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Health Effects of Pesticide Herbicides

**EPIDEMIOLOGIC INVESTIGATION OF HEALTH EFFECTS
IN AIR FORCE PERSONNEL
FOLLOWING EXPOSURE TO HERBICIDE ORANGE**

wash. DC.

A. Young
↙



**EPIDEMIOLOGY DIVISION
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AFB, TEXAS**

EXECUTIVE OVERVIEW

PROJECT RANCH HAND II

- **OPERATIONAL BACKGROUND**
- **STUDY GOALS**
- **EPIDEMIOLOGIC STUDY DESIGN**
- **PRIMARY DATA COLLECTION METHODS**
- **STATISTICAL METHODOLOGY**
- **SUMMARY**

PROJECT RANCH HAND II

**PURPOSE OF THE STUDY: TO DETERMINE WHETHER
LONG TERM HEALTH EFFECTS EXIST AND CAN BE
ATTRIBUTED TO OCCUPATIONAL EXPOSURE TO HERBICIDE
ORANGE**

EPIDEMIOLOGIC STUDY DESIGN

COMPONENTS OF THE PROBLEM

HAVE THERE BEEN, ARE THERE CURRENTLY, OR WILL THERE BE IN THE REASONABLY FORESEEABLE FUTURE , ANY ADVERSE HEALTH EFFECTS AMONG FORMER RANCH HAND PERSONNEL CAUSED BY REPEATED OCCUPATIONAL EXPOSURE TO 2,4,5-T HERBICIDE AND ITS CONTAMINANT, TCDD (DIOXIN) ?

GOALS OF STUDY

PREMISE: GOALS ARE INTERDEPENDENT

1. ASSESS HEALTH EFFECTS _____ HEALTH
IDENTIFY INDIVIDUALS WITH ADVERSE HEALTH EFFECTS
(PHYSICAL AND PSYCHOLOGICAL) FROM TCDD EXPOSURE,
AND IDENTIFY OTHERS AT INCREASED RISK
2. SATISFY SOCIAL CONCERN FROM LAY AND _____ POLITICAL
SCIENTIFIC COMMUNITIES
3. CLARIFY COMPENSATION ISSUE _____ LEGAL

OPERATING ASSUMPTION

OPERATION RANCH HAND PERSONNEL WERE PROBABLY EXPOSED TO 2,4,5-T AND TCDD TO A SIGNIFICANTLY GREATER DEGREE THAN US ARMY GROUND PERSONNEL

IMPLYING THAT RANCH HAND PERSONNEL WOULD DEVELOP MORE ACUTE/CHRONIC CLINICAL SYMPTOMS FROM THE EXPOSURES AND WOULD MANIFEST THEM SOONER THAN THE US ARMY PERSONNEL

AIR FORCE PROJECT RANCH HAND

EPIDEMIOLOGIC APPROACH

STUDY PHASE

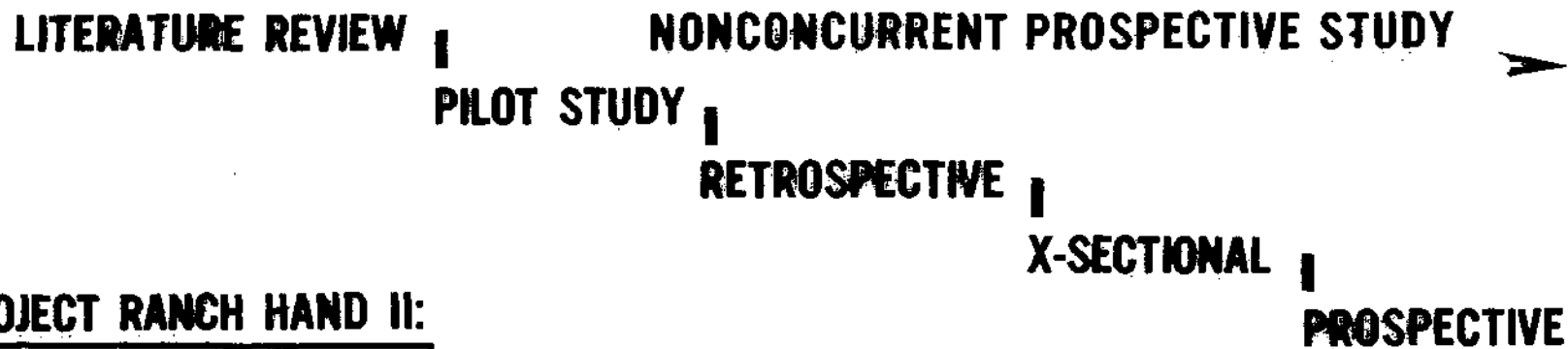
METHODS

- | | |
|-------------------|---|
| ● MORTALITY STUDY | PERSON TRACKING, RECORD REVIEWS |
| ● MORBIDITY STUDY | BASELINE QUESTIONNAIRE, PHYSICAL EXAM |
| ● FOLLOW-UP STUDY | ADAPTIVE QUESTIONNAIRES, PHYSICAL EXAMS |

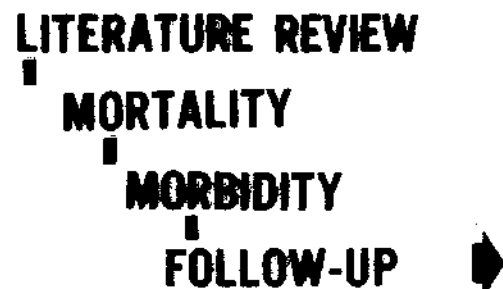
THREE PHASE APPROACH REQUIRED

EPIDEMIOLOGIC STUDY DESIGN

CLASSIC APPROACH:



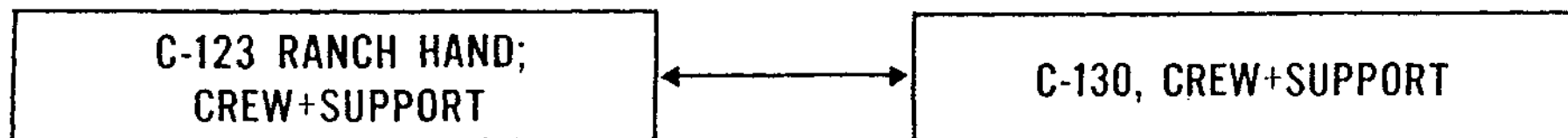
PROJECT RANCH HAND II:



RANCH HAND II
EPIDEMIOLOGIC STUDY DESIGN
GROUP SELECTION, RATIONALE

PRIMARY EXPOSED GROUP

CONTROL GROUP
NOT EXPOSED TO H.O.



●● **STUDY REQUIREMENT**

- **HIGH RELATIVE EXPOSURE TO HERBICIDE ORANGE (H.O.)**
- **POPULATION IDENTIFIABLE**

● **NO JOB EXPOSURE TO H.O.**

- **LARGE N, TIGHT MATCHING FEASIBLE**
- **SIMILAR COMBAT STRESS AS C-123 CREWS**
- **LIFESTYLE AND PERSONALITY SIMILAR TO C-123 CREWS**

- **ATTEMPT TOTAL ASCERTAINMENT OF BOTH GROUPS TO CONTROL HIDDEN MORTALITY EFFECTS**

EPIDEMIOLOGIC STUDY DESIGN

● ANCILLARY STUDY GROUPS

- DRUM HANDLERS
- SECONDARY MAINTENANCE PERSONNEL
- ARMY OBSERVERS
- HELICOPTER CREWS
- EXPERIMENTAL SPRAY UNITS
- ALL OTHERS

● FACTORS

- NUMERATOR: VOLUNTEER BIAS
- DENOMINATOR: POPULATION AT RISK; UNKNOWN
- CONTROL GROUP: MOOT

● PLAN

- ALL DATA SUBSETTED, ANALYZED SEPARATELY
- DATA AND INTERPRETATIONS, IF ANY, ANECDOTAL

RANCH HAND PERSONNEL

POTENTIAL FOR EXPOSURE

PILOTS, CO-PILOTS, NAVIGATORS

LOW

CREW CHIEFS, MAINTENANCE PERSONNEL

MODERATE

CONSOLE OPERATORS

HIGH

1-184

EXPOSURE INDEX CONSTRUCTION

SIMULANT STUDIES WITHIN AIRCRAFT (RICKENBACKER AFB OH)

- **SKIN EXPOSURE 5:1 (CONSOLE OPERATOR VS PILOT)**
- **RESPIRATORY EXPOSURE**

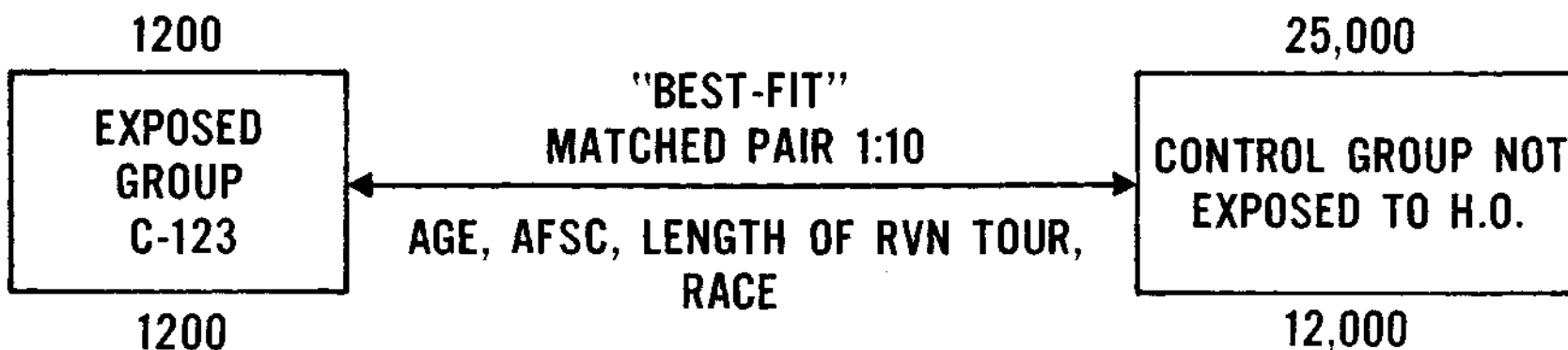
PARTICLES 5:1 (CONSOLE OPERATOR VS PILOT)

VAPOR 3:1 (CONSOLE OPERATOR VS PILOT)

