

**Dragon, Karen E. (CDC/NIOSH/EID)**

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**From:** James Melius [melius@nysliuna.org]  
**Sent:** Thursday, March 31, 2011 12:24 PM  
**To:** NIOSH Docket Office (CDC)  
**Subject:** Comments on WTC Cancer

**CANCER AMONG WTC RESPONDERS AND SURVIVORS**

**COMMENTS SUBMITTED BY**

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**NYS LABORERS HEALTH AND SAFETY TRUST FUND**

**COMMENTS ON SCIENTIFIC CRITERIA**

The development of scientific criteria for making decisions on whether cancers among WTC responders or survivors are related to their WTC exposures first needs to consider how those criteria will be utilized. The criteria will be used for determining whether the costs of treating that type of cancer will be covered by the WTC medical program. Given the often high costs for cancer treatment and the limited insurance coverage and financial resources of many of the responders and survivors, this determination will have a major impact on their lives. Some may face difficult decisions on whether to obtain optimal treatment for their cancer or lose their home or be unable to pay for their children's education.

Delaying these determinations about WTC-relatedness of cancer until long term follow-up of these cohorts has been completed will not help these individuals and is not compatible with the intent of this legislation to provide high quality medical diagnosis and treatment for WTC-related conditions. Such studies may take many years. Making that determination twenty years from now (for example) would deny medical coverage to all responders and survivors who have developed that cancer during that twenty year time period. I currently chair the Advisory Board for Radiation and Worker Health for the EEOICPA program. This program is often compensating workers from DOE facilities or their families many years after their cancer has occurred. This Board hears public comments from many of these people about the financial hardships suffered because of their illnesses. Compensating them many years later only partially alleviates these hardships.

I recommend that NIOSH develop scientific criteria for these determinations based on three major sources of information:

1. The exposures experienced by WTC responders and survivors and the scientific literature on cancer related to these exposures. Quantitative data on these exposures is limited, but the general information should be sufficient for these purposes. The potential additive or synergistic effects of these multiple exposures also needs to be considered.
2. Our general knowledge of cancers related to exposure to chemicals and other toxic materials. We know that certain cancers are more commonly related to workplace and environmental exposures.
3. Follow-up studies of WTC responders and survivors. Such studies are currently underway, but will be limited by the time period of follow-up, limited exposure information, ascertainment problems, etc. It would be inappropriate and scientifically indefensible to only rely on such studies, but their findings should be

considered in these determinations. Medical studies looking for indicators of elevated cancer risk in these cohorts should also be considered.

I recommend that NIOSH develop a guidance document summarizing the available information from these three categories and then use this information to develop an initial list of WTC-related cancers for use for the medical program. Additional cancer sites could be added as more information becomes available.