Orenstein, Walt

From: Chu, Susan
Sent: Tuesday, June 13, 2000 9:33 AM
To: Orenstein, Walt
Subject: FW: One comment on your draft summary report

Importance: High

Roger/Sue
Has the report been sent out to the consultants?
Walt
6/14

fyi

-----Original Message-----
From: stehr-green [mailto:stehr-green@attglobal.net]
Sent: Monday, June 12, 2000 11:36 PM
To: Chu, Susan
Cc: Roger Bernier
Subject: Re: One comment on your draft summary report
Importance: High

Thanks. That's a good suggestion (and, as Henry Kissinger once said "It has
the added advantage of being the truth!"), and I'll make the appropriate
change. I also got your voicemail message and I'll hope to hear from Roger
or you tomorrow morning (I have a conference call from 9:00-11:00am PDT, but
please feel free to call anytime after 7:30am PDT or after 11:00am PDT
tomorrow.

At the least, we need to resolve the issue how/who will send this report out
to the consultants, and when you need a final report for the ACIP
meeting.

Thanks. I look forward to talking with you or Roger tomorrow.

Paul

----- Original Message -----
From: Chu, Susan <syc1@cdc.gov>
To: <stehr-green@attglobal.net>
Cc: Orenstein, Walt <wao1@cdc.gov>; Bernier, Roger <rhb2@cdc.gov>
Sent: Monday, June 12, 2000 1:21 PM
Subject: One comment on your draft summary report

> Walt had one suggestion for page 3.
>
> Instead of "...the participants specifically recommended that
administrative
> datasets (like the VSd) not be analysed for such associations..."
>
> to "the participants did not think that the analysis of administrative
> datasets (like the VSD) would be productive for such associations
because
of
> the difficulty in discerning true causal associations..."
>
> because the recommendation not to do this kind of analysis was not
really
an
> explicit recommendation -- but was expressed as a concern.
>

Graham, Laverne

From: Verstraeten, Thomas
Sent: Friday, December 17, 1999 4:40 PM
To: 'Robert Davis'
Cc: Destefano, Frank
Subject: It just won't go away...

Hi,
Attach please find four tables with RRs and three SAS programs:
Sumstat_alldia_sort (created by TH_anal_nonbob_expl3.txt) has the RRs after PH models adjusted for gender, site and birthyear for all diagnoses included.
Sumstat_alldia_sort2 has the RR for the conditions that came out to be relevant from the first list.
Sumstat_alldia_strat (created by TH_anal_bob_str) has the same after stratification for site, year and month of birth, adjusting for gender and leaving out the kids that got HepB immunoglobulines. It differs very little from the previous, except for the coordination disorders.
Sumstat_bob (created by TH_anal_bob_expl3.txt) has the RRs for the categories of diagnoses, adjusted, not stratified (I did it for one and got basically the same result).
In the lists you'll also see the sample size for each category and the referent category, some of which are quite small when making 4 categories, reason for using 3 slightly different categories with similar results (Hg3cat1 vs. hg4cat1 and hg3cat3 vs. hg4cat3).
I added another exposure variable (addcat) in one llist that looks at the increase of mercury each month for the first three months, divided by the average bodyweight in the first, second and third month and takes the maximum value of this. This does not show much, to which I would conclude that, except for epilepsy, all the harm is done in the first month.

As these neurologic developmental conditions are very much related (odds of having one when also having the other go from 20 to 100!), I added the first five (called mix) and checked what happened to the RRs. (You get some sort of average.) I will explore the possibility of some sort of factor analysis to replace the conditions by one variable.

As you'll see some of the RRs increase over the categories and I haven't yet found an alternative explanation... Please let me know if you can think of one. Frank proposes we discuss this on a call after NewYear.

Also attached my EIS abstract to get your input.

Happy holidays!