RANCH HAND II
EPIDEMIOLOGIC STUDY DESIGN
SOME KNOWN/ESTIMATED POPULATION PARAMETERS

	<u>EXPOSED GROUP (C-123)</u>	<u>CONTROL GROUP (C-130)</u>
AGE RANGE:	28-62	25-65
SEX:	ALL MALE	ALL MALE
RACE:	OFFICER: ~ 100% WHITE ENLISTED: ~ 10-14% BLACK	~ 100% WHITE ~ 10-14% BLACK
CURRENT ACTIVE DUTY:	25% OFFICER: SENIOR MANAGEMENT ENLISTED: MIDDLE MANAGEMENT	20-25% SENIOR MANAGEMENT MIDDLE MANAGEMENT
PAST SERVICE EMPLOYMENT:	AEROSPACE INDUSTRY	AEROSPACE INDUSTRY
SOCIOECONOMIC: GENERAL LIFESTYLE:	} SIMILAR TO CONTROL	SIMILAR TO STUDY

**RANCH HAND II
EPIDEMIOLOGIC STUDY DESIGN
RATIONALE FOR MATCHING PROCEDURE**



MATCHING PROCEDURE RATIONALE:

- EACH EXPOSED PERSON WILL HAVE A SET OF TEN CONTROLS, SELECTED ON BEST FIT BASIS
- ALLOWS STATISTICAL INTER-GROUP TESTS WITHOUT MAJOR ADJUSTMENTS
- PROVIDES BETTER FLEXIBILITY FOR MULTIVARIATE TESTING

RANCH HAND II

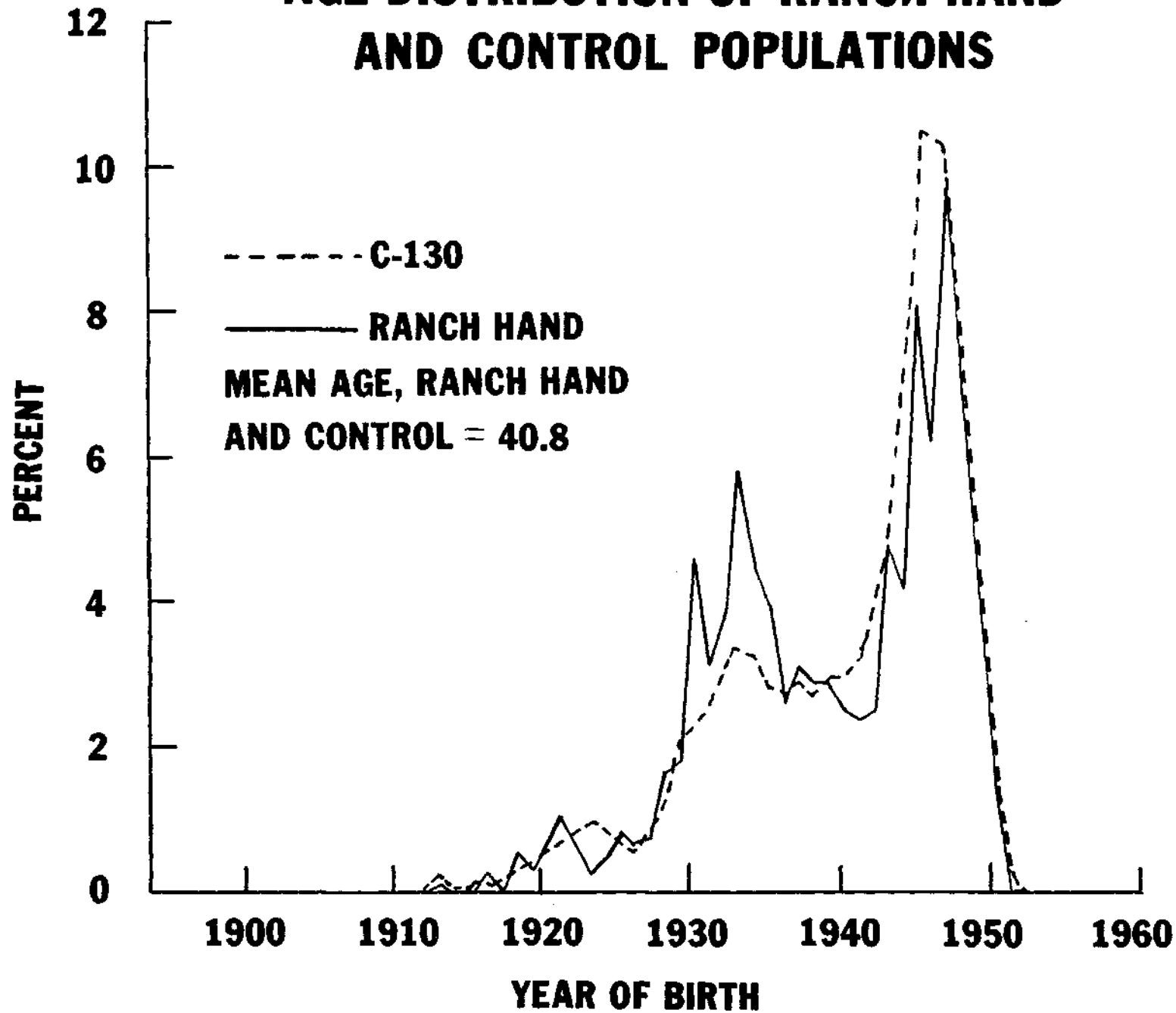
EPIDEMIOLOGIC STUDY DESIGN



PRIORITIZED MATCHING VARIABLES: RATIONALE

- **AGE, \pm 6 MONTHS: CONTROLS FOR ANY AGE-DEPENDENT EFFECTS**
- **AFSC: CONTROLS OFFICER-ENLISTED, RATED-NONRATED STATUS, ETC. (FIVE CATEGORIES) I.E., SOCIOECONOMIC MATCH**
- **LENGTH OF RVN TOUR \pm 6 MONTHS : CONTROLS COMBAT MORBIDITY/MORTALITY AND NEURO-PSYCH EFFECTS**
- **RACE, CAUCASIAN/ NON-CAUCASIAN: CONTROLS DISEASE RATES, CULTURAL BACKGROUND**

AGE DISTRIBUTION OF RANCH HAND AND CONTROL POPULATIONS



COMPUTER MATCHING
RANCH HAND TO CONTROL, 1:10

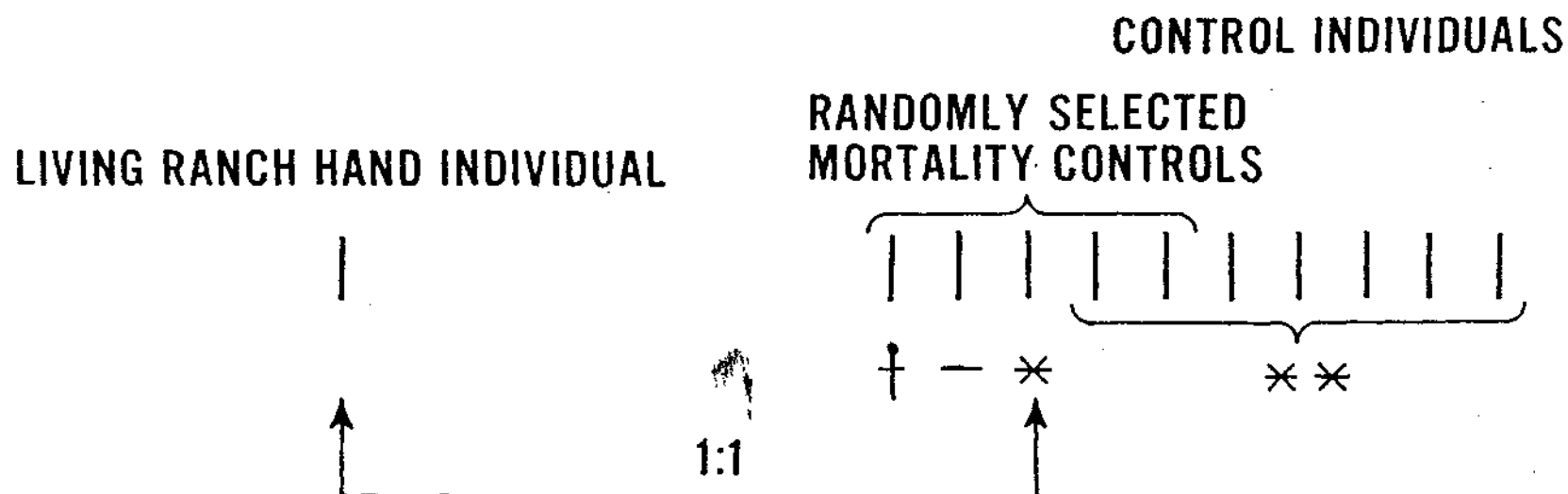
- **48% EXACT MATCH, BIRTH MONTH, JOB (5), TIME IN RVN, RACE, SEX**
- **87% MATCH, \pm ONE YEAR BIRTH, ALL OTHERS EXACT**
- **95% + MATCH PREDICTED, \pm 18 MONTHS BIRTH, ALL OTHERS EXACT**

