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THE MOUNT SINAI MEDICAL CENTER

ONE GUSTAVE L. LEVY PLACE • NEW YORK, N.Y. 10029



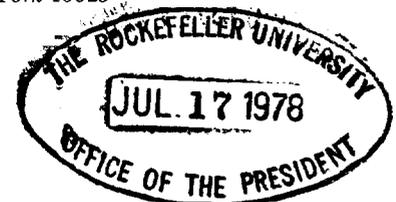
Mount Sinai School of Medicine • The Mount Sinai Hospital

July 14, 1978

*Environmental Sciences Laboratory
Cummings Basic Sciences Building
10 East 102 Street
New York, New York 10029
(212) 650-6173*

Selikoff L

Dr. Joshua Lederberg
The Rockefeller University
1230 York Avenue
New York, New York 10021



Dear Josh:

Continuing our discussions, in the two areas of immediate interest:

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1. Training programs in environmental health

- a. Postdoctoral program in environmental epidemiology. Candidates preferably from biological disciplines (genetics, zoology, biology, etc.) but also the physical sciences. Essentially, a good young scientist with promise; not really a mid-career shift but widening and enrichment. William J. Nicholson, Ph.D. is Program Director and preceptors include Cuyler Hammond, and even Hans Popper for a special subsegment in environmental pathology (quantitation!).
- b. Residency in environmental and occupational medicine. Generally three years, with prior background in internal medicine. I head this program. A basic core curriculum (also available to the postdoctoral people) includes scientific method, epidemiological approaches, sources of bias, occupational and environmental toxicology, environmental evaluation, biostatistics, biological effects of inorganic microparticles, etc. Early and deep involvement in ongoing research leading to independent research.
- c. Predoctoral program in our Graduate School. Ph.D. First year standard with all other graduate school candidates -- heavily biological. Thesis subject then related to environmental biology. Includes M.D.-Ph.D. program.
- d. More routine teaching of undergraduate medical students and postgraduate courses.

The postdoctoral program is funded by NIEHS and the Residency by NIOSH. Support for (d) is also available from NIOSH while ACS support generally helps with some of the predoctoral work.

- 2. We have available access to all 18,000 members of the International Association of Heat and Frost Insulators and Asbestos Workers ("Asbestos Workers Union") in the United States and Canada. They

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are registered in approximately 110 local unions in various parts of the country. Much information is available concerning each individual and the entire group is under constant surveillance with all deaths, resignations, transfers, new members, etc. regularly reported to us.

We intend to obtain a large variety of baseline data in the whole group (or, all those that volunteer! -- which is likely to be a large majority) starting approximately 9-12 months from now. The various samples will be taken in the field (? 6 months). All sorts of stratification is possible (age, duration from onset of employment, current employment status, medical status, chest x-ray findings, pulmonary function findings, current symptoms, smoking habits, dietary habits, medication intake, family history, routine biochemical profile. Sex categorization is not possible, all male.)

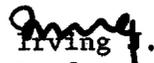
Observation will be maintained for \pm five years, and longer if it seems desirable. I haven't decided yet about periodicity of serial specimens. We already know age specific death rates by cause for these men. Parenthetically, Jimmy Holland (Jim's wife) even has proposed psychological profiles, for prospective observation re: outcome. Somewhat over 40% will likely die of cancer of one or another site. Increased rates for lung cancer, peritoneal mesothelioma, pleural mesothelioma, cancer of esophagus, oropharynx, larynx, kidney. No statistical significant increase for leukemia, lymphoma, liver, bladder, prostate, brain, pancreas, skin.

At your convenience, we can discuss these things further.

And other cohorts are also available for prospective observation following baseline study, but our plans are not as well advanced for these (vinyl chloride, styrene, polychlorinated biphenyls, polybrominated biphenyls, other asbestos exposed groups, etc.).

With warm regards.

Sincerely yours,


Irving J. Selikoff, M.D.
Professor

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