

From: David Ozonoff  
Sent: Wednesday, December 01, 2004 3:51 PM  
To: Henshaw, Russell  
Subject: Reconsideration of CLL  
Dear Dr. Henshaw

This is in response to your query concerning my views on compensating CLL as a radiation related disease now being considered by the Office of Compensation Analysis and Support. This has been an area of interest of mine and I welcome the opportunity to present my views.

I have examined the Reconsideration document you provided me (as well as a number of other pertinent documents) and I find its argument for including CLL as compensable well founded and well supported. The arguments for continued exclusion are not only weak, but lacking in foundation.

Considering that all blood cells come from a common progenitor stem cell it has always seemed plausible to me that any cancer of the blood system could be radiation related. This is now generally accepted as true for benzene, which also affects progenitor stem cells (see forthcoming article in Science to this effect by Lan et al.) The specific cell type would depend on just where in the differentiation series the alteration to a malignant phenotype occurred. It is well known that malignancies can "change" their cell lineage during the course of the disease.

We tend to forget that the four "forms" of leukemia (ALL, AML, CML and CLL) are designations made on clinical grounds and are related to prognosis and management rather than etiology. Indeed if one wanted to employ cell surface markers, there could be hundreds or even thousands of "different" types of leukemia. This would not make them different from the standpoint of etiology however. Thus while the type of leukemia is very important if one wants to treat the disease it is incorrect to assume this is related to etiology. Just as the difference between a fracture of the thigh bone and the wrist bone is extremely important for treatment and management of a fracture, it says nothing about the etiology of either.

In summary, my expert opinion supports including CLL as a radiogenic cancer and against the continuing, and it seems to me, arbitrary practice of exclusion.

I hope you find this helpful.

Sincerely yours

dave ozonoff

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