SELECTION OF THE CONTROL COHORT FOR THE MORTALITY ANALYSIS

+

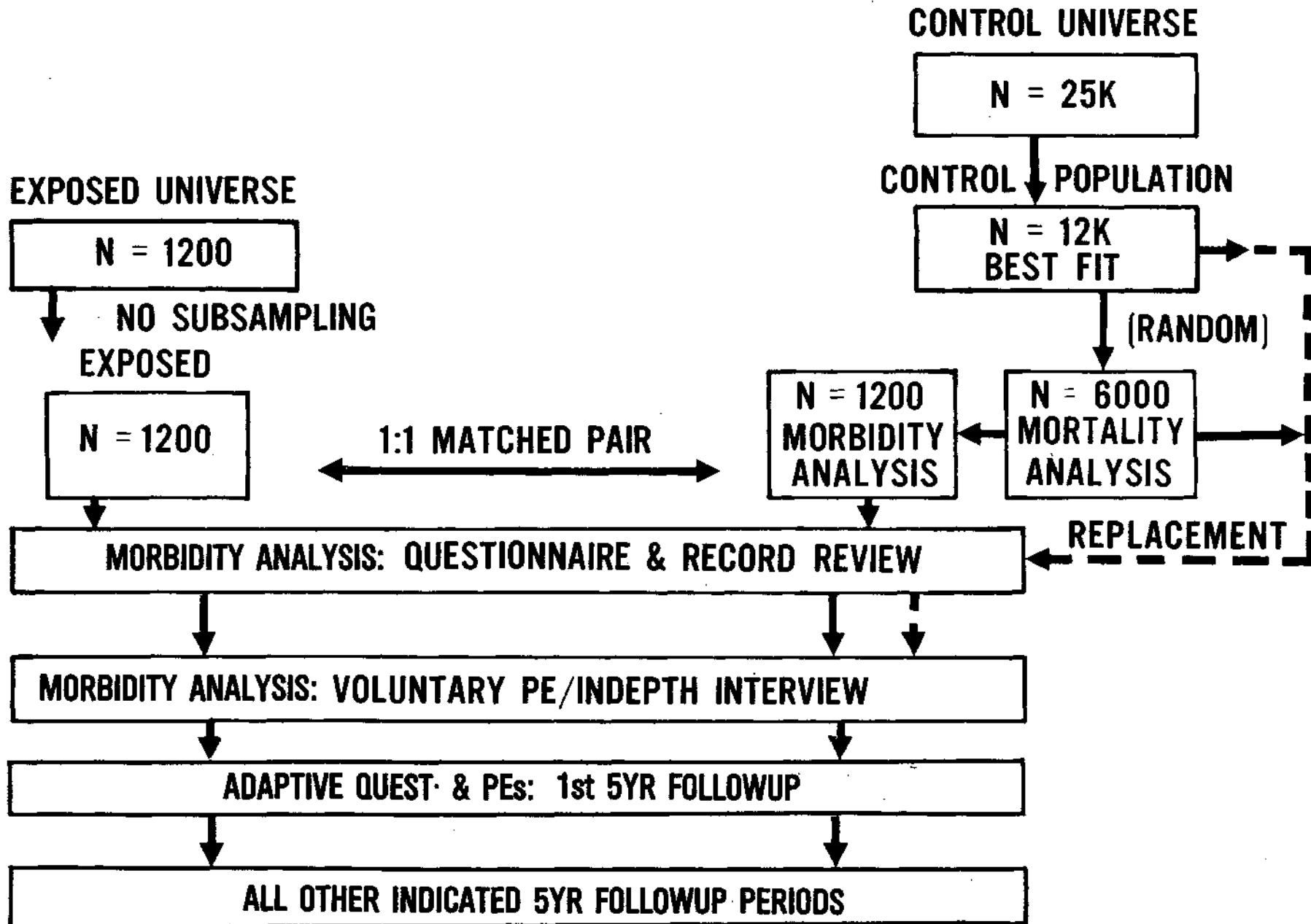
EXPOSED GROUP	CONTROL COHORTS									
	1	2	3	4	5	6	7	8	9	10
R_1	$C_{1,1}$	$C_{1,2}$	$C_{1,3}$	$C_{1,4}$	$C_{1,5}$	$C_{1,6}$	$C_{1,7}$	$C_{1,8}$	$C_{1,9}$	$C_{1,10}$
R_2	$C_{2,1}$	$C_{2,2}$	$C_{2,3}$	$C_{2,4}$	$C_{2,5}$	$C_{2,6}$	$C_{2,7}$	$C_{2,8}$	$C_{2,9}$	$C_{2,10}$
R_3	$C_{3,1}$	$C_{3,2}$	$C_{3,3}$	$C_{3,4}$	$C_{3,5}$	$C_{3,6}$	$C_{3,7}$	$C_{3,8}$	$C_{3,9}$	$C_{3,10}$
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
R_j	$C_{j,1}$	$C_{j,2}$	$C_{j,3}$	$C_{j,4}$	$C_{j,5}$	$C_{j,6}$	$C_{j,7}$	$R_{j,8}$	$C_{j,9}$	$C_{j,10}$

