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LOVE CANAL RESIDENTS DON'T HAVE HIGHER CANCER RATES, SAYS NEW YORK STUDY. ✓

Residents of Love Canal in Niagara Falls, N.Y., don't appear to have higher cancer rates than other persons living in New York state, according to a study by the New York State Health Department (See Nov. 5, Page 25, and Aug. 6, Page 18).

The study -- headed by Dr. Dwight Janerich of the department's Cancer Control Board -- concluded that rates of liver cancer, lymphoma and leukemia among Love Canal residents were "not consistently elevated." This is considered to be important, because it said studies of the effects of chemicals such as benzene and halogenated hydrocarbons on humans and animals found at the site suggest, "If the chemical contaminations at Love Canal has resulted in actual human exposure, the most likely resulting cancers would be liver cancer, lymphoma and leukemia."

7 A higher than expected lung cancer rate for Love Canal residents was noted. However, the study partly attributed that increased rate to other environmental factors such as smoking and to data which suggest the City of Love Canal "in general has a rate of lung cancer that is slightly above the rest of the state." The study recommended that "lung cancer rates should be monitored in this area in the future."

For the study, New York Health Department officials studied the 1955 to 1977 Census tract surrounding Love Canal, which included 4,897 people. The residences located on and adjacent to the dump site included approximately 225 households and 700 persons, according to the study.

Limitations were also cited in the study including inaccurate Census data, uncertain cancer latency periods and the small size of the population studied. The study said:

"In interpreting these findings, it should be recognized that the data are derived from a standardized reporting system, and no new information was collected. Thus, the data do not depend on patient recall or other retrospective processes. Therefore, completeness and quality of the cancer case reports are unlikely to have been affected by events like the declaration of a health emergency at Love Canal in mid-1978. There are, however, limitations in the data. They are derived from a central registry that receives 65,000 new case reports annually from a population of 16.8 million people. The degree of completeness and the accuracy of reporting from a single census tract cannot be known precisely, but there is no reason to believe that reporting was unusual in the areas we studied. The possible effects of special risk factors such as socioeconomic status, smoking, or air pollution cannot be assessed in a study of this design. The effect on people who have migrated out of the area has not been studied, and it is important to emphasize that questions of long latency periods cannot yet be addressed.

Uncertain latency periods and the small size of the study population limit the findings of epidemiological studies of this type. The important uncertainties seem to be biological and etiological rather than statistical.

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