

This may be discussed on tomorrow's conference call at 11 AM EST.

From: stuart.cagen@shell.com [mailto:stuart.cagen@shell.com]
Sent: Tuesday, February 13, 2007 1:59 PM
To: Russell White
Subject: FW: Progress report

Please forward to the Oversight Committee

Thanks

Stuart

Stuart Cagen, Ph.D.

Senior Toxicologist
Shell Health Services
One Shell Plaza
910 Louisiana Street
Houston, Texas 77002

Telephone: 1-713-241-1407
Fax: 1-713-241-3325
Mobile: 1-832-646-3987

email: stuart.cagen@shell.com

-----Original Message-----

From: OttoWong@aol.com [mailto:OttoWong@aol.com]
Sent: Tuesday, February 13, 2007 12:07 PM
To: Cagen, Stuart Z SHLOIL-SHOIL-SHS
Subject: Fwd: Progress report

Dear Stuart:

I forward the attachment for your information.

It appears that Richard Irons has changed his mind about providing me with the number of patients in the case-control study. If so, this new restriction of access to study information will make my job even more difficult. I hope this is not the case. I would appreciate any comments or reactions to this new development from you or other members of the committee.

Regards,

Otto

Otto Wong, Sc.D., F.A.C.E.
Fellow, American College of Epidemiology Chief Epidemiologist, Applied
Health Sciences, San Mateo, California, USA Adjunct Professor of
Epidemiology, University of North Texas, Fort Worth, USA Adjunct
Professor of Community Medicine, Chinese University of Hong Kong
Honorary Professor of Community Medicine, University of Hong Kong
Visiting Professor of Occupational Epidemiology, Fudan University,
Shanghai Associate Editor, Annals of Epidemiology Editorial Board,
Regulatory Toxicology and Pharmacology

Tel: 1 (650) 347-7898

Fax: 1 (650) 344-6887

Email: OttoWong@aol.com

----- Message from <OttoWong@aol.com> on Tue, 13 Feb 2007 10:52:34 -0500

To: <Richard.Irons@UCHSC.edu>

cc: <Jmricewas@aol.com>, "Bruce Jarrot" <jarrotb@api.org>, "Russell

White" <whiter@api.org>, <michael.g.bird@exxonmobil.com>

Subj Re: Progress report

ect:

Dear Richard:

Based on your email, have you changed your mind and you will no longer
provide me with the numbers of AML and lymphoid neoplasm patients to me
to fill in my progress report? As the PI of one of the three research
projects, I hope you will continue to share that information with me.

Regards,

Otto

Otto Wong, Sc.D., F.A.C.E.
Fellow, American College of Epidemiology Chief Epidemiologist, Applied
Health Sciences, San Mateo, California, USA Adjunct Professor of
Epidemiology, University of North Texas, Fort Worth, USA Adjunct
Professor of Community Medicine, Chinese University of Hong Kong

Honorary Professor of Community Medicine, University of Hong Kong
Visiting Professor of Occupational Epidemiology, Fudan University,
Shanghai Associate Editor, Annals of Epidemiology Editorial Board,
Regulatory Toxicology and Pharmacology

Tel: 1 (650) 347-7898
Fax: 1 (650) 344-6887
Email: OttoWong@aol.com

--- Original message ---

Subj: RE: Progress report
Date: 2/13/2007 7:33:41 AM Pacific Standard Time
From: Richard.Irons@UCHSC.edu
To: OttoWong@aol.com
CC: Jmricewas@aol.com, jarnotb@api.org, whiter@api.org,
michael.g.bird@exxonmobil.com Sent from the Internet (Details)

I am out of the office and will be out of email and telephone contact for the next 8 days. The progress report is due 45 days after the reporting period which is February 15th. It will go out from my office on that date.

This progress report is intended primarily to provide metrics against which consortium members can gauge progress on study processes. This is what I have been asked to do. It does not extensively outline progress on study scientific results, and therefore can be disseminated to consortium and SRP committees alike.

Thanks

Richard
From: OttoWong@aol.com [mailto:OttoWong@aol.com]
Sent: Mon 2/12/2007 7:59 PM
To: Irons, Richard
Cc: Jmricewas@aol.com; jarnotb@api.org; whiter@api.org
Subject: Re: Progress report

Dear Richard:

Your last email (1/8/2007) stated that the numbers of AML and NHL patients would be available by mid- to late January. Do you have the numbers yet?

I am waiting for the numbers to complete my semi-annual progress report so that I can send it off to API.

Also, have you looked into the problem of NHL patients missing questionnaires at other hospitals (besides the Tumor Hospital)?

Thank you for your help.

Regards,

Otto

Otto Wong, Sc.D., F.A.C.E.

Fellow, American College of Epidemiology Chief Epidemiologist, Applied Health Sciences, San Mateo, California, USA Adjunct Professor of Epidemiology, University of North Texas, Fort Worth, USA Adjunct Professor of Community Medicine, Chinese University of Hong Kong Honorary Professor of Community Medicine, University of Hong Kong Visiting Professor of Occupational Epidemiology, Fudan University, Shanghai Associate Editor, Annals of Epidemiology Editorial Board, Regulatory Toxicology and Pharmacology

Tel: 1 (650) 347-7898

Fax: 1 (650) 344-6887

Email: OttoWong@aol.com

--- Original message ---

Subj: RE: Progress report

Date: 1/8/2007 10:49:51 PM Pacific Standard Time

From: Richard.Irons@UCHSC.edu

To: OttoWong@aol.com

CC: Jmricewas@aol.com

Sent from the Internet (Details)

Otto,

I am sorry, but I am not going to have validated final numbers until mid to late January, and for obvious reasons I don't want to promulgate different sets of numbers (e.g. "preliminary," "tentative," and "final") to muddle the issues with. What I can tell you is that our July predictions (based on ICD-9 assumptions) for end of 2006 would have been uncanily accurate. AML looks to coincide precisely with the predicted number, while NHL would have been a few shy of predictions if IC/EA documentation issues had not come to light. However, as you know, this is now academic.

