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To S. F. Pitts

From J. R. Drumwright, M.D.

Date October 25, 1982

Subject TREND ANALYSIS - EMPLOYEE PHYSICAL PROGRAM

Your recent memo on this subject was reviewed with great interest and generated much discussion.

In view of your immediate needs at LCCP, I am responding from data presently available as well as data which will be available for more analysis in the near future.

I fully concur with your statement regarding previous discussions which have delt with the need for analysis of information obtained from periodic physical examination results and the development of any health trends as ascertained from analysis of these data.

As you have had several inquiries from both individuals and the local safety and health committee concerning these questions, I will try to provide you with information as it is currently available - as well as "planned" - and will do so for convenience by addressing each of your questions which were submitted to me individually.

1) Has any specific analysis of this type already been done with the past five years of physical exam results?

As you are acutely aware, Sid, all of us connected with this examination process have been frustrated by factors essentially beyond our immediate control. Specifically, four different vendors have been contracted with and their track records have not been exceptional. Data between these vans has not been able to be exchanged. Health Examinetics Inc. does however appear to be capable of staying in business long enough to work with us.

We have received in the Medical Division copies of Plant Population Summaries for 1980 and 1981 for LCCP as well as the other sites tested by HEI. (Similar copies were also provided to representatives in management for all sites). The summaries reflect the number of employees examined, dates of examination, and totals for each test modality performed at each test site. A comparison of LCCP's population data with the rest of Conoco tested has not reflected any health trends - either positive or

One major problem that exists is that a satisfactory comparison population does not apparently exist for most plants and thereby prohibits the development of a really worthwhile study. Many prominent epidemiologists are now working on ways by which comparison groups can be utilized however.

Again, HISS will directly address these questions.

(3) What is the expected format and timing for any future analysis of plant population groups in terms of occupational exposure indicators, general health trends, and detailed morbidity data?

HISS should be "on stream" by 1986. During the interim, we in Medical shall be looking to HEI for information from their summaries. This is one of the major reasons we have stressed the "hundred percent accountability" needs. Unless the employees of each plant are examined and their data made available for development of statistics for each plant, none of our numbers will be entirely valid.

To the best of my knowledge, there have been no trend developments within Conoco Inc. which would point to any other conclusion than that our work population is at least as healthy, and in many cases more so, than the reference population of several thousand workers which HEI has accumulated for comparison purposes.

I am sure the local safety and health committee could poll their members to seek their individual responses as to their own personal health trends. The plant summaries of course, would need managerial approval before overall distribution.

I would be happy to address any or all of these issues with you or others who you feel would benefit from such discussion. Please do not hesitate to let me know if further help would be beneficial.

Hopefully, this rather lengthy response to your questions will prove helpful.

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negative. Also, comparisons made by HEI and their "reference population", (the total population examined by HEI throughout the country"), have failed to detect any significant problems.

In addition to these plant summaries, each employee who has participated in an HEI exam for at least two years has a trend analysis provided as a part of his/her exam report which is provided to each employee. This individual trend will include three years worth of data for those employees electing to participate in the 1982 HEI exam. (We have not yet received our copies in Medical for 1982 at the time of this report to you).

Also, the results of the audiometric tests are being sent to an outside vendor for storage and partial evaluation. (We currently are awaiting a final decision as to what form these data will be made available due to minor technical difficulties).

Finally, HISS - currently in its development stage - will be able to provide all of us with an ability to review and compare test results at a local level. Dr. Chester assures me that he and his staff are diligently working with representatives of all facets of Conoco Inc. to develop the finest system available for producing a base from which epidemiological studies, trends, etc. can be obtained.

Unfortunately, the development of such a system of this magnitude takes several months to years. During the interim, we can depend on our current sources to provide all of us with data to review and work with.

(2) Have any epidemiological studies been made which would show what the most appropriate screening test indicators are?

Except for the standard liver profile battery of tests for VCM exposure, no specific screening tests, per se, have been developed for general industry type exposures. Certainly a pulmonary function test and chest x-rays place specific roles in dusty environments and blood lead results where required are quite useful.

The recent studies such as API/Sloan Kettering for morbidity and mortality are still gathering data. As you are aware, several years worth of data are required to fully appreciate and evaluate health trends of this sort.