Dear NIOSH Folks,

Please forward these comments on "A Assessment of the Feasibility of a Study of Cancer among Former Employees of the IBM Facility in Endicott, New York" to Dr. Lynne Pinkerton.

Thank you,
Richard Clapp, Professor
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Boston, MA 02118
Comments on Endicott Feasibility report:

1. It will be important to compare the cancer mortality experience to a reference group of workers and not just the “general population” as described on p. i-ii of the Executive Summary. The NIOSH reference group of workers would be a way to do this, if it is available for the relevant time period. There are several other options that should also be considered, such as SMOR or PCMR for mortality analyses.

2. The ECHOES database was started earlier than 1987, so it is unclear why it could only be useful for the years 1987-1992. For example, the Appendix I, line 172-3 cites an article by Hillman in JOM dated 1982. Mr. Hillman was the developer of ECHOES, and he is now retired and would be an invaluable resource for the NIOSH study.

3. The cancers of interest, and for which power calculations were done, are limited. There is good evidence that non-Hodgkin lymphoma is associated with several chemicals to which Endicott workers were exposed. Furthermore, brain and central nervous system cancer have been shown to be elevated in maintenance and repair workers in the IBM Burlington plant (Beall, et al., 2005) and in IBM manufacturing workers (Clapp, 2006). It would be worth including power calculations for these, as well.

4. The input of former IBM Endicott employees is vital to the success of the cohort study. A formal mechanism for including them in the study as advisors should be developed; the feasibility study has already benefited from their involvement as have other studies of IBM workers.

5. The protocol for the cohort study should include a specific decision process for going further with a nested case-control study.