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Report/Article Title Letter with attachments: To Junya Nagayama, Kyushu University, from Alvin L. Young, Senior Policy Analyst for Life Sciences, Office of Science and Technology Policy regarding dioxin conference papers, dated August 5, 1986

Journal/Book Title

Year 1986

Month/Day August 5

Color

Number of Images 6

Description Notes Five paper abstarcts are attached

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
WASHINGTON, D.C. 20506

August 5, 1986

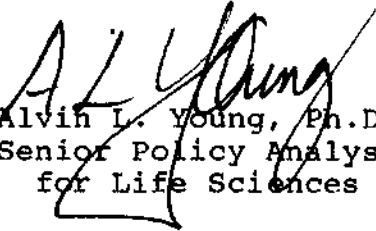
Dear Dr. Nagayama:

The attached abstract entitled "A Long-term Study of Ecosystem Contamination with 2,3,7,8-Tetrachlorodibenzo-p-dioxin" is in support of the presentation on September 17, 1986 to the 6th International Symposium on Chlorinated Dioxins and Related Compounds. A completed manuscript will be available to you at the time of presentation. We hope that you will include the manuscript in the proposed special issue of Chemosphere. As you are now aware, Dr. Charles Thalcken will present the paper.

I've also enclosed the Abstracts from Dr. Barclay Shepard. You will be hearing from him under separate cover.

Best wishes for a successful Conference.

Sincerely,


Alvin L. Young, Ph.D.
Senior Policy Analyst
for Life Sciences

Junya Nagayama, D.M.Sc.
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Enclosures

A LONG-TERM STUDY OF ECOSYSTEMS CONTAMINATION WITH 2,3,7,8,-
TETRACHLORODIBENZO-P-DIOXIN

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A review is presented of the final results of a long-term field study of an ecosystem contaminated with 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD). The 15 year study focuses on a unique 3.0 km military test area (Test Area C-52A, Eglin Air Force Base, Florida) that was aerielly sprayed with 73,000 kg 2,4,5-trichlorophenoxyacetic acid (2,4,5-T) and 77,000 kg 2,4-dichlorophenoxyacetic acid (2,4-D) during the period 1962-1970. Data from the analyses of archived herbicide samples and from soil samples collected from 1970 through 1984 suggested that less than 1% of the approximately 2.8 kg TCDD disseminated on the test area persisted in the soil environment. Over the years of observations (1969-1984), approximately 341 species of organisms were observed and identified as associated with the test area. More than 300 biological samples were analyzed for TCDD and detectable residues were found in 32 different species (mammals, birds, insects, reptiles, amphibians and fish). Examination of the ecological niches of the species positive for TCDD residue suggested that the commonality was a close relationship to contaminated soil. Studies spanning more than 50 generations of the beachmouse, Peromyscus polionotus, concluded that exposure to soil concentrations of TCDD in the range of 0.1 to 1.5 parts per billion (ppb), have had minimal effect upon the health and reproduction of this species.

RETROSPECTIVE STUDY OF DIOXIN AND FURANS IN HUMAN ADIPOSE TISSUE

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The Veterans Administration (VA) in cooperation with the Environmental Protection Agency (EPA) has determined that the EPA's National Human Adipose Tissue Survey (NHATS) Program constitutes a unique and valuable source of adipose tissue specimens that can be used in a study of dioxin and furan levels in Vietnam era veterans as well as non-veteran males of that age group. The EPA has identified 528 males born between 1937 and 1952 from whom adipose tissue specimens had been collected for NHATS. Military service information, in particular Vietnam service status, for these men was obtained from a comprehensive review of their military personnel records. One hundred thirty four men served in the US Armed Forces, and 40 of these had a record of military service in Vietnam.

In order to achieve adequate statistical power, it was determined that the study should include at least twice as many controls as Vietnam veterans. Consequently 80 veterans who had served in locations other than Vietnam and 80 men with no military service were selected as the controls. Quantitative determinations will be made for 17 PCDD and PCDF compounds, including 2,3,7,8-TCDD. The study consists of 200 individual study specimens, and each specimen is randomly assigned to one of 20 batches. The study design and the statistical methods for the data analysis will be discussed.

*SECTION ON "HUMAN TISSUE LEVELS"
SECTION A*

**SOFT TISSUE SARCOMA AND MILITARY SERVICE IN VIETNAM -
A CASE COMPARISON GROUP ANALYSIS OF HOSPITALS PATIENTS**

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A hospital-based case comparison group study was undertaken to examine, through a comprehensive review of medical records and military personnel records, the association between previous military service in Vietnam and soft tissue sarcoma. The case groups comprised 234 Vietnam era patients who served in the U.S. military and were treated in one of the 172 VA Hospitals between 1969 and 1983 with a coded diagnosis of soft tissue sarcoma (ICD 171). The comparison group consisted of 13,496 patients who were systematically sampled from the same Vietnam era veteran patient population from which the cases were drawn. Military service information was obtained from a review of each patient's military personnel record. Eighty six of the 234 STS cases (36.8%) had served in Vietnam, whereas in the comparison group of 13,496 Vietnam era patients, 5544 (41%) had served in Vietnam. No significant association of STS and Vietnam service was observed. The odds ratio was 0.83 with a 95% confidence interval of 0.63 - 1.09.

