

From: miguel.sansebastian@epiph.umu.se
Sent: Monday, August 25, 2008 12:20 PM
To: Dave Mills <DMills@stratusconsulting.com>
Subject: Re: Follow up

Dear Dave,

I'm back to my office so that's the best number. No, Steven has not contacted me.

Kind regards,

Miguel

> Dear Miguel,

>

> Thanks for these comments. I will go back in and look in more detail at
> the text but your points are well taken.

>

> As a side note, has Steven gotten in touch with you since we spoke and
> exchanged notes. I was out of the office all last week and want to provide
> a reminder to him if it is needed. I think you mentioned that starting now
> the best number to reach you at is your office number below, and probably
> for him to send a note first looking to schedule a time.

>

> I hope all is well and look forward to getting back into this after I
> sort/read/clear out the week of accumulated email.

>

> Thanks,

>

> Dave

>

> -----Original Message-----

> From: Miguel San Sebastian [mailto:miguel.sansebastian@epiph.umu.se]

> Sent: Monday, August 25, 2008 3:17 AM

> To: Dave Mills

> Subject: Comments to cancer section

>

> Hi Dave,

>

> some major comments to the section on cancer (pages 64-72)

>

> - Quality of data: Cancer cases are based on a questionnaire, from an
> epidemiological point of view this has little validity.

>

> - Time of diagnosis: it is not clear from the report when the cancers were
> diagnosed: during the period 1964-90? Till now? This is necessary to
> interpret the figures provided.

>

> - The last paragraph in page 65 comparing cancers in Quito and in their
> study is irrelevant because the different demographic patterns of both
> populations.
>
> - An important limitation of the study is the lack of adequate denominator
> which is key in any epidemiological information. The study presents
> prevalence data which are informative but not very relevant to compare and
> understand the pattern and distribution of cancer.
>
>
> The annex Q is very confusing.
>
> _Page 2, Step 1: _The author(s) mixed cases and deaths as if they were the
> same. The author(s) assumes that all potential cancer cases were due to
> the oil exposure; this is incorrect. The interpretation of the figure 50
> cases / 1000 inhabitants is difficult since we lack the time period.
>
> There is a confusion about certain epidemiological terms: prevalence,
> incidence and ratios are incorrectly used. For instance, the term cancer
> index is used in step 1 and 2 to mean completely different things.
>
> The number 1.73 is used to calculate the excess of cancer cases. This
> number comes from averaging two different measures: while the study uses
> prevalence data, we used in our study incidence data adjusted for age.
> To join the two measures is incorrect.
>
>
> Page 3, Step 3.
>
> The calculation of the excess of cases is incorrect. The study uses the
> number 1.73 (which as mentioned above has no sense) to calculate that
> excess. To calculate excess of disease in epidemiology, we use the
> absolute difference between two risk or rates; the interpretation of this
> excess is done always assuming causality between the exposure (oil) and
> the outcome (cancer). These data are lacking in the study.
>
> Kind regards,
> Miguel
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> --
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