological Study of Vinyl Chloride Workers" that was prepared by Equitable Environmental Health, Inc. for CMA, report dated January, 1978. The proposals to the panel, along with an introduction and background information regarding the epidemiological study, is outlined in the attached CMA document, dated February 29, 1980. Attached to that proposal is a panel survey of Interest and Possible Financial Support Sheet for member companies to fill out. However, by the end of the VC Technical Panel Meeting (see attached meeting notes) it was determined that a new survey of Interest and Possible Financial Support Sheet has to be drawn up and distributed to member companies.

The total funding for the proposed additional studies and the five-year epidemiological update on vinyl chloride will run in the neighborhood of \$150,000 to \$170,000. This amount will be pro-rated among the participating companies. The present Vinyl Chloride Special Project financial statement indicates that there are no funds available for these proposed commitments.

A second item of interest was the March 20-21, 1980 OSHA/NIOSH/NIEHS "Conference to Reevaluate the Toxicity of Vinyl Chloride, Polyvinyl Chloride, and Structural Analogues". A copy of the tentative agenda for this meeting is attached. It is thought by some individuals that the meeting that the government is planning is to try and lower the permissible exposure limit for vinyl chloride and to try and regulate the exposure level to polyvinyl chloride dust below the 15 mg/m³ TWA. OSHA has recently requested information on VC and PVC. The "Epidemiological Study of Vinyl Chloride Workers", as referenced in the first paragraph, has been sent to OSHA and accepted. Interestingly, OSHA rejected reviews and another study submitted by CMA.

CHR/mrk



Attachments

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Dr. R. L. Gibson
Dr. W. A. McClellan
Dr. R. T. Cheng
Mr. B. H. Gambrill
Mr. C. R. Grimes
Dr. H. N. MacFarland
Mr. H. E. Runion
Mr. R. E. Rutherford
Dr. C. O. Ward
Dr. C. P. Wen

CUSAROSS 01353

CMA - VINYL CHLORIDE TECHNICAL PANEL MEETING

March 4, 1980

I. Attendance

Torkelson	--	Dow (Chairman)
Seawell	--	CMA
Kiskland	--	Shell
Wheller	--	Union Carbide
Parks	--	Firestone
Broddle	--	Conoco
Abramowitz	--	Hooker
Gabbett	--	Georgia Pacific
Cohen	--	Great American
Harris	--	Uniroyal
Sauerkoff	--	Stauffer
Johnson	--	Goodyear
Wen	--	Gulf
Hopper	--	Gulf
Bell	--	PPG
Reed	--	Tenneco
Blakeslee	--	Certain-teed

II. Agenda

- 1.0 Status - 5 yr. update, basic epidemiological study by Equitable Environmental Health, Inc. (EEH)
- 2.0 Review of plans for raw data assessment and evaluation by EEH for brain study and 5 year update.
- 3.0 Review of the preparatory work for the OSHA March 20, 21, 1980 VCM & PVC Conference in Bethesda, Maryland.
- 4.0 Status Report on current research.
 - a. Domestic
 - b. International

III. Discussion

A. Agenda reference 3.0.

Discussion on the OSHA/NIOSH/NIEHS Conference. Tentative schedule is supplied.

- 1. Epidemiological study of VCM by EEH/MCA was accepted for the conference.
- 2. Other data not accepted by OSHA
 - a. Review of sarcoma records for VCM.
 - b. Statistical review of Mattoni's paper.
 - c. Other study, but could not remember exact study.
- 3. Extention to May 9, 1980 - deadline for OSHA request for information.

4. Rumor - Joe Wagoner has a bomb shell to drop. OSHA trying to build a record for standard for PVC dust and possible to lower level of exposure to vinyl chloride.
5. Symposium, in an open forum, seats 400 people. Reserve early to participate.

