## Stratford Cancer Follow-up Review Summary

## **BACKGROUND**

This fact sheet is a summary of a recent review of bladder cancer data in Stratford, prepared by the Connecticut Department of Public Health (DPH). The main goal of this review was to follow-up on the November 1998 DPH report entitled *Cancer Incidence and Birthweight in Relation to Exposure to Raymark Waste*.



# WHY BLADDER CANCER WAS SELECTED FOR FOLLOW-UP

Bladder cancer was selected for study because the 1998 DPH study found an elevated level for female bladder cancer near some of the Raymark waste sites. Although the 1998 study found that female bladder cancer was slightly elevated near the waste sites, no conclusion could be made on a relationship between cancer rates and environmental exposures to Raymark waste. That study concluded that additional follow-up should be conducted after five more years of cancer data became available, to see if the additional data could clarify the results of the original study.

## TYPES OF ANALYSIS

Two analyses were utilized for the follow-up of bladder cancer in Stratford. First, the original data were re-analyzed to more accurately evaluate where people lived in Stratford and how close their homes were to Raymark waste. Enhancements were made to identify the population at risk. Second, five additional years of bladder cancer data were added to the data from the 1998 study and examined to see if there were spatial patterns of where cancer occurred in town. The geographic pattern of bladder cancer was then reviewed over time using maps of cancer incidence.

Page 2 Volume 1, Issue 1

## STUDY RESULTS

When analyzed in the same way as the original 1998 study, female bladder cancer levels continued to be slightly elevated, similar to the original health study results. In order to see if this elevated level was meaningful, a series of maps showing the distribution of bladder cancer in Stratford in five-year periods was produced. These maps show no consistent pattern between bladder cancer level and nearness to the Raymark waste sites. Additionally, in the most recent time period, female bladder cancer is quite low. Therefore, the slight elevation in cancer levels in earlier years was not found in the last 5 year period that was examined. (1991-1996).

Although the original study did not find any significant results for male bladder cancer, it was reexamined with the refined methods and additional years of data. A slight elevation in male bladder cancer was found in an area somewhat distant from Raymark waste sites (3/4 to 1 mile). The current study looked at how this pattern of male bladder cancer changed over time. It was evident that it was not consistently elevated in areas near the waste. Town wide, there was a increase in male bladder cancer over time, but this is likely due to lifestyle risk factors or random variation, since Raymark waste was only placed in certain areas of town.

## **CONCLUSIONS**

There were no new findings in the five-year follow-up for male and female bladder cancer in Stratford, Connecticut. The follow-up supports the original findings in the 1998 study, that there is no definitive evidence linking female or male bladder cancer to Raymark waste.

#### FOR MORE INFORMATION:

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http://www.dph.state.ct.us/index.html health.htm

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