SELECTION PROCEDURE FOR THE QUESTIONNAIRE, PHYSICAL EXAMINATION, AND FOLLOW UP STUDY



- † DEAD
- UNWILLING
- * VOLUNTEER
- ** REPLACEMENT CANDIDATES

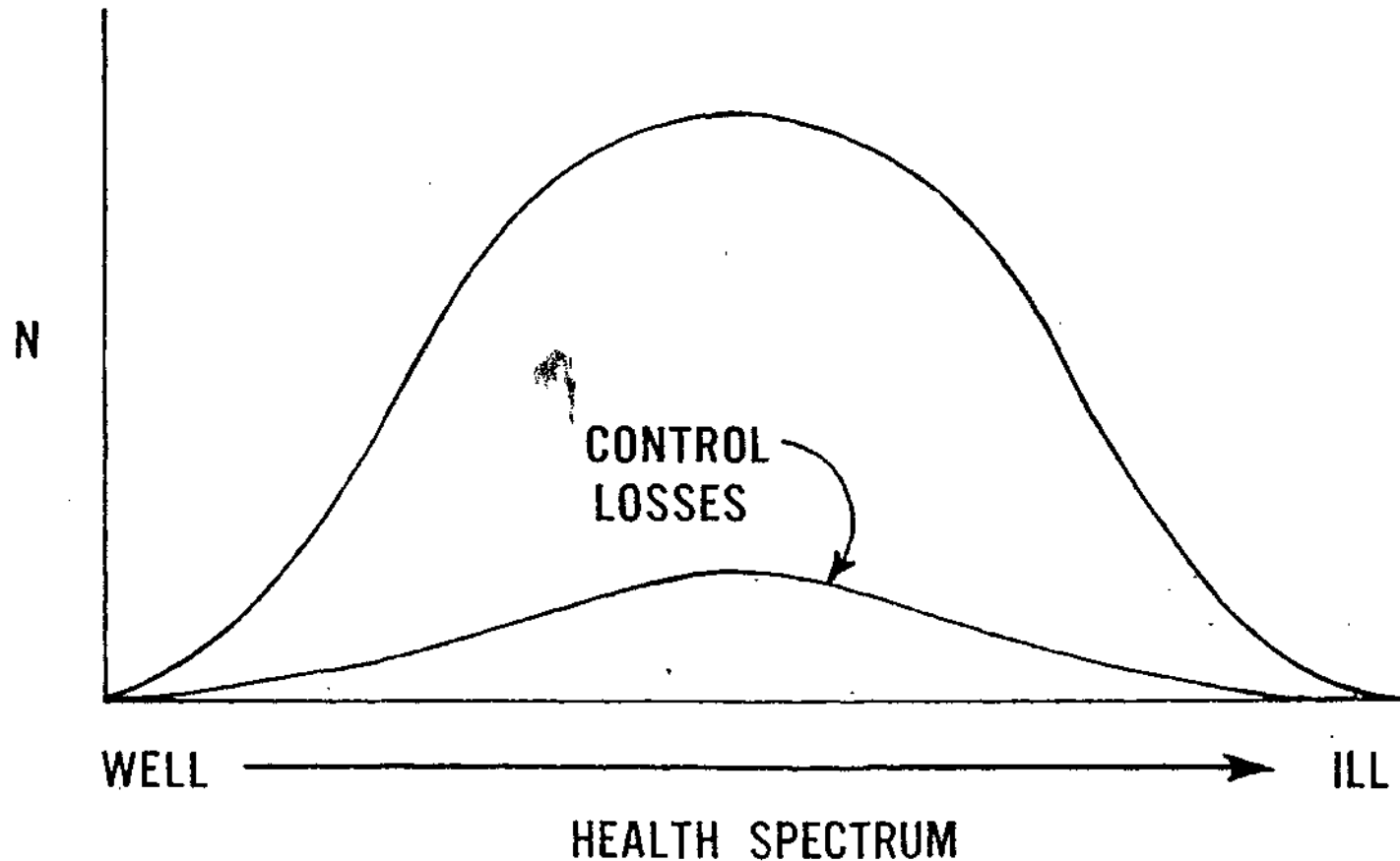
STUDY DESIGN SCHEMATIC



PURPOSE OF THE REPLACEMENT STRATEGY

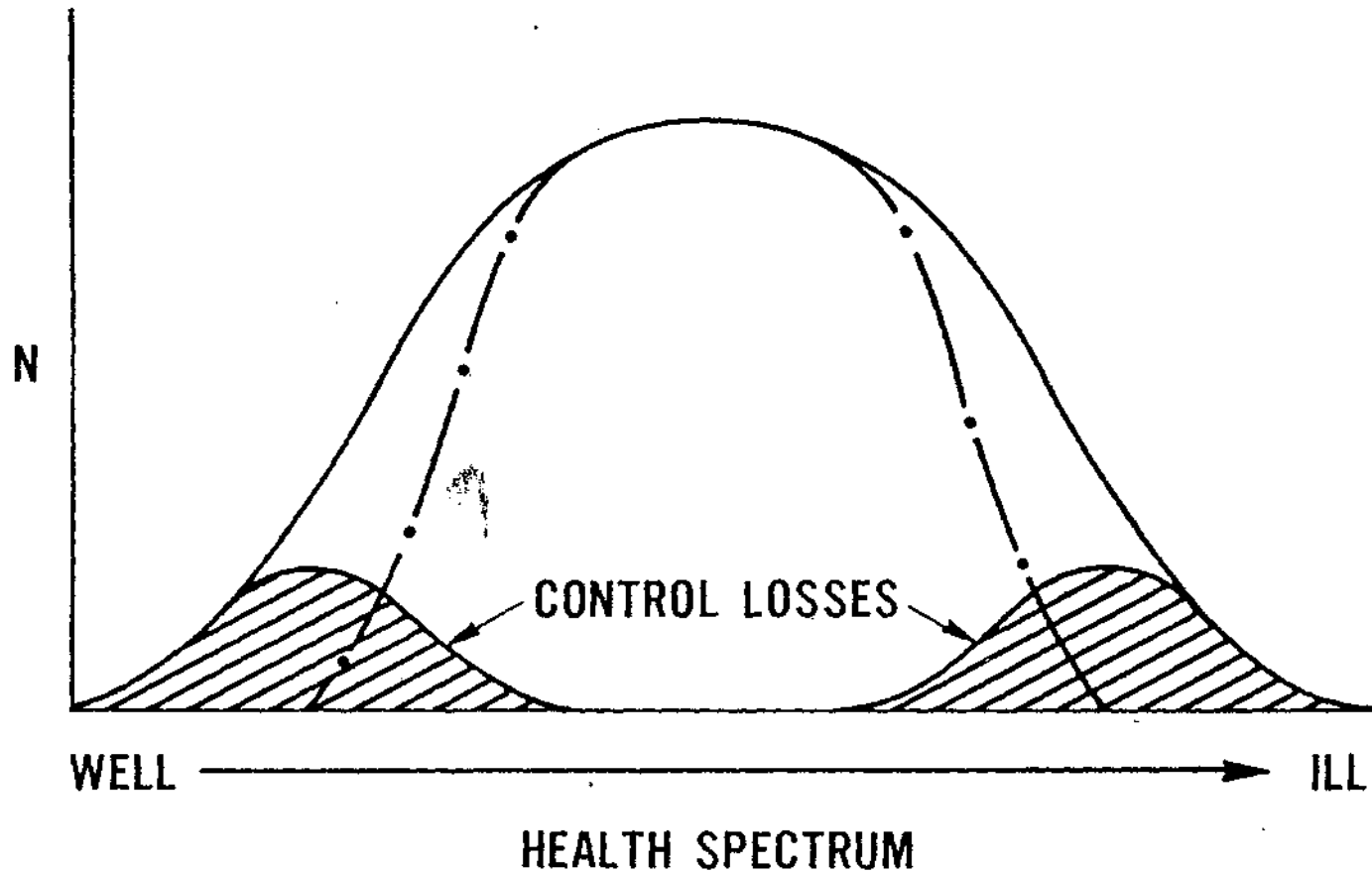
- **CORRECT EXPECTED SELECTION BIAS**
- **ENHANCE STATISTICAL POWER**

EFFECT OF RANDOM LOSS TO STUDY IN THE CONTROL POPULATION



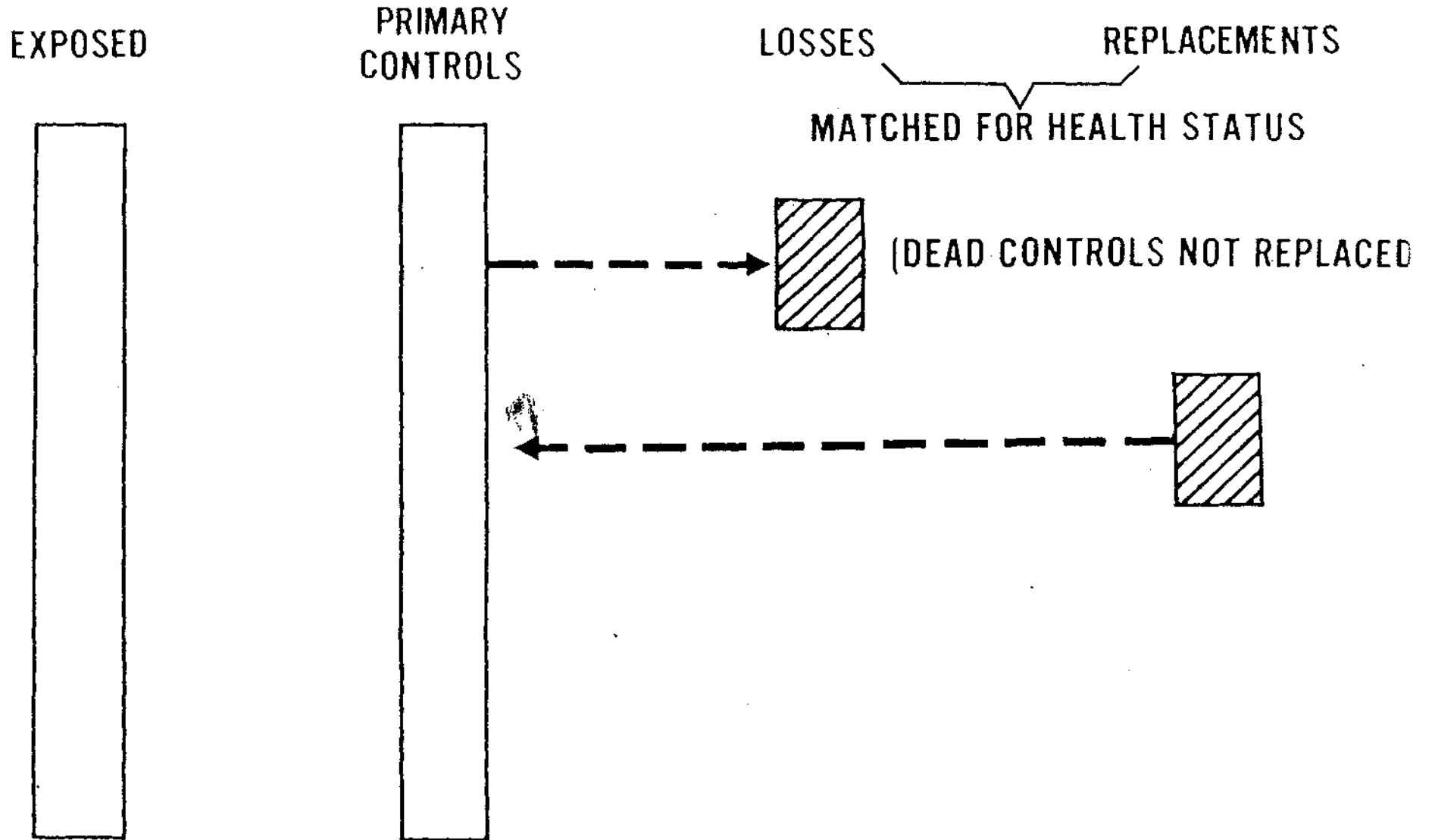
- NO ADVERSE EFFECT (BIAS) OTHER THAN LOSS OF STATISTICAL POWER FROM SMALL N.

EFFECT OF NON-RANDOM LOSS TO STUDY IN THE CONTROL POPULATION



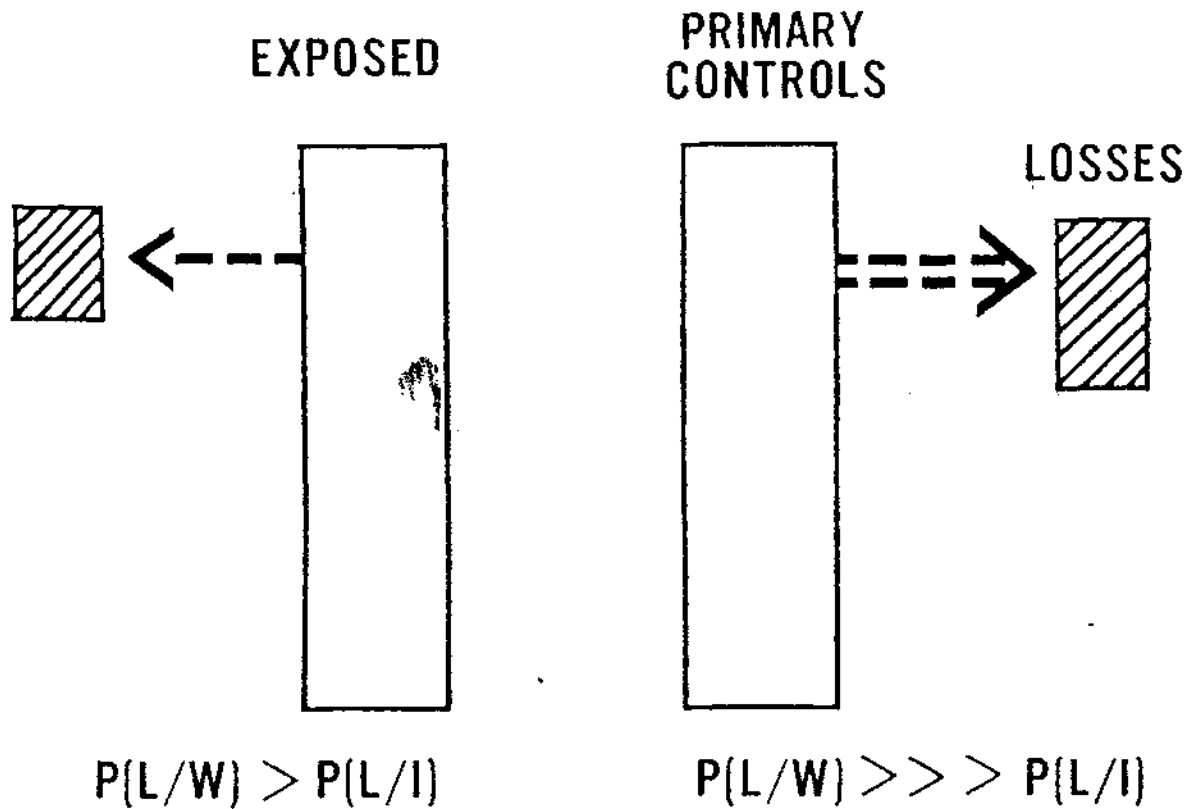
- IF CONTROL LOSSES ARE ILL, A SPURIOUS EFFECT IS ATTRIBUTED TO HERBICIDE EXPOSURE.
- IF CONTROL LOSSES ARE WELL, A TRUE/VALID HEALTH EFFECT IS DILUTED.

