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

From: Debbie Phillips <DeborahP@stny.rr.com>
Sent: Tuesday, February 14, 2012 1:30 PM
To: NIOSH Docket Office (CDC)
Subject: NIOSH Docket #248 Zandraga Bill - CANCER
Attachments: cancer wtc zandraga 2012 Feb 14 NIOSH Docket 248.docx

Sorry it took so long to provide the information, cancer treatment and testing has left me with significant fatigue for the past 2 weeks. I have basically been sleeping or resting on the couch.

The document is limited to 2 pgs.

Thank you for your time.

Debbie Phillips
(607) 625-3604

DeborahP@stny.rr.com

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To: **Docket #248 2 pg limit**
NIOSH Docket Office
Robert A. Taft Laboratories
MS-C-34, 4676 Columbia Parkway, Cincinnati, Ohio 45226.
Facsimile: (513) 533-8285. E-mail: nioshdocket@cdc.gov. Telephone: (513) 533-8611.

From: Deborah A. Phillips
3 New Street,Apalachin, NY 13732
(607) 625-3604 DeborahP@stny.rr.com

Ref: Zandraga Bill - Cancer related to WTC 9/11

Date: February 14, 2011

I am on my 3rd round of Inflammatory Breast Cancer (IBC). It is a very aggressive and rare cancer. By the time it is diagnosed it is normally advanced and often spread to other parts of the body. It only accounts for 1% - 5% of all breast cancers. When I was diagnosed, the Survival Rate was 40% for 1 year and 30% for 5 years. No stats for longer than 5 years were available. I am currently in my 4th year of treatment. Since the cancer has returned after the 1st two rounds of treatment that included chemotherapy, radiation and surgery, my Oncologist states I will be in treatment for the rest of my life.

My Radiation/Oncologist, Dr John Vakios, feels my Inflammatory Breast Cancer is directly related to my WTC experience. Dr Vakios worked close to Ground Zero, before relocating. He indicated the exposure of absorbed poison through a t-shirt that was wet with perspiration, etc could have caused the IBC.

I have included websites that support studies that connect Breast Cancer and chemical exposure. Benzene is a major ingredient in cancer. Benzene was 58 times higher near Ground Zero as noted in the New Scientist, October 2001.

Also included websites that note the severity and decreased survivability of Inflammatory Breast Cancer (IBC).

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A research PhD informed me that Benzene was the chemical of choice when developing cancer in lab situations.

http://www.newscientist.com/article/dn1489 New Scientist, October 2001

Toxic materials are continuing to be released from the smouldering wreckage of the World Trade Center - some at levels far in excess of national safety levels, according to US government agency reports.
On 11 October, exactly one month after the attack**, levels of the carcinogenic compound benzene at one site close to ground zero were 58 times higher than the US Occupational Safety and Health Administration's permissible exposure limit**.
High levels of dioxins, PCBs, benzene, lead and chromium have also been found. But although some monitoring stations have detected asbestos in the air, very few of the measurements exceeded national safety guidelines.
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The following information is from Cornell University.

Chemical Exposures in Your Workplace and Breast Cancer Risk – BCERF Alert for Women Firefighters

http://envirocancer.cornell.edu/learning/alert/fire08.cfm Informative page.

Occupational Studies in Women

1) **Benzene** – Breast cancer risk was higher in several large-scale studies of women working in jobs exposed to high levels of benzene (as an organic solvent) (Hansen, 1999; Petralia et al., 1998

2) **Laboratory Animal Studies -** The National Toxicology Program has found the following chemicals capable of inducing mammary tumors in long-term cancer studies conducted in rats and mice (NTP, 2007). All of these chemicals can be generated in various fire scenarios. **Benzene**
3) **Smoldering Combustion - Benzene** - generated from epoxy resins (Orzel, 1993), and the decomposition of polyester foam and fiberfill (ATSDR, 1990) found in bedding and upholstery. Generated from polyvinyl chloride (PVC) (Orzel, 1993) used as coating in wire and cables, in electrical equipment (Fabian and Gandhi, 2007), and in window treatments (drapes and blinds) and wall coverings.
4) **Flaming Combustion (Knowdown) - Benzene** - detected in smoke from house and municipal fires (Austin et al., 2001; Golden, 1995; Jankovic et al., 1991; Lees, 1995). Generated from thermal decomposition of polypropylene plastics used in housings of small kitchen, bathroom and office appliances (Fabian and Gandhi, 2007; Orzel, 1993); from polyester found in bed sheets, mattresses, carpeting and clothing (Fabian and Gandhi, 2007; Orzel, 1993); and from polyvinylchloride (PVC) used as a coating for wires and cabling, in plastic switches, wallpaper, and window treatments (drapes and blinds), and PVC plumbing (Fabian and Gandhi, 2007; Orzel, 1993).
5) **Overhaul, Salvage and Fire Investigation Activities - Benzene and Formaldehyde** - released during salvage tasks performed during and after a fire; released during overhaul tasks, including pulling apart walls, ceilings and floors, and removing furniture to find and extinguish hidden fires; and released during delayed off-gassing after chemicals adsorbed onto masonry and concrete (Bolstad-Johnson et al., 2000; Donahue, 2006; Jankovic et al., 1991).

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http://www.cancer.org/Cancer/BreastCancer/MoreInformation/InflammatoryBreastCancer/inflammatory-breast-cancer-inflammatory-br-ca-aggressive

Because it doesn't look like a typical breast cancer, it can be harder to diagnose.

There is some disagreement in the numbers, but IBC probably accounts for **about 1% of all breast cancers diagnosed** in the United States.

IBC tends to occur at **a younger age** than the more common form of breast cancer (at an average age 52 versus 57 for non-inflammatory breast cancer). I was 47 when diagnosed with Inflammatory Breast Cancer (IBC).

IBC also tends to be **more aggressive — it grows and spreads much more quickly — than more common types of breast cancer.** By definition, it is never found at an early stage. It is always at least stage IIIB (*locally advanced*) when it is first diagnosed because the breast cancer cells have grown into the skin. Often, though, it has already spread to distant parts of the body when it is diagnosed, making it stage IV (*metastatic*). The advanced stage of IBC, along with the tendency to **grow and spread quickly, makes it harder to treat successfully than most other types of breast cancer.**

Survival - Inflammatory breast cancer (IBC) is said to be an aggressive cancer because it grows quickly, is more likely to have spread at the time it is found, and is more likely to come back after treatment than most other types of breast cancer. The prognosis (outlook) is generally not as good as it is for most other types of breast cancer.

In the past, women with IBC lived on average only about 18 months after diagnosis. With advances in treatment, such as using the combination of chemotherapy, radiation, and surgery, survival has improved.

According to data from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database, for patients who were diagnosed with inflammatory breast cancer between 1988 and 2001, **the 5-year relative survival rate was about 40%. This compares with about 87% for all breast cancers combined**

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http://www.cancer.gov/cancertopics/factsheet/Sites-Types/IBC

IBC accounts for 1 to 5 percent of all breast cancer cases in the United States (1). It tends to be diagnosed in younger women compared to non-IBC breast cancer.

As a result, the 5-year survival rate for patients with IBC is between 25 and 50 percent, which is significantly lower than the survival rate for patients with non-IBC breast cancer.

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http://www.mayoclinic.com/health/inflammatory-breast-cancer/DS00632

http://www.ibcresearch.org/

CC: Ben Petok, Office of Council Member Stephen Levin
Dr Carolyn Greene, NYC Dept of Health & Mental Hygene
trublueny@aol.com
John Feal, The FealGood Foundation
Parker Waichman LLP, Gina Viti, Paralegal