Thomas Verstraeten, M.D.
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Graham, Laverne

From: Boyle, Coleen
Sent: Tuesday, April 25, 2000 3:55 PM
To: Destefano, Frank
Cc: Sinks, Tom
Subject: comments of analysis

Frank: Just a few comments from yesterday's presentation:

General comment: Given the complexity of the analysis, it would be helpful to me to have more information on the cohort -- basic descriptive statistics.

1. how consistent were the findings by various subgroups -- e.g. between HMOs, race groups, gender, etc.

2. Since most of the dx's are generally not picked up until the 2nd or 3rd year of life had you considered eligibility criteria of at least 18 months or 2 years?? What happens if you do this?

3. Show analyses with and without perinatal/congenital conditions deleted (by eliminating the premature kids you have already excluded those at greatest risk of a DD.)

4. Early dx of these disorders is strongly associated with SES -- can you control for your marker variable of SES (Not sure if SES is related to thimerosal, but surely compliance with vaccination schedule.)

5. For me the big issue is the missed cases -- and how this relates to exposure. Clearly there is gross underreporting -- 1.4% of the kids dx'ed with a speech and language problem vs. 4-5% from reported in national surveys; <1% with ADHD vs 3-10% reported previously; etc.

6. There seem to be small numbers in the none and low exposure groups -- how do the characteristics of these groups differ from the higher exposure groups

7. Just a note: your case definition slide does not match what are presented in the tables.

Hope this is helpful -- let me know if there is anything else I can do.

thx

Coleen A. Boyle, Ph.D.
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Verstraeten, Thomas

From: Verstraeten, Thomas
Sent: Friday, July 14, 2000 10:42 AM
To: 'Philippe Grandjean'; Verstraeten, Thomas
Cc: Chen, Robert (Bob) (NIP); Destefano, Frank; Pless, Robert; Bernier, Roger; Tom Clarkson; Pal Weihe
Subject: RE: Thimerosal and neurologic outcomes

Dear Dr. Grandjean,
Thank you for a very rapid response!
I apologize for dragging you into this nitty gritty discussion, which in Flemish we would call "muggeziften" . I know much of this is very hypothetical and personally I would rather not drag the Faroe and Seychelles studies in this entire thimerosal debate, as I think they are as comparable to our issue as apples and pears at the best.
Unfortunately I have witnessed how many experts, looking at this thimerosal issue, do not seem bothered to compare apples to pears and insist that if nothing is happening in these studies then nothing should be feared of thimerosal. I do not wish to be the advocate of the anti-vaccine lobby and sound like being convinced that thimerosal is or was harmful, but at least I feel we should use sound scientific argumentation and not let our standards be dictated by our desire to disprove an unpleasant theory.
Sincerely,
Tom Verstraeten.

-----Original Message-----
From: Philippe Grandjean [mailto:pgrand@health.sdu.dk]
Sent: Friday, July 14, 2000 6:45 AM
To: Verstraeten, Thomas
Cc: Chen, Robert (Bob) (NIP); Destefano, Frank; Pless, Robert; Bernier, Roger; Tom Clarkson; Pal Weihe
Subject: Re: Thimerosal and neurologic outcomes

Dear Dr. Verstraeten - I have given your message priority and will respond below to the
questions raised in your message. I shall look in detail at the documents you attached, but
that will not be until next week when I'm back in Boston. Best regards - Philippe Grandjean

> 1. Dr. Clarkson stated that neither of the Faroe or Seychelles studies found
> any adverse effects linked to post-natal exposure. Two remarks :
>
> * The Faroe study did found a negative statistically significant
> association between two test results (finger tapping and reaction time) and
> post-natal exposure (measured by child hair mercury at year). Adjusting for
> breastfeeding did not only not resolve these, but added a third association
> (visuospatial memory).
>
> (ref. Grandjean et al, Methylmercury Exposure Biomarkers as Indicators of
> Neurotoxicity in Children Aged 7 Years, AJE, 1999).

That's correct. At least when assessed by the Bender Visual Motor Gestalt Test, visuospatial
performance is more closely associated with postnatal exposure than with