When all precincts have reported, I promise will share my report with you.

Best regards,

Richard

From: OttoWong@aol.com [mailto:OttoWong@aol.com]

Sent: Mon 1/8/2007 10:02 PM

To: Irons, Richard

Cc: Jmricewas@aol.com; whiter@api.org

Subject: Progress report

Dear Richard:

Happy New Year!

Three weeks ago back in December I wrote you (see below) about an updated account of case accrual of both AML and lymphoid patients in the case-control study. I have not heard from you yet. I hate to bother you, but two years ago you specifically stated that you were the only person who could provide me the accurate numbers of patients and that's why I am asking you.

I need the information for my semi-annual report to the external review panels and to the sponsors. I am sure that the sponsors are quite concerned with the number of patients in the study. I am quite concerned too about the actual number of patients with adequate information that will eventually be included in the analysis. At this point I don't have a good idea of how many patients we actually have and how many we will likely end up with by the end of the year. Any information on case accrual that you are willing to share will be greatly appreciated.

I will not be able to complete my semi-annual report until I have an updated estimate of case accrual.

Thank you very much for your help.

Regards,

Otto

Otto Wong, Sc.D., F.A.C.E.
Fellow, American College of Epidemiology Chief Epidemiologist, Applied Health Sciences, San Mateo, California, USA Adjunct Professor of Epidemiology, University of Northern Texas, Fort Worth, USA Adjunct Professor of Epidemiology, Tulane University, New Orleans, USA Adjunct Professor of Community Medicine, Chinese University of Hong Kong Honorary Professor of Community Medicine, University of Hong Kong Visiting Professor of Occupational Epidemiology, Fudan University, Shanghai Associate Editor, Annals of Epidemiology Editorial Board, Regulatory Toxicology and Pharmacology

Tel: 1 (650) 347-7898
Fax: 1 (650) 344-6887
Email: OttoWong@aol.com

--- Original message ---

Subj: Re: Progress report
Date: 12/16/2006
To: Richard.Irons@UCHSC.edu
CC: Jmricewas@aol.com

Dear Richard:

I hope you are back in the US and enjoying the holidays with your family.

Happy holidays to you and your family!

As you know, both you and I will have to submit our semiannual progress reports soon (next month). At your convenience, would you please give me an updated account of case accrual of both AML and lymphoid patients? Because of the "missing patients" at the Tumor Hospital, I think we need to report not only the number of patients diagnosed, but also the number of patients actually interviewed. Now that Lu has worked at the Tumor Hospital for more than a month, do you have an estimate as to how many "missing patients" at the Tumor Hospital we will likely recapture?

We are lucky to have Lu helping us at the Tumor Hospital. As you know, the problem of "NHL patients diagnosed but not interviewed" is not limited to the Tumor Hospital, although the numbers at the other hospitals are much smaller by comparison. Do you plan to recapture these patients at the other hospitals as well? More importantly, how can we be sure that we will be able to capture all newly diagnosed patients at these hospitals in the future?

Regards,

Otto

Otto Wong, Sc.D., F.A.C.E.
Fellow, American College of Epidemiology Chief Epidemiologist, Applied Health Sciences, San Mateo, California, USA Adjunct Professor of Epidemiology, University of Northern Texas, Fort Worth, USA Adjunct Professor of Epidemiology, Tulane University, New Orleans, USA Adjunct Professor of Community Medicine, Chinese University of Hong Kong Honorary Professor of Community Medicine, University of Hong Kong Visiting Professor of Occupational Epidemiology, Fudan University, Shanghai Associate Editor, Annals of Epidemiology Editorial Board, Regulatory Toxicology and Pharmacology

Tel: 1 (650) 347-7898
Fax: 1 (650) 344-6887
Email: OttoWong@aol.com

--- Original message ---

Subj: Progress report
Date: 11/18/2006 3:37:31 PM Pacific Standard Time
From: Richard.Irons@UCHSC.edu
To: Jmricewas@aol.com
CC: OttoWong@aol.com
Sent from the Internet (Details)

Jerry,

I want to update you on our progress to address the NHL issue. After the first full week of retrospective recruitment and EA evaluation 20 subjects were reviewed.

Sixteen subjects or their families were contacted Two subjects were reconsented, gave samples, controls selected and EA questionnaires were completed.

Ten subjects have agreed and been scheduled for appointments and interviews Two are deceased, and family members are being contacted One

refused Four have been lost to follow up.

This is a significantly better response than I had anticipated. Time will tell.

Also, I have instituted an internal reconciliation of all database entries with the physical presence of the IC/EA documents in the files for the three studies in the project. Six individuals are assigned to this task on a quota basis.

RE: current prospective recruitment of new cases. We have developed a plan which is logistically sound but requires the active cooperation of the hospital administration. Over the past month Professor Fu has been unable to achieve this. Even so the staff managed to recruit 6 cases using the new system without institutional changes in place (based on confirmed diagnoses, I think this is about 40% of what we should be seeing) This Friday I met with Chen Xiaoman, the senior vice president of Fudan university, who personally has taken responsibility to enforce the changes we require starting this weekend. We forged a written agreement in English and Chinese which will bind the tumor hospital administration which he delivered to the vice president of the Tumor Hospital on Saturday.

We also discussed other changes to streamline the completion of the project, to facilitate the transition of the laboratory and the tissue bank to independent permanent status, and set up a time table for implementation of these changes. I will keep you informed.

Best regards,

Richard