)PEPSON)

June 8, 1992

FAX to: Hasmukh C. Shah, Ph.D.
Chemical Manufacturers Association
2501 M St., NW
Washington, D.C. 20037

202-887-1237 (FAX)

From: William R. Gaffey
12269 Pineside Dr.
St. Louis, MO. 63146
314-432-7726 (voice)
314-991-1212 (FAX)

R&S 001308

Dear Has:

Here is a draft letter with some technical wording on the two issues that I raised with Otto. I was impressed with Bob Hinderer's ability to put our concerns into a form palatable to Otto, but the letter might profit from a couple of paragraphs that express our concerns in the appropriate technical jargon.

Therefore I have written a draft as I would write it, complete with references. I am just putting this out by the fire hydrant to see who lifts his leg over it. I mean, I have no pride of authorship, but I suggest that whatever letter is written should in some way contain what is in the second and third paragraphs of this letter.

Yours sincerely,

Bill Gaffey

o73

To the editor:

The recent study of vinyl chloride workers by Wong et al [1] is a major contribution to our knowledge of the health of people occupationally exposed to this substance. However, the discussion of two of the findings does not appear to include some recent results that might effect their evaluation.

One is the apparent excess of brain cancer, which may be due, in whole or in part, to diagnostic bias. Whenever an excess mortality is reported based on death certificate diagnosis for any cause, the possibility exists that there is some sort of diagnostic bias, and often lip service is paid to this possibility. In the case of brain cancer, however, this possibility seems to be a reality. Greenwald et al [2] have shown that an excess of brain cancer in Kodak workers was associated with more thorough diagnostic studies in those cases, while at the same time the histology and chemical exposure history of the cases were not unusual. This raises the real possibility that diagnostic bias plays an important role in any excess mortality from brain cancer.

The second finding whose significance is affected by other factors is the excess in emphysema mortality. Richard Doll dismisses this as not being an effect of vinyl chloride exposure because of an inconsistent relationship with duration of exposure and a suspicious deficit in the mortality from other nonmalignant respiratory diseases which could be confused with emphysema [3].

The reader who does not know the literature is not able to put these findings from the Wong study in perspective without this kind of information.

Yours sincerely,

References

1. Wong, O. et al (1991). "An industry-wide epidemiologic study of vinyl chloride workers, 1942-1981." AMER. J. IND. MED. 20: 317-34.

o73

R&S 001309

2. Greenwald, P., Friedlander, B.R., Lawrence, C.E. (1981). "Diagnostic sensitivity bias - An epidemiologic explanation for an apparent brain tumor excess." J. OCC. MED. 10:690-4.

3. Doll, R. (1988). "Effects of exposure to vinyl chloride. An assessment of the evidence." SCAND. J. WORK ENVIRON. HEALTH. 14:61-78.