The tissue slides from 102 of the STS cases were obtained and reviewed by a recognized expert pathologist at the AFIP. During the slide review, the AFIP pathologist knew neither the military service status nor the VA's previous diagnosis for any of these cases. In 96 of these 102 cases the AFIP Pathologist confirmed the VA pathologist's diagnosis of STS. Of those 96 cases, 33 (34%) had served in Vietnam. Again, no significant association of STS and Vietnam service was observed. The odds ratio was 0.75 with a 95% confidence interval of 0.49 - 1.15.

SOFT TISSUE SARCOMA AND MILITARY SERVICE IN
VIETNAM: A CASE CONTROL STUDY

H. Kang*, F. Enzinger**, P. Breslin*, M. Feil*, Y. Lee*, and B. Shepard+

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The possibility that exposure to phenoxy herbicides may induce soft tissue sarcomas (STS) has been suggested from several studies in Sweden. In the United States many Vietnam veterans have attributed health problems including soft tissue sarcomas to exposure to Agent Orange (a mixture of the two commercial phenoxy herbicides, 2,4-D and 2,4,5-T) during military service in Vietnam.

In order to examine the association of soft tissue sarcomas with military service in Vietnam and other possible risk factors, the Veterans Administration has conducted a case control study of men of the Vietnam era age group.

A total of 217 STS cases were selected from the AFIP Soft Tissue Tumor Registry and 601 controls were selected from the records of the same hospitals which had referred the STS cases to the AFIP. The cases and controls were compared for Vietnam service, occupational and non-occupational exposure to various chemicals, occupational history, medical history such as genetic syndromes, immune deficiency, lymphedema, trauma, radiation therapy, and life style (smoking, alcohol, coffee, etc.). With the exception of military service data, all information was obtained from telephone interviews with the subjects or their next of kin. For all veterans, the service information was obtained from military personnel records.

Cases and controls were stratified on the basis of the category of the referring hospital (civilian, VA, military); the Mantel-Haenszel estimate of the odds ratio, adjusted for the effects of the stratification variable, was calculated. No association was found between service in Vietnam and STS (odds ratio, 0.84; 95% confidence limits, 0.53 - 1.33). Analysis is in progress to ascertain the contribution of other risk factors of interest to the risk of STS.

MORTALITY PATTERN AMONG

VIETNAM ERA VETERANS - A Look at the Suicide Issue

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In response to growing concerns about possible adverse health effects of Military Service in Vietnam, the Veterans Administration (VA) has recently completed an extensive proportionate mortality analysis using a VA data base which comprises the largest single roster of deceased veterans. In order to focus on veterans who had served during the Vietnam-era, study subjects were selected from veterans who were in the U.S. Armed Forces on July 4, 1965 and who entered service after that date but before March 1, 1973. This was the period during which the largest number of men were in the military and would have been eligible for duty in Vietnam. To further focus on those veterans who served as ground troops, only those in the Army and Marine Corps were selected, since they comprised 81% of all military forces in Vietnam and since many Navy and Air Force personnel, although in the Southeast Theater of operations, never actually served ashore in the Republic of Vietnam.

Since this was designed as a proportionate mortality study, and since deaths related to combat injuries or other causes peculiar to the Vietnam environment, such as acute deaths from malaria, could occur in only those who served in Vietnam, all deaths prior to the end of 1973 were excluded. The target population as defined by these criteria consists of 186,000 Vietnam-era veterans who died between July 4, 1965 and February 1982. A random selection of a large segment of the target population ultimately resulted in a study group of 51,423 who met all criteria and for whom complete military service information as well as cause of death data were available. Of these 48.1% served in Vietnam and 51.9% served elsewhere.

Because of several reports and expressions of concern suggesting a higher suicide rate among veterans who actually served in Vietnam as compared to those who served elsewhere, an initial analysis was made to address this question. It was determined that overall, the men who served in Vietnam have less than the expected number of deaths coded as suicide when compared to those who served elsewhere. There was a small excess of deaths due to motor vehicle and other accidents, but fewer deaths from all other causes combined among the Vietnam veterans as compared to those who served elsewhere. Data relating to suicides, traumatic, and accidental deaths will be presented in greater detail.