B. Agenda reference 1.0

VC Epidemiological Studies

1. Do not have to use EHA as the contractor, but can ask for bids.
2. Timing of follow-up of brain cancer cases is critical. Controversial issue here, thus need to act quickly.
3. Need agreement of 31 companies to update data. Taking list of survivors in 1972 and checking to see what deaths have occurred. (5 year update)
4. Comment that we may find out what we do not want to know with regards to brain cancer. If company has a brain cancer questionable incidence, which Union Carbide has, then should people be contacted. Union Carbide does not want any contact with families.
5. Proposed and seconded that middle paragraph on Page 4 of CMA will be deleted and that middle paragraph Page 2 of EHA will be inserted with changing of the wording of may be to will be. Last sentence is deleted from this paragraph. This was accepted by the group.
6. Dr. Wen pointed out that we do not have a protocol that provides a case control study. This was acknowledged by Dr. Torkelson. It was noted by Mr. Seawell that data was moved from Rockville, Maryland to EHA in California.
 - a. Should consider what else could cause brain cancer, besides vinyl chloride. Six of the 12 cancers reported are in Louisville.
 - b. Is there another approach besides a case control? Dr. Wen stated that it is more efficient and economical to perform the case control study. For a case control study need to consider health factors such as life style, smoking, family interviews, etc. If there are doubts as to the 12 cancer cases, need to clarify the existing data. If brain cancer believed to be due to VCM, then should do a case control study. Dr. Wen, recommends to do a case control on the 12 cancers, and then a follow-up of case controls on any other brain cancers uncovered in the 5 years update. Discussion followed.
 - c. Dr. Wen motioned and was seconded that we request a revised protocol with a cost estimate for a proposal for a case control study. What we need is a statistical evaluation, instead of a clinical evaluation. Motion passed-cost to be roughly \$30,000 to \$40,000.
 - d. What we don't know is whether those people with brain tumors had other types of tumors. Also, don't know what type of brain tumors these 12 are. All of cohorts are white males. For a case study need to match up certain parameters, but not all.

- e. EEH has the inside track and will be asked to prepare an evaluation and protocols, but protocols are the property of CMA. CMA can, if the sponsoring companies want, go to competitive bidding.

C. Agenda reference 2.0

Consider Plan A, B, and C

1. *Plan A*: Need to request from member companies information as to those people alive in January, 1973 and follow through to December, 1977. If established that the person is alive, then not interested anymore. If person is dead, then need to know where and when. Companies need to state if the person is dead or alive or don't know. This plan was motioned, seconded, and approved.
2. *Plan B*: Besides *Plan A*, proposed that existing data base be augmented by an additional 3,300 cohort members where job-histories are now deficient. Question as to what the 3,300 figure is, and where did it come from. Needs to be resolved. Telephone call to EHA indicated that these 3,300 are in the 9,000 but also exposed to other materials, beside vinyl chloride. For example, the work history of one individual could be:

1969-1970 - VC
1970-1974 - ??
1974-1978 - VC

Question from the floor:

Would records allow additional data to be generated by basic plant differences:

- 1) VCM production
- 2) Dispersion of PVC
- 3) All others

This question was discussed in some length, but not acted on until later in the meeting. (See D.3)

3. *Plan C*: Adding to *Plan A* and *Plan B* additional study data from plants for all individuals employed since 1972. Short term benefits, there is none. Long term benefits as opposed to just keeping the required OSHA records and then evaluating say 15 years down the line. Dr. Wen indicated that a cancer case registry would give additional data that could not be obtained from the OSHA required record keeping. In general, however, the idea of a case registry for VCM was not receptive at this meeting.

Both Plan B and Plan C have been put in advance indefinitely. Thus, no action was taken at this time. This is number 4.4 and 4.5 of panel survey.

D. Other considerations not in agenda.

1. Motioned that EHA be asked to identify what are the gaps for the 3,300 cohorts. Motioned, seconded, and approved.
2. Motioned, seconded and approved to delete number 5 of panel survey.
3. Motioned and seconded to request cost of the analyses of data on basis of:
 - a. VCM production
 - b. Emulsion or Dispersion of Polymynerization, excluding latex
 - c. All othersA cost estimate not to exceed \$10,000 was added to the motion for the above project. Need to look at particularly respiratory deaths and all others. The motion was approved.

E. Agenda reference 1.0 and 2.0.

It was decided that a new "Survey of Interest and Possible Financial Support Inquiry Sheet" would be drawn up to reflect the passed motions and considerations of this meeting. This new inquiry sheet will be sent to all member companies for their action.

F. Agenda reference 4.0

1. IBT test. Chronic Vapor Inhalation study of vinyl chloride. It is in litigation, so far no action. It has not been audited by CMA.
2. Literature Survey. SPI would like a complete survey and reviews on several major issues with regards to VCM.

IV. Meeting Adjourned

CRH/mrk