

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

From: _____
Sent: Wednesday, July 11, 2007 11:17 AM
To: NIOSH Docket Office (CDC)
Subject: IBM Endicott, NY Cancer Study
Attachments: Medical Report.doc

To Whom It May Concern:

I am writing to add my _____, story to the IBM Endicott, NY Cancer study. As you will read from the attached account of the last 8 months of his life, _____ suffered a premature death and I truly believe it is due to the carcinogens and chemicals he was exposed to at the IBM Endicott plant where he worked for years.

With all of the specialists _____ was treated by, none of them were able to diagnose the cause of his cancer. He had cancer nowhere else in his body and there were no underlying reasons for him to have such a hiatus disease. He suffered immensely for eight months and it was devastating to see this man decline in health so rapidly. Our son had to be his caretaker for the last two weeks of his life so that I could work and it left a lasting impression on him that he will never forget.

I would appreciate receiving updates on the Cancer Study. Please notify me if I can be of additional assistance in the investigation into this matter. I would appreciate it if you could contact me at my home e-mail address:

Thank you

My husband, _____ worked for IBM at the Endicott, NY facility for years. During his tenure his main job functions were _____

Except for taking medication for elevated blood pressure, he was in good health.

On _____ felt a pain in his right shoulder that was severe enough to warrant him a trip to the Emergency Room. After many hours of extensive testing, it was determined that _____ had a tumor in his _____. He was released and referred to his Primary Care Physician.

We met with Dr. _____ on _____ where we were given the devastating news....The tumor in _____ was fatal and there was nothing she could do. We inquired as to what would cause this tumor to form. _____ did not drink, he never had hepatitis, and he had no tattoos, all of the normal causes of liver disease. Dr. _____ had no immediate answer.

Dr. _____ referred us to a Liver Cancer specialist at _____. After about two months of testing, it was determined that there was no viable treatment or procedure to perform on _____. The doctor confirmed that this tumor would be fatal and he was doubtful that there was any medicine or procedure to extend his life. He referred us to the Pittsburgh Medical Center to investigate the possibility of performing embolization.

We arrived in Pittsburgh in _____ and met with a Liver Cancer specialist. He described the experimental embolization procedure that he said had the possibility of extending _____'s life for maybe one year. It was very disconcerting to continue to hear that _____ would not make it twelve more months especially due to the fact that he never compromised his body in a way that would cause this horrible medical prognosis.

The embolism was performed in _____. As I waited outside the procedure room, I saw many doctors and nurses rush into the operating room where _____ was. In my need to know what was happening, I entered the room. I heard the doctors yelling at _____ to "hang on" and "lie still, it will be ok". What had happened was that the artery that was used to administer the embolism began to bleed. _____ lost a lot of blood and had to stay very still and quiet for quite a while.

The doctor said that this procedure would be performed every 6-8 weeks in an attempt to starve the tumor of its blood supply. That would be _____ only chance of extended life. _____ was happy to hear that this could extend his life, but he wanted more. He wanted a cure. He felt that if this procedure were performed every 4 weeks rather than every 6-8 weeks, it would give him a better chance for survival. We began investigating other alternatives.

We spoke to Dr. [redacted]. He agreed to talk to us regarding the embolism and other options that might be available. We met with him in [redacted].

He agreed to take a more aggressive approach to the embolization procedure. He explained that he would administer a much larger embolism dosage and perform that in conjunction with chemotherapy. Dr. [redacted] did not suggest that this procedure would extend [redacted] life any longer, but to [redacted] there was always that hope. We set up the appointment for the following month for the first treatment.

We checked into [redacted] hospital in [redacted]. The procedure was supposed to take about 4 hours, but there were complications. As the embolization medicine was being administered into [redacted], there was an artery that was connected to the lungs that the Doctor was unaware of. The embolization medicine blocked the porous cells of the lung and [redacted] almost suffered cardiac arrest. The doctor came out and told me that they almost lost him during the procedure and they had to stop. [redacted] was in serious condition.

[redacted] spent the next 4 days in intensive care in serious condition. We were told that he would no longer be a candidate for embolization. After his recovery, we went home.

We called Dr. [redacted] to see if there was any other medical procedure that might help [redacted]. He told us that [redacted] prognosis was beyond his medical expertise and referred us to Dr. [redacted] also at [redacted]. Dr. [redacted] worked with experimental drugs and he was willing to speak to us.

We met with Dr. [redacted]. He told us that it was doubtful that anything he did would be of help to [redacted], but he was willing to try. [redacted] told him that if he was putting him into an experimental group, he definitely did not want placebos, he wanted the real medicine. Dr. [redacted] told [redacted] that he would not be put into an experimental group because he had too many drugs in his system and that would skew the test results.

[redacted] started on an experimental chemotherapy in [redacted]. That procedure would be administered every two weeks. After two months of treatment Dr. [redacted] informed us that the drug was not working and in fact the tumor grew to twice its size and spread into multiple tumors in both lobes of the liver. He terminated future procedures.

We were out of options so we went to [redacted] NY for whatever treatment could be administered. Before any treatment began, [redacted] ended up in [redacted], as he was experiencing breathing difficulty. He lay there for one-week, weak and uncomfortable. He was seen by the hospital Oncologist, who told us there was nothing they could do for him except to make him comfortable. When they felt that he was eating well enough to go home, he was discharged.

	DATE
	DTG
	NAME

One day later, _____ was re-admitted to _____ with the same breathing difficulties. It was here that he went downhill very quickly. His internal organs began failing. They inserted a catheter to aid with the elimination of liquid waste. They also implanted a pick-line to administer drugs. His potassium levels were dangerously high so _____, a Urologist, wanted to be able to administer IV drugs to keep his potassium level down.

At this point, _____ was not always thinking clearly and he was hallucinating. He was weak and in pain. It was very difficult seeing him in this state.

_____ was released from the hospital the beginning of _____. They sent him home to die.

Less than two weeks later, _____ passed away at his home. He was surrounded by family and friends.

_____ leaves behind _____ sons in college, a wife and many wonderful family members and friends. IBM destroyed him twice. Once after being _____ years of devoted service with no pension and once by contaminating his body with cancer causing toxins and causing him to die prematurely.