

Environmental Health Investigations Webinar

Q&A

Can Dr Lambert address the applicability of the OSCaR registry and specifically how it can be used to inform a health assessment?

Dr Lambert: “OSCaR is a registry that has been in place for 15 years now. They provide very complete capture of all the cancer cases diagnosed in hospitals or clinical laboratories in the state. They use very thorough methods of linkage to capture well above 95% of all the malignant forms of cancers that are diagnosed. Malignant melanoma for example, the most serious form of lung cancer is captured, but not squamous or basal cells, which are not malignant forms generally. This is an important database that is used. It is mostly used to monitor incidence and trends of cancers and they contribute this data to a national system for epi called SEER for the National Cancer Institute. For special cases, although fairly infrequent and rare, the local cancer center does collaborate to provide de-identified data on the occurrence of cancers and this is done to support university research, sometimes research by agencies to consider an issue. Usually there is a clinical question they want to answer as opposed to an environmental question. The data is highly sensitive and protected and when it is shared there are certain data sharing agreements and rules that require, for example, in a small area, a grouping of data for rare cancers so that any one particular individual can’t be identified in the analysis. In environmental work this requirement for protection and confidentiality can preclude and interfere with the research question, but it is a limitation that we all ethically accept”.

For more information on the OSCaR database and cancer data inquiries, including criteria, visit:
<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/inquiries.aspx>

What criteria is used to determine if an Environmental Health Assessment is needed?

Dave Farrer: “There is a process by which people, or anyone, can ask us for, or petition for a Public Health Assessment (PHA). We do also have a statutory requirement. The federal law that created the Agency for Toxic Substance and Disease Registry (ATSDR) and the PHA process, mandates that any site listed as a Superfund cleanup site must have a PHA started from one year of when that site is listed. Superfunds are automatic triggers for Health Assessments. Other state or federal agencies can request that we do a PHA at a site, communities can request a PHA at a site, and we have an internal screening process that helps us decide whether or not we will do one. One important one, which often is a limiting factor that may prevent us from doing one or not, is whether or not there are any existing environmental sampling data. Because the OHA does not do environmental sampling, we rely on sister agencies (DEQ and EPA) to do the monitoring, if there is no environmental monitoring done at the site, it is impossible for us to do a PHA. So that is one criteria, and another important one is whether or not we

think the outcome will be useful. Whether anyone has the ability to change the conditions in the environment in response to whatever we would conclude from the assessment. There is also a balancing of resources in determining whether or not a PHA gets conducted. For example if our program has a lot of superfund sites, which we are mandated to complete PHAs on, if we are stretched too thin, or if the potential risk is higher in another area and more urgent, one PHA may be prioritized over another request. “

Dr Lambert: “In general, in my observation when citizens have come forward with a concern, it receives very careful consideration and is not dismissed out of hand but goes through the process of deliberation like Dr. Farrer described. We need data in order to do the PHA in the first place. Often specific data is lacking and that makes it impossible for us to move forward. When data is available, that generally allows one to move forward and there is a generous decision about whether the outcome will be useful respecting that the various stakeholders want this assessment to happen and they value the judgement of the toxicologist and other experts at DEQ, and OHA. There are resource limitations as Dr. Farrer was saying and those affect every agency everywhere. Good things that are happening in Oregon is the consideration of expansion of resources, so that this is not a limiting factor when a citizen group brings a concern forward, and that there are more resources to bring to bear on that issue giving it the attention it deserves”.

If you have additional questions, after viewing the webinar at www.healthoregon.org/