REPLACEMENT STRATEGY



RATIONALE OF REPLACEMENT

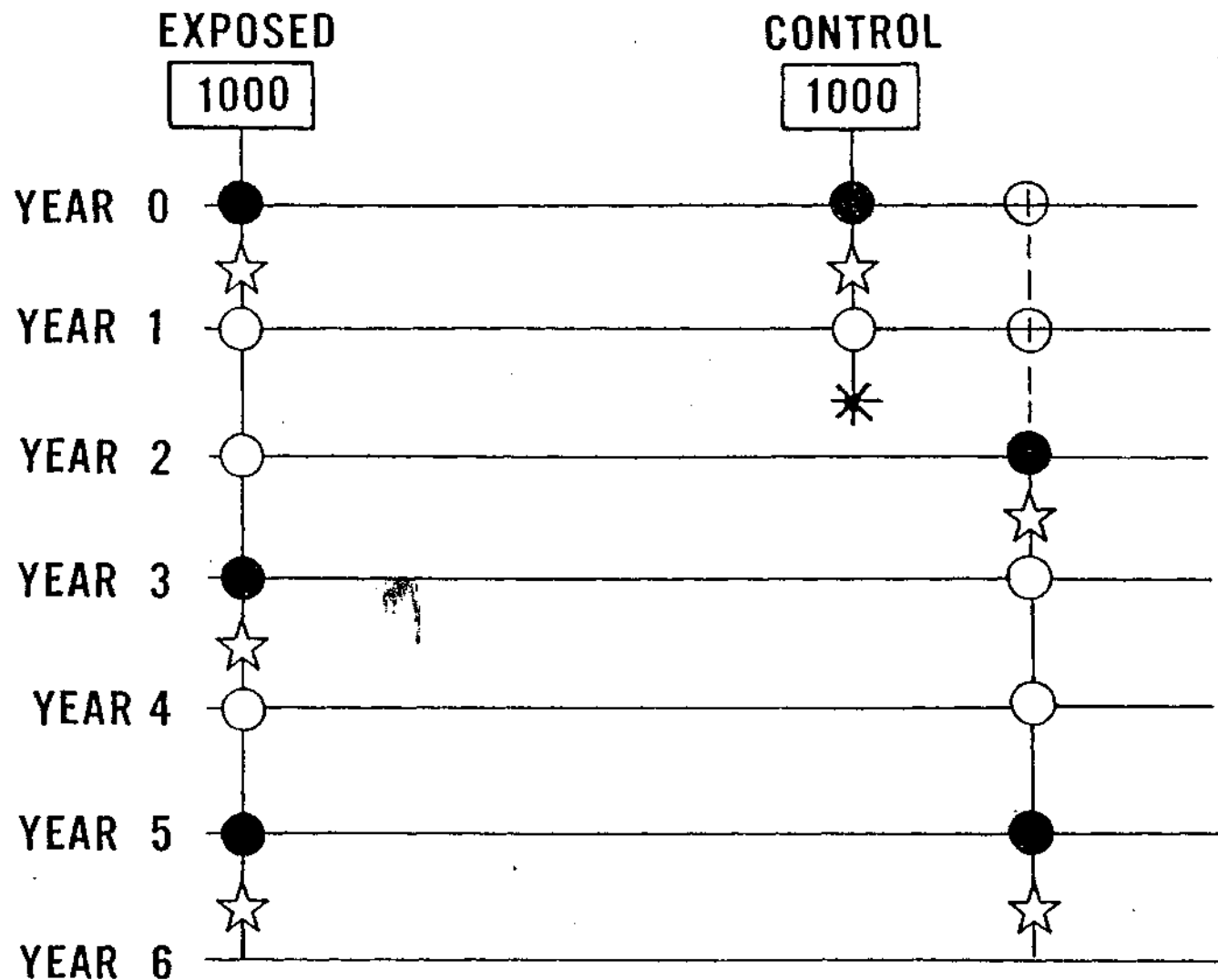
DILUTIONAL BIAS



CONDITIONAL PROBABILITIES:

L = LOSS
W = WELL
I = ILL

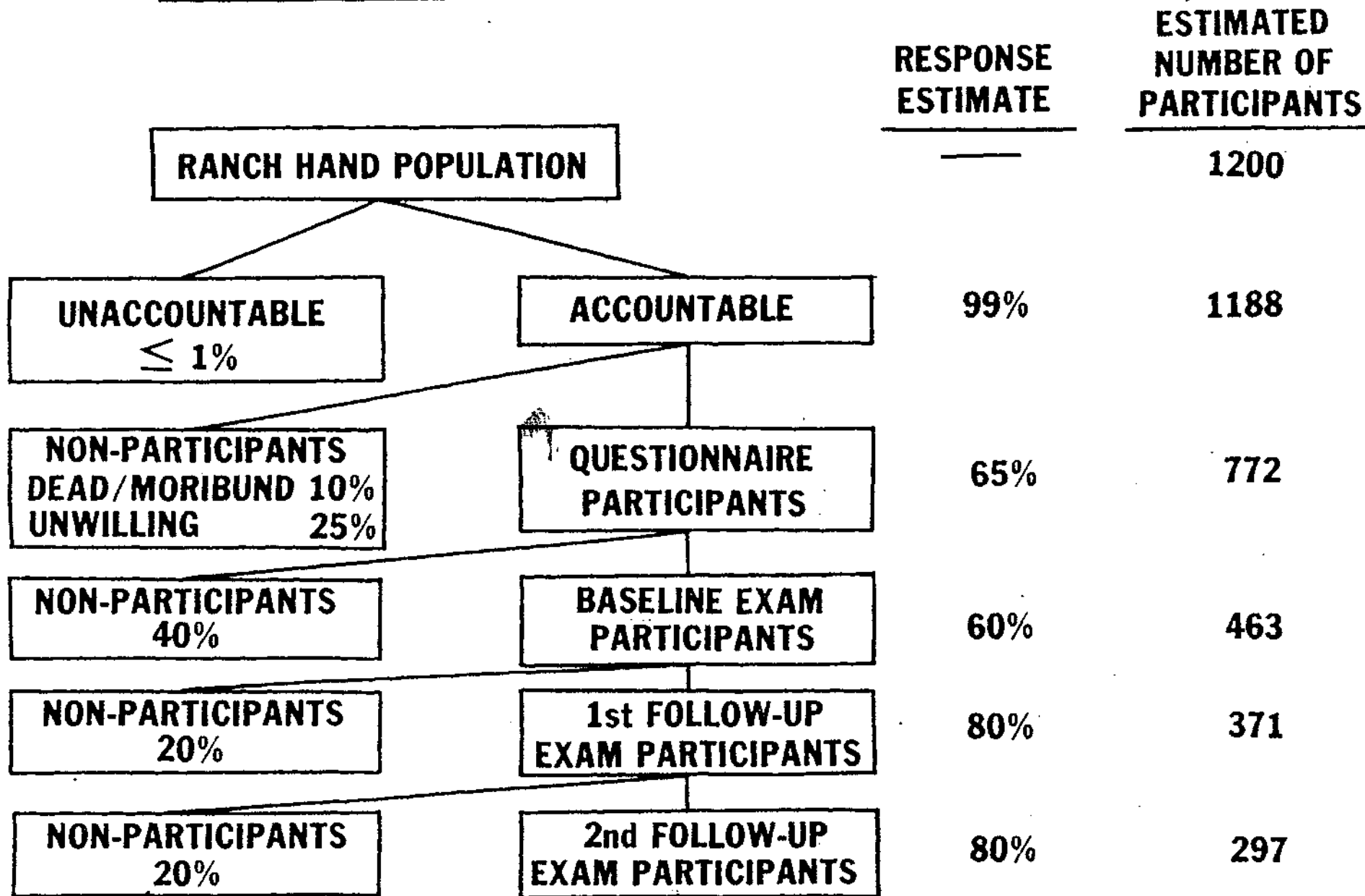
CONTROL REPLACEMENT FOR THE MORBIDITY AND FOLLOW UP STUDIES



● QUESTIONNAIRE DATA
○ RECONSTRUCTED DATA

* LOSS TO STUDY
☆ PHYSICAL EXAMINATION DATA

ESTIMATED IDENTIFICATION/PARTICIPATION OF THE RANCH HAND POPULATION

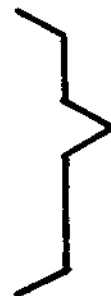


**RANCH HAND II
EPIDEMIOLOGIC STUDY DESIGN
FOLLOW-UP STUDY**

OVER 5 YEAR PERIOD; RENEWABLE 5 YEAR OPTIONS

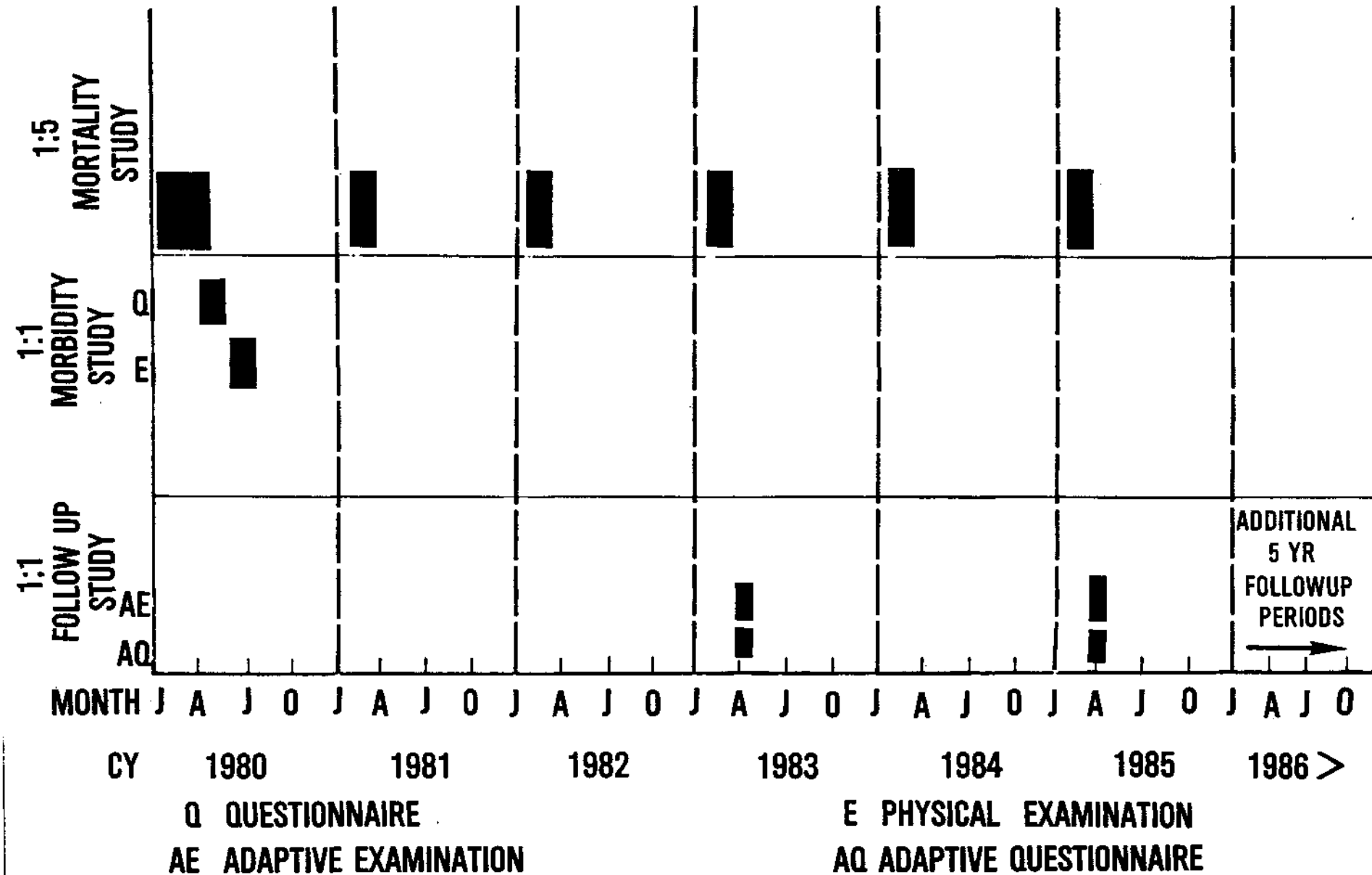
“ADAPTIVE” QUESTIONNAIRE

“ADAPTIVE” PHYSICAL EXAMINATION



IN YEARS 3 AND 5

PARTICIPATION SCHEMATIC FOR A GIVEN SUBJECT BY DATE AND STUDY PHASE



INFORMATION SOURCES

- **NATIONAL PERSONNEL RECORD CENTER, ST LOUIS**
- **AIR FORCE HUMAN RESOURCE LABORATORY**
- **MILITARY PERSONNEL RECORD CENTER**
- **AIR FORCE RESERVE / AIR NATIONAL GUARD**
- **UNIT HISTORIES AND PERSONAL REFERRALS**

