

A P P E N D I X

C O P Y

December 20, 1949

Appendix
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Dr. McIver Woody
ESSO Standard Oil Co.
BUILDING

Dear Doctor Woody:

You have told me the plan is being developed to accumulate in the hands of investigators of the University of Cincinnati, who have been designated for the purpose, data with respect to operatives engaged in petroleum refining and petroleum handling who may have been determined to be suffering from or who may be suspected of suffering from cancer which may be attributed to their occupation or to contact with petroleum products. You have asked me if I see any objection from a legal standpoint to transmitting to the designated authorities at the University of Cincinnati the records of such patients.

There has grown up a feeling, and perhaps a right, on the part of patients to have their consultations with their physicians and the physicians' records with respect to the patients treated as confidential between the physician and the patient. Even if the patient's right to have such communications and records treated as confidential is not fully established, I think our anxiety to develop cordial relations between our employees and company doctors ought to compel us to regard those communications and records as confidential. Starting from this premise, I think it is entirely proper from a legal standpoint, and feasible from the standpoint of the relations we want to preserve with our employees, for you to report cases of the kind herein mentioned, provided you keep the identity of the patient strictly confidential. I suggest that these reports may be made under a series of code numbers or under fictitious names, you preserving in your confidential files the identity of the code number or fictitious name of the patient involved. I think if this anonymous scheme is observed in making the reports you have described to me, it cannot offend the patient's legal rights. I feel equally strong it is not likely to cause any disturbance in the relationship between our employees and our company doctors.

I would think that if the designated authorities at the University of Cincinnati desire to compile and use generally in the industry or with the public any statistics with respect to data of the kind herein described, which they receive from our company and from other companies, they ought to again use code numbers so that the identity of the company whose employees are embraced in the statistics will be carefully concealed.

If the foregoing restrictions are observed, I think the confidential nature of the physician-patient relationship will be preserved, and, similarly, the confidential nature of the company records will be preserved and I do not anticipate any trouble would be involved.

Very truly yours,

Appendix
Page 2Preliminary Notification

I. Identification Data

- A. Code Number - All identifying data (Name-Address)
to be retained by the Medical Director,
correlated with the code number.
- B. Age (Year born)
- C. Sex
- D. Race

II. Clinical Data

- A. Type of Tumor
 - B. Site of Tumor
 - C. Date of Diagnosis
-

Appendix
Page 3Detailed Clinical Record

(To be completed in duplicate)

(One copy to be retained by the Medical Director)

I. Identification Data

- A. Code Number - All identifying data (Name-Address)
to be retained in the office of the
Medical Director.
- B. Age (Year born)
- C. Sex
- D. Race
- E. Marital Status
- F. Employment Status

II. Clinical DataA. Dates

- 1. First Symptom
- 2. First Visit to Physician
- 3. First Diagnosis
- 4. First Treatment or Hospitalization
- 5. Death

- B. Clinical and Pathologic Diagnosis - List of tumors
to be reported which will be placed on the reverse
of record. This list is not exhaustive but comprises
the great majority of terms usually used. When there
is doubt concerning the malignant nature of a tumor,
it should be reported.

A)
1

Carcinoma
Sarcoma
Epithelioma
Endothelioma

} and any term of which one
of these words is a part.

Acanthoma	Meningioma
Astrocytoma	Myeloma
Brain Tumors	Medulloblastoma
Chorioma	Mesothelioma
Chloroma	Mixed Tumor
Cholesteatoma	Neurocytoma
Embryoma	Oligodendroglioma
Ependymoma	Pinealoma
Ganglioneuroma	Syncytioma
Glioma	Seminoma
Granulosa Cell Tumor (Ovary)	Sympathoblastoma
Hypernephroma	Spongioblastoma
Hodgkin's Disease	Teratoma
Leukemia	Thymoma
Lymphoma	Paget's Disease (Breast)
Lymphosarcoma	Wilms' Tumor (Kidney)
Linitis Plastica (Stomach)	Ewing's Tumor (Bone)
Melanoma	Grawitz' Tumor (Kidney)

C. Primary Site and StageD. Treatment Advised and ReceivedE. Complications - Metastatic Sites

III. Unusual Exposure to Possible Carcinogens - Including estimates
of Degree, Type and Length of Time (As elicited by the Physician)
List which will be placed on the reverse of the record.

A. Physical Agents

1. Trauma
2. Radiant Heat
3. Solar Rays
4. Ultraviolet Rays
5. Radioactive Substances or Roentgen Rays

B. Inorganic Substances

1. Arsenic
2. Chromates

C. Organic Substances

1. Aromatic Amines
2. Tar or Pitch
3. Soot
4. Crescote and Anthracene Oils

Appendix
Page 5Detailed Occupational Record

(To be completed in triplicate)

(One copy to be retained by the Medical
Director and Personnel Department)

I. Identification Data

- A. Code Number
- B. Age at Commencing Work
- C. Employment Status

II. Occupations and Detailed Employment Record - Listed in
Chronological Order

- A. Name of Companies and/or Plants
- B. Products Handled by Worker
- C. Job Descriptions - The Broad Classifications which
will be placed on reverse of card.

1. Production

- a. Riggers and Drillers
- b. Others

2. Refining

- a. Cracking
 - (1) Catalytic
 - (2) Thermal
 - (3) Others
- b. Lubricant and Paraffin
 - (1) Crude Wax
 - (2) Others
- c. Straight Run Distillation and
Light Ends

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- e. Maintenance
 - (1) Pipe fitters and Boilermakers
 - (2) Others
- f. Control Laboratory
- g. Others
- 3. Transportation
 - a. Pipe Line
 - b. Fuel Oil Carriers
 - c. Others
- 4. Marketing and Executive
 - a. Service Station
 - b. Others
- 5. Others - Specify in detail

D. Periods Employed

III. Unusual Exposure to Possible Irritants - Including estimates of Degree, Type and Length of Time (As elicited by the Employment Record)

(See list - Detailed Clinical Record)
