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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