CAMBRIDGE

TO: E. St Wood DATE: 4 February 1982

FROM: H. A. Eschenbach SUBJECT: Epidemiology Consultants

I have checked various sources with respect to the qualifications and other qualities of Richard R. Monson who has been recommended to us as a consultant on the Libby study. Monson, who is at Harvard, did the review of the Libby protocol for us in October 81. Attached is a copy in case yours is not readily available.

Monson is supposedly the "best in the country" with respect to mortality epidemiology. However, there is another potential consultant at Boston University who has extensive experience in respiratory disease epidemiology and asbestos-related epidemiology. He is a clinical physician named Edward Geissler. At this point, I don't know whether we should look at him and consider him as an "either-or" with Monson.

Have you any thoughts?

H. A. Eschenbach

HAE/cs

attachment

General

This protocol is a fairly standard design from NIOSH. The proposal is well within the realm of mainstream epidemiology. NIOSH is very experienced in studies such as this, and I believe that they have the capability to carry it out properly.

Specific

No number of persons to be studied is mentioned. The cost and the timing depends heavily upon the number of persons. Therefore, it is difficult to evaluate the time table. The 2 year estimate for the mortality study is reasonable if there are no more than several thousand persons, but may be ambitious if there are more.

Page 2 - 2(a): I question whether a suitable external "non-exposed" population can be identified. The same procedures must be applied to this population as to the "exposed" population. The only realistic external population is another group within W.R. Grace. I suspect that only internal comparisons will be possible.

2(b): Same comment as 2(a).

(3) Mortality

Page 3 (1): I question whether it will be possible to get smoking information in the mortality study. If such information is available from company records, it would be quite valuable. Typically, however, smoking information is not available in occupational mortality studies. Interpretation of data from these studies must consider the possibility that

~~cigarette smoking has contributed to any excesses that are found.~~

In the mortality study, it is indeed important to include persons with long latencies, i.e. persons who started work many years ago. Therefore, to the extent that it's possible, all persons who were employed on or after 1/1/40 should be identified and followed.

I agree that it is most efficient to microfilm all personnel records and to exclude persons later. The only reason not to include short-term workers is that they will be more difficult to trace and will add to the cost of the study. Scientifically, it is preferable to include as many employees as possible.

The general design of the mortality study is standard.

Page 6 (A) (1): Under tenure in job, specifically must be included the dates and length of employment. While it is useful to get occupational history "when not employed by Grace", this is not always possible. It probably is impossible for persons who terminate and who take up other employment.

Page 7 1 - 2 days to microfilm records seems short. It clearly depends ~~upon the number of persons to be included.~~

The general timing seems appropriate for a study of moderate size.

Page 8 Grace may wish to consider having an independent ~~analysis of the~~ data. I am experienced in these analyses.

Richard R. Monson, M.D.,Sc.D.
10/27/81

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10/28/81

Dr. Harold H. Borgstedt
W.R. Grace & Co.
62 Whittemore Ave.
Cambridge, Mass. 02140

Dear Dr. Borgstedt:

Enclosed is my review of the vermiculite study protocol. My fee for this review is 3 hours @ $125/hour = $375. Thank you for the opportunity to review this proposal.

Sincerely,

Richard Monson

Richard.R. Monson, M.D., Sc.D.