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Supervisory Information Manual
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TO: ALL EMPLOYEES

MORTALITY AND CANCER INCIDENCE SURVEILLANCE UPDATES

In response to employee interest and inquiries about the health of employees at Washington Works, the site's Employee Responsible Care Team produced two videotapes this year. "Toxicology, Epidemiology, and Me" and "Cancer Concerns and Me" are available for safety meetings and for individuals to check out from the Training Division.

The videotapes refer to information from a 1989 epidemiology report describing the rates of death and cancer incidence among Washington Works employees. The report included data through 1987. Our employees were compared to all Du Pont domestic employees in an attempt to identify any health problems needing attention.

We have recently received an update of that 1989 report. The new report includes all deaths through 1991 in the mortality study, but cancer cases only through 1989, due to a delay in the reporting of data from several Company sites.

In these studies, if we have experienced more deaths or cancer cases of a particular kind than would be expected, it is said we have an excess. If we are fortunate enough to have fewer cases than expected in a certain category, then we have a deficit. Keeping in mind that deficits are good and excesses are bad, here are the results that are considered possibly significant:

1. In the 1989 mortality study, we had deficits for male employees in 4 out of 37 categories, namely: overall, cerebrovascular, suicide, and other accidents. Female employee mortality results were normal. There were no mortality excesses for either gender.

2. In the 1992 mortality study update, male employees still had significant deficits in overall deaths, deaths due to cerebrovascular disease, and suicides. The deficit in the "other accident" category disappeared. However, we showed new male deficits of deaths from three cancer categories; specifically, total cancers, respiratory cancer, and digestive cancer. Female employees had a mortality excess in the residual category, which includes deaths due to miscellaneous causes. Otherwise, the mortality experience of our women workers was normal.

3. In 1989, we had cancer excesses among males in 5 out of 35 categories, which were: buccal cavity/pharynx; kidney/urinary; bladder; multiple myeloma; and leukemia.

4. The 1992 study showed the excesses of buccal cavity/pharynx cancer and kidney/urinary cancer to be still significant. The bladder cancer and multiple myeloma rates were no longer considered excessive. The excess in leukemia cases was still a major concern, and it was the subject of a detailed study completed earlier this year. That study found no association between employment in any particular job or area and the risk of developing leukemia. A new excess was found in the category of other lymphomas. As was done with the other excesses, we are examining work histories to determine if there was any common exposure that could be a cause of the cluster of cases. All of these excesses were for male employees.

In general, we seem to be a little healthier than the average Du Pont employee, and we can feel encouraged about that. We have several cancer excesses that are statistically worrisome, but all attempts to find a workplace cause for them have not uncovered anything suspicious. As our surveillance activities continue, we will keep a close eye on them.

If you have any questions or concerns, forward them to me or to your BTO Responsible Care representative, and we'll do our best to get an answer to you.

A. J. Playtis

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