METHODS OF ASCERTAINMENT

NPRC

- **MORNING REPORTS 1961-1966**
- **MILITARY PERSONNEL RECORDS**
 - **ALL VETERANS**
 - **UNITS OF ASSIGNMENT BY TIME/PLACE/STATUS**
 - **AIR FORCE SPECIALTY CODE (JOB) BY TIME**
 - **COMBAT FLYING HOURS**
 - **CUMULATIVE COMBAT MISSIONS**
- **MEDICAL RECORDS**
 - **INPATIENT/OUTPATIENT**
 - **VETERANS & DEPENDENTS**
- **PRESENT STATUS**
 - **RETIRED, RESERVES, DECEASED, VA CLAIM**
 - **ADDRESS AT TIME OF SEPARATION**

DATA COLLECTION OVERVIEW

- **MORTALITY DETERMINATION**
- **QUESTIONNAIRE**
- **RECORD REVIEWS**

- **PHYSICAL EXAMINATION**

MORTALITY DETERMINATION

- **MILITARY PERSONNEL RECORDS**
- **VETERANS ADMINISTRATION DEATH BENEFITS**
- **SOCIAL SECURITY ADMINISTRATION**
- **OTHER SOURCES: FAMILY, FRIENDS, SOCIAL ORGANIZATIONS, ETC.**

QUESTIONNAIRE

PURPOSE

- COLLECT HEALTH DATA THAT CAN BE ANALYZED FOR HEALTH EFFECTS DUE TO HERBICIDE EXPOSURE
- CAPTURE DATA THAT WOULD BE LOST THROUGH LOW PHYSICAL EXAMINATION COMPLIANCE RATES

QUALITY

- DEVELOPMENT CONSULTATION CONTRACT
- INTERVIEWER QUALITY CONTROL
- PRETEST

VALIDITY

- QUESTIONS RESTRICTED
- VERIFIERS/BIAS INDICATORS
- CROSS REF TO MR, PE, AND INTERVIEW
- DEVELOPMENT OF QUESTION PHRASING

SECTIONS OF QUESTIONNAIRE

- DEMOGRAPHIC DATA
- MEDICAL PROBLEMS
 - IDENTIFICATION IN RELATION TO TIME
 - ICDA CODES
- PERSONAL HISTORY
- MARITAL HISTORY
- PROGENY
- OTHER EXPOSURES
 - OCCUPATION
 - HOBBIES
 - RESIDENCES
- VIETNAM EXPERIENCE HISTORY

RECORD REVIEW

- **MEDICAL RECORDS (AF, VA, CIV)**
- **PERSONNEL RECORDS**
- **DEATH CERTIFICATES/AUTOPSY REPORTS**
- **BIRTH CERTIFICATES ON OFFSPRING**

DATA REPOSITORY

- **COMPUTER INTEGRATION OF:**
 - **ALL QUESTIONNAIRES (DIRECT ENTRY)**
 - **PSYCHOLOGICAL TESTING**
 - **PHYSICAL EXAMINATION**
 - **MEDICAL RECORDS**
 - **HISTORICAL AND NATIONAL PERSONNEL RECORD CENTER DATA**
 - **DEATH CERTIFICATES**
 - **BIRTH CERTIFICATES**
- **MASTER FILE ON EACH STUDY AND MATCHED CONTROL**
- **CONFIDENTIALITY WILL BE ASSURED**
- **RETRIEVAL**
 - **MOMENTARY RECALL**
 - **DATA ANALYSIS**

**POSSIBLE
DIAGNOSTIC INDICATORS
OF
HERBICIDE/DIOXIN TOXICITY**

SOURCES OF INFORMATION

- **ANIMAL STUDIES**
- **HUMAN CASE REPORTS**
- **EPIDEMIOLOGIC STUDIES**
- **VA CLAIMS / VA REPOSITORY**
- **VETERANS' CONCERNS**

SUGGESTED ATTRIBUTABLE SYMPTOMS OF HERBICIDE/TCDD IN HUMANS

2,4-D	2,4,5-T (+TCDD)	TCDD
		● CHLORACNE
	● PORPHYRIA	● PORPHYRIA
	● HYPERPIGMENTATION	● HYPERPIGMENTATION
● ASTHENIA	● ASTHENIA	● ASTHENIA
● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY	● PERIPHERAL NEUROPATHY
● SWEATING/FEVER		
● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE	● CARDIAC DISTURBANCE
● RENAL DYSFUNCTION		
● LIVER DYSFUNCTION	● LIVER DYSFUNCTION	● LIVER DYSFUNCTION
● GI DISTURBANCE	● GI DISTURBANCE	● GI DISTURBANCE
● HEADACHE		
● PNEUMONITIS		
		● HYPOTHYROIDISM
● CSF PROTEIN ABNORMALITIES		● HEARING/SMELL DISTURBANCES
● CONVULSIONS		

SUBJECTIVE SIGNS AND SYMPTOMS

ANXIETY

DECREASED LEARNING ABILITY

DEPRESSION

PARESTHESIAS

FATIGUE

DECREASED LIBIDO

APATHY

SLEEP DISTURBANCES

LOSS OF DRIVE

ANOREXIA

EPIDEMIOLOGIC STUDIES

- HARDELL AND SANDSTROM (1978)
CASE CONTROL STUDY OF SARCOMA PATIENTS
- TUNG (1973)
INCREASES IN THE DIAGNOSIS OF PRIMARY LIVER CANCER
- ALSEA, OREGON (1979)
SPONTANEOUS ABORTIONS IN SPRAYED AREAS OF OREGON
- AUSTRALIA AND NEW ZEALAND (1978)
BIRTH DEFECTS IN SPRAYED AREAS
- SEVESO, ITALY (1976)
HUMAN EFFECTS FOLLOWING AN INDUSTRIAL ACCIDENT

PRELIMINARY RESULTS OF THE SEVESO STUDIES

- **ACUTE AND SUB- ACUTE EFFECTS:**
 - **CHLORACNE**
 - **IDIOPATHIC NEUROLOGICAL CONDITIONS**
 - **IDIOPATHIC HEPATOMEGALY**

- **NO EVIDENCE TO DATE OF :**
 - **IMMUNOLOGIC DISTURBANCES**
 - **CYTOGENETIC ABNORMALITIES**
 - **FETOTOXICITY**
 - **TERATOGENICITY**
 - **CARCINOGENICITY**

GENERAL EVALUATION

- **PHYSICAL EXAMINATION**
- **URINALYSIS**
- **ELECTROCARDIOGRAM**
- **CHEST X-RAY**
- **VDRL/FTA**

DERMATOLOGIC

- **THOROUGH EXAMINATION FOR CHLORACNE: ACTIVE OR RESIDUAL LESIONS**
- **URINE PORPHYRINS AND PORPHOBILINOGEN**
- **SERUM STORED FOR SUBSEQUENT PORPHYRIN STUDIES AS TECHNOLOGY IMPROVEMENTS PERMIT**
- **PHOTOGRAPHS OF LESIONS**
- **DELTA ALA**

HEPATIC/NEOPLASTIC

- **PHYSICAL EXAMINATION**
- **CHOLESTEROL/HDL CHOLESTEROL**
- **TRIGLYCERIDES, SGOT, SGPT, GGTP, LDH**

**ANA AND HEPATITIS ANTIGENS AND ANTIBODIES
IF HEPATIC FUNCTION IS IMPAIRED**

NEUROLOGICAL/PSYCHOLOGICAL

- **THOROUGH NEUROLOGICAL EXAMINATION**
- **NERVE CONDUCTION VELOCITIES**
- **CPK**
- **PSYCHOLOGICAL BATTERY**
 - **MMPI**
 - **WAIS**
 - **WRAT**
 - **WECHSLER MEMORY SCALE I**
 - **CORNELL INDEX**
 - **HALSTEAD-REITAN**

IMMUNOLOGIC/HEMOPOIETIC

- **CBC**
- **SEDIMENTATION RATE**
- **PLATELET COUNT**
- **RBC INDICES**
- **SERUM ELECTROPHORESIS**

**IMMUNOELECTROPHORESIS, SKIN TESTING, AND QUANTITATIVE
IMMUNOGLOBULIN DETERMINATIONS IF INDICATE BY HISTORY**

ENDOCRINE/REPRODUCTIVE

- **PHYSICAL EXAMINATION**
- **SEMEN ANALYSIS: NUMBER, MOTILITY, MORPHOLOGY**
- **LH, FSH, TESTOSTERONE**
- **FASTING AND 2 HOUR POST PRANDIAL SERUM GLUCOSE**
- **DIFFERENTIAL CORTISOL**
- **THYROID PROFILE (RIA)**
- **COMPLETE REPRODUCTIVE HISTORY**

KARYOTYPING IF INDICATED BY HISTORY

ENHANCEMENT OF DATA QUALITY

- **SINGLE CENTER**
- **BLIND ASSESSMENT**
- **FULLY QUALIFIED PERSONNEL**
- **COMPLIANCE WITH EXAMINATION PROTOCOL**
- **ON-SITE MONITOR**
- **STRICT LABORATORY QUALITY CONTROL**

