

From: WEISSRJ --JLCL01
To: FAYERWWE--ISDCVM1

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From: WEISSRJ --JLCL01 A1::WEISSRJ
Subj: BLADDER CA AT CW

From: NAME: Robert J. Weiss, M.D., M.P.H.
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CC: NAME: Bill Vogler <VOGLERWJ AT A1 AT JLCL01>

BILL,

HERE IS SOME INFORMATION THAT MAY BE OF USE TO YOU WITH REGARD TO DEVELOPING A PATH FORWARD ON AROMATIC AMINES AND HEALTH EFFECTS.

. CW HAS LOGGED 489 INCIDENT CASES OF BLADDER CANCER SINCE 1929.
. OF THESE, 453 ARE VIEWED AS OCCUPATIONAL, MEANING THEY HAD THE POTENTIAL FOR EXPOSURE TO BNA AND BENZIDINE. 36 WERE CLASSIFIED AS NONOCC.

. IF WE LOOK AT THE TOTAL NUMBER OF INCIDENT CASES AND SORT BY ASD (1956) WE OBSERVE:

	OCC CASES	NONOCC
PRE '56	445	33
POST '56	8	3

I BELIEVE IF WE ELIMINATE THE PRE 56 COHORT EFFECT (FROM BNA AND BENZIDINE) THE POST '56 CASES WITH EXPOSURE TO MOCA, THE TOLUIDINES ETC. WOULD SHOW NO EXCESS AS COMPARED TO THE EXPECTED AMOUNT BASED ON COMPANY STATISTICS.

ONE OTHER COMMENT CONCERNING THE EXPECTED AMOUNT. IS IT POSSIBLE THAT BECAUSE OF THE LARGE AMOUNT OF BLADDER CANCER CASES EXPERIENCED AT CW THAT THE COMPANY EXPECTED AMOUNT IS HIGHER? OR IS THE EXPECTED RATE CALCULATED EXCLUDING ALL CW CASES?

LASTLY, WE FIND THAT THE AVERAGE AGE AT TIME OF DIAGNOSIS CONTINUES TO INCREASE, FURTHER SUGGESTING THE PRE '56 COHORT EFFECT.

IF OT AND OTHER AROMATIC AMINES CAUSE HUMAN BLADDER CANCER (AND WELL THEY MIGHT) IT DOES NOT APPEAR THAT THEY HAVE REARED THEIR UGLY HEAD AT CW FROM LOOKING AT THIS DATA. THEREFORE, I THINK WE SHOULD FOCUS OUR LIMITED RESOURCES ON WHAT WE SHOULD BE DOING ANYWAY AND THAT IS MINIMIZING OR ELIMINATING EXPOSURE. IF FORCED TO MAKE A CHOICE BETWEEN THE IH/BIOLOGIC CONTROL WORK AND THE EPI WORK, I'D GO WITH THE IH WORK. SORRY BILL. YOU'VE GOT PLENTY OF OTHER STUFF TO KEEP YOU BUSY. SEE YOU ON TUESDAY.

to: CDCIL1::ISDCVM1::FAYERWWE,CDCIL1::ISDCVM1::KARNSME

KDH00434