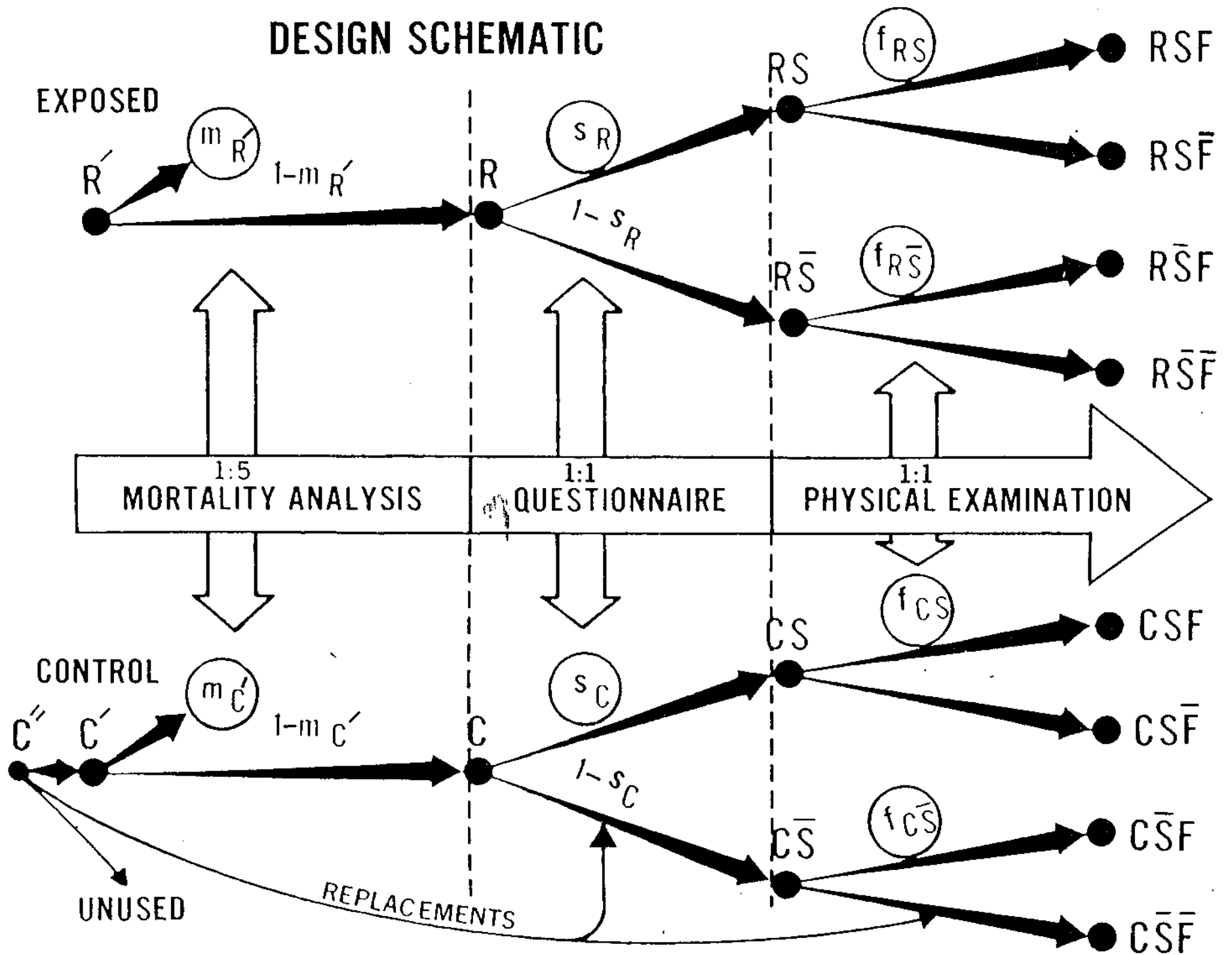
PROJECT RANCH HAND II

STATISTICAL METHODOLOGY

STATISTICAL METHODOLOGY - THRUSTS/GOALS

- 1. FULLY DEFINE STUDY POWER AND OPTIMIZE**
- 2. ANALYZE BIAS SOURCES**
- 3. INTERPRETATION**

DESIGN SCHEMATIC



INTERPRETATION OF HORIZONTAL COMPARISONS

OVERT EFFECT

SUBCLINICAL

OVER-REPORTING

$$M_R > M_C$$

$$M_R = M_C$$

$$M_R = M_C$$

$$S_R > S_C$$

$$S_R = S_C$$

$$S_R > S_C$$

$$F_R > F_C$$

$$F_R > F_C$$

$$F_R = F_C$$

$$F_{RS} > F_{CS}$$

$$F_{RS} > F_{CS}$$

$$F_{RS} < F_{CS}$$

$$F_{R\bar{S}} > F_{C\bar{S}}$$

$$F_{R\bar{S}} = F_{C\bar{S}}$$

$$F_{R\bar{S}} = F_{C\bar{S}}$$

**MORTALITY/SYMPTOM/
SIGN REGRESSION ON
EXPOSURE**

**SIGN REGRESSION
ON EXPOSURE**

**NO REGRESSION
ON EXPOSURE SEEN**

$$F_R = F_{RS} S_R + F_{R\bar{S}} (1 - S_R)$$

INDIVIDUAL EXPOSURE INDEX (E_j)

$$E_j = t_j \sum_i (f_{ij} c_{ij} p_{ij}) + h_j$$

FOR THE i^{th} MISSION:

f_{ij} = FRACTION 2,4,5 -T SPRAYED

c_{ij} = DIOXIN CONCENTRATION

p_{ij} = CREW POSITION

t_j = AVERAGE MISSION DURATION

h_j = SPECIFIC EXPOSURE HISTORY

MORTALITY ASSESSMENT

- **THREE CATEGORIES: ALIVE, DEAD, UNACCOUNTED**
- **WILL MAINTAIN UNACCOUNTED < 1%**

METHODS FOR MORTALITY ANALYSIS

- 1. ESTIMATE STANDARDIZED MORTALITY RATIO (SMR) USING ARMITAGE APPROACH.**
- 2. ESTIMATE SMR USING BRESLOW AND DAY MULTIPLICATIVE MODEL.**
- 3. LOGISTIC MODELS (WALKER AND DUNCAN).**
- 4. SURVIVAL MODELS (COX).**
- 5. NONPARAMETRIC MATCHED PAIR SURVIVAL ANALYSIS (WEI).**

(ARMITAGE, 1971)

RANCH HAND				CONTROLS		
AGE GROUP	PERSON YEARS	DEATHS	DEATH RATE	PERSON YEARS	DEATHS	DEATH RATE
1	P_{11}	m_{11}	r_{11}	P_{21}	m_{21}	r_{21}
2	P_{12}	m_{12}	r_{12}	P_{22}	m_{22}	r_{22}
3	P_{13}	m_{13}	r_{13}	P_{23}	m_{23}	r_{23}
⋮	⋮	⋮	⋮	⋮	⋮	⋮
k	P_{1k}	m_{1k}	r_{1k}	P_{2k}	m_{2k}	r_{2k}

$$M = \frac{\sum_{j=1}^k m_{ij}}{\sum_{j=1}^k P_{ij} r_{2j}}$$

$$SMR = M \times 100$$

(BRESLOW AND DAY, 1975)

- $\lambda_{ijk} = \theta_i \phi_j \psi_k$
- **MAXIMUM LIKELIHOOD**

LOGISTIC MODEL

$$p = \frac{e^Z}{1 + e^Z}$$

$$Z = \alpha + \beta_1 A + \beta_2 T + \beta_3 R + \beta_4 E + \beta_5 AE + \dots$$

A = AGE

T = TOUR LENGTH

R = RACE INDICATOR

E = EXPOSURE INDEX

CONTROLS

RANCH HAND PERSONNEL	DEAD	ALIVE	TOTAL
DEAD	a	b	a+b
ALIVE	c	d	c+d
TOTAL	a+c	b+d	n

$$\chi^2 = \frac{|b-c|^2}{b+c}$$

COX SURVIVAL MODELS

$$\lambda = \lambda_0 e^{\underline{\beta} \cdot \underline{x}}$$

WEI MORTALITY METHOD

AGE AT EVENT		GEHAN/WEI SCORE	SIGN TEST
EXPOSED PERSONNEL	MATCHED CONTROL		
56	62	-4	-1
59	60 *	0	-1
53	58	-4	-1
57 *	55	1	+1
		-7 = W_n	-3

- W_n HAS KNOWN DISTRIBUTION FOR LARGE n
- TEST MORE POWERFUL THAN SIGN TEST

QUESTIONNAIRE DATA

- **FOUR DATA TYPES: DICHOTOMOUS, POLYTOMOUS, COUNT, CONTINUOUS**
- **FOR CATEGORICAL RESPONSES USE LOG-LINEAR MODELS**
- **FOR ORDERED CATEGORICAL RESPONSES USE REGRESSION MODELS OF McCULLAGH**
- **FOR CONTINUOUS RESPONSES USE GENERALIZED LINEAR MODELS**

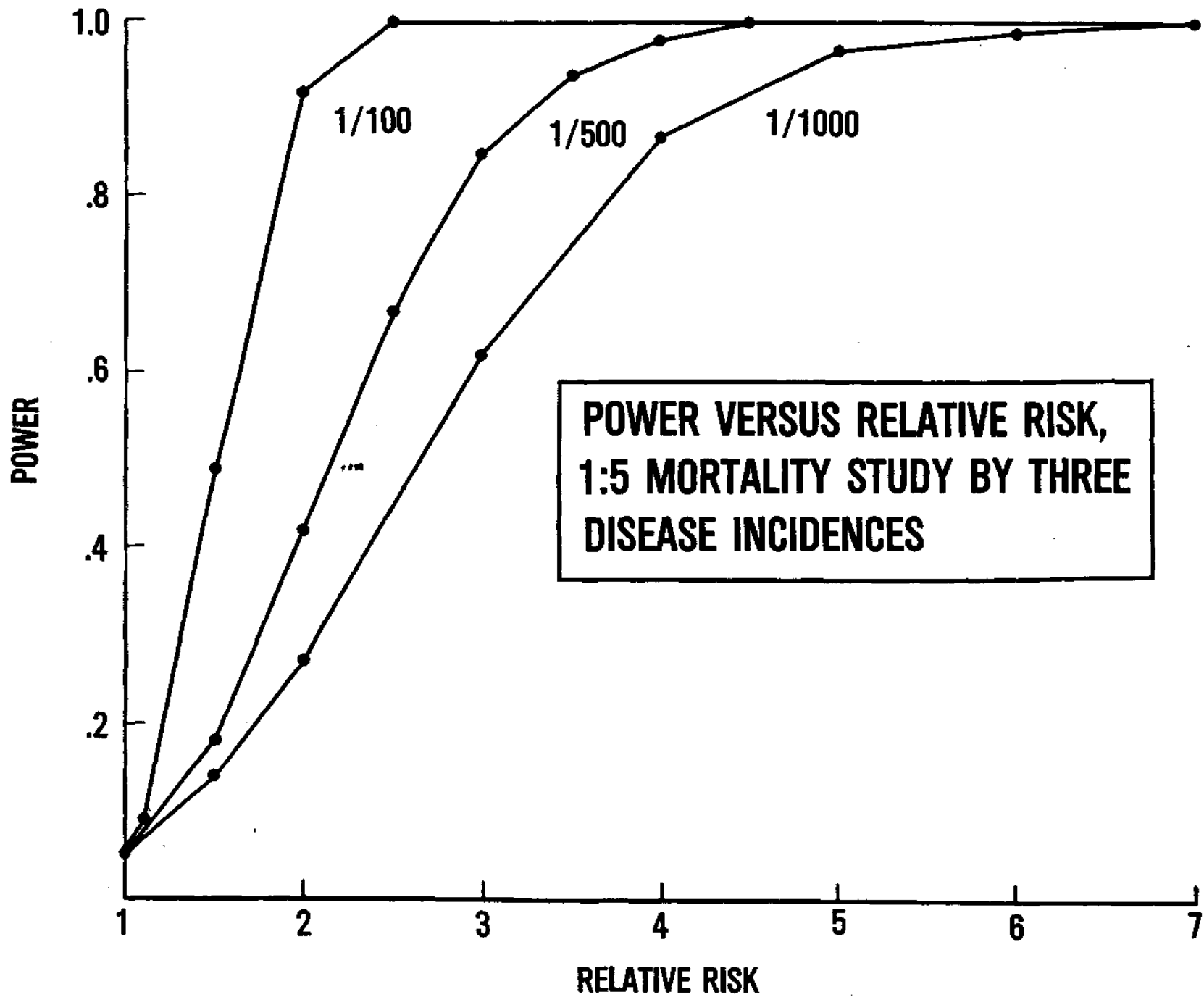
AGE CATEGORY DISEASE CATEGORY	RANCH HAND PERSONNEL				CONTROLS			
	1	2	3	4	1	2	3	4
1	x ₁₁₁	x ₁₁₂	x ₁₁₃	x ₁₁₄	x ₂₁₁	x ₂₁₂	x ₂₁₃	x ₂₁₄
2	x ₁₂₁	x ₁₂₂	x ₁₂₃	x ₁₂₄	x ₂₂₁	x ₂₂₂	x ₂₂₃	x ₂₂₄
3	x ₁₃₁	x ₁₃₂	x ₁₃₃	x ₁₃₄	x ₂₃₁	x ₂₃₂	x ₂₃₃	x ₂₃₄
4	x ₁₄₁	x ₁₄₂	x ₁₄₃	x ₁₄₄	x ₂₄₁	x ₂₄₂	x ₂₄₃	x ₂₄₄

$$\ln m_{ijk} = u + u_1(i) + u_2(j) + u_3(k) + u_{12}(ij) + u_{13}(ik) + u_{23}(jk) + u_{123}(ijk)$$

		CONTROL CATEGORY			
		1	2	3	4
RANCH HAND CATEGORY	1	n_{11}	n_{12}	n_{13}	n_{14}
	2	n_{21}	n_{22}	n_{23}	n_{24}
	3	n_{31}	n_{32}	n_{33}	n_{34}
	4	n_{41}	n_{42}	n_{43}	n_{44}

PHYSICAL EXAMINATION DATA

- SAME DATA TYPES AS QUESTIONNAIRE
- TO VALIDATE QUESTIONNAIRE DATA
- TO ESTIMATE RATE OF OCCURENCE OF PHYSICAL FINDINGS
- TO EVALUATE RELATIONSHIP OF SYMPTOMS AND PHYSICAL FINDINGS
- ESSENTIALLY USE THE SAME STATISTICAL TESTS AS USED WITH QUESTIONNAIRE



MORBIDITY STUDY
POWER – DICHOTOMOUS VARIABLES

				POWER $1 - \beta$		
P_1	P_2	REL RISK	r	$n =$ 250	$n =$ 350	$n =$ 450
.05	.01	5	0	.77	.82	.92
.04	.01	4	0	.61	.75	.85
.03	.01	3	0	.40	.51	.59
.10	.05	2	0	.61	.75	.85
.20	.10	2	0	.87	.94	.97
} $\alpha = 0.05$						
.05	.01	5	.1	.89/.029	.94/.032	.98/.064
.04	.01	4	.1	.72/.033	.87/.038	.88/.041
.03	.01	3	.1	.38/.020	.68/.046	.71/.077
.10	.05	2	.1	.76/.055	.85/.048	.88/.048
.20	.10	2	.1	.94/.043	.98/.046	.99/.057
} $\alpha = AS$ INDICATED						

MORBIDITY STUDY POWER-CONTINUOUS VARIABLES

$$\alpha = 0.05, \quad \sigma_C / \mu_C = 0.1, \quad \gamma = \mu_{RH} / \mu_C$$

$$\text{POWER} = 1 - \beta$$

R	γ	n=180	n=450
.20	1.01	.20	.38
.20	1.02	.55	.88
.20	1.05	> .995	> .995
.70	1.01	.86	> .995
.70	1.02	> .995	> .995
.70	1.05	> .995	> .995

**MORTALITY-MORBIDITY STUDIES
POWER STUDY-CARDIOVASCULAR DISEASE SETTING**

NUMBER OF PAIRS	$\gamma = \beta$		$\gamma = .8\beta$	
	POWER NEGLECTING PAIRING	POWER WITH PAIRING	POWER NEGLECTING PAIRING	POWER WITH PAIRING
250	> .99	> .995	.93	.95
300	> .99	> .995	.96	.97
350	> .99	> .995	.97	.98

$\alpha = 0.05$

REPLACEMENT CONCEPT

- **DERIVED FROM LIFE-TABLE METHODS EMPLOYING PERSON-YEAR DENOMINATORS FOR INCIDENCE COMPUTATIONS**

MATANOSKI ET. AL., AMER. J. EPID., 101, 1975

SHEPS, MILBANK MEM. FUND., 44, 1966

ELVEBACK, JASA, 53, 1958

- **ADDRESSES BIAS AND POWER CONCERNS**

$$P(X) = \alpha P_c(X) + \beta P_{nc}(X)$$

$$M = \alpha M_c + \beta M_{nc}$$

$$\text{BIAS} = M_c - M$$

REPLACEMENT CONCEPT : STEPS

1. USE ALL DATA AVAILABLE ON NONCOMPLIANT INDIVIDUALS
2. DEVELOP DISCRIMINANT FUNCTION FROM THIS DATA

$$D = (H_1, H_2, H_3; L_1, L_2)$$

“HEALTH FACTORS”

H_1 = SUBJECTIVE HEALTH ASSESSMENT

H_2 = CURRENT USE OF LONG-TERM
HEALTH CARE

H_3 = ABSENTEEISM

“LOGISTIC FACTORS”

L_1 = TIME FROM HOME

L_2 = TIME FROM WORK

3. THE REPLACEMENT WILL HAVE SAME HEALTH PERCEPTION (H_1) AS THOSE LOST TO STUDY
4. OTHER FACTORS (H_2, H_3, L_1, L_2) WILL BE ASSESSED AFTER ENTRY INTO STUDY

STUDY DESIGN CONSIDERATIONS

- LACK OF MULTIPLE CLINICAL MARKERS OR RECOGNIZED END POINTS
- STUDY BIASES (+ AND -)
- MULTIPLE HERBICIDE ENVIRONMENT; CONFOUNDING VARIABLES
- HERBICIDE ORANGE EXPOSURE NOT QUANTIFIED
- RESPONSE RATES TO QUESTIONNAIRES AND PEs
- PEs MAY DETECT DISQUALIFYING DEFECTS
- VARIABILITY OF DATA

AIR FORCE RANCH HAND STUDY

ACHIEVEMENTS TO DATE

- **COMPREHENSIVE LITERATURE REVIEW (2,500)**
- **CONTACT ESTABLISHED: ALL LEADING H.O. EXPERTS (5 VISITS)**
- **ENDORSEMENT BY RANCH HAND ASSOCIATION**
- **15 M RECORDS BY COMPUTER; 37 K RECORDS, HAND SORT**
- **RANCH HAND GROUP FULLY IDENTIFIED**
- **BASIC SCIENTIFIC PROTOCOL SET**
- **BASIC STATISTICAL FORMATS AND DATA REPOSITORY SET**

UNIQUE FEATURES OF THE PHYSICAL EXAMINATION

- **COMPREHENSIVE BY NECESSITY**
 - **LITERATURE REVIEW**
 - **VETERANS CLAIMS/CONCERNS**

- **ESSENTIALLY A STANDARD EXAMINATION WITH EXPANDED EVALUATION OF:**
 - **BIOCHEMICAL FUNCTION**
 - **NEUROLOGICAL AND PSYCHOLOGICAL STATUS**

- **DATA COLLECTED FOR SCIENTIFIC AS WELL AS CLINICAL CONSIDERATIONS**
 - **ASSESSMENT WITHOUT KNOWLEDGE OF EXPOSURE STATUS**
 - **STRICT ADHERENCE TO EXAMINATION PROTOCOL**
 - **HISTORY NOT TAKEN BY THE EXAMINER**
 - **DATA NOT ANALYZED BY THE EXAMINER**

COMPONENTS OF THE MEDICAL EVALUATION

- **COMPREHENSIVE MEDICAL/SOCIAL/OCCUPATIONAL HISTORY INCLUDING A FERTILITY HISTORY OF THE SUBJECT AND HIS SPOUSE (S)**
- **COMPREHENSIVE PHYSICAL AND LABORATORY EVALUATION WITH EMPHASIS ON THE TARGET SYSTEMS/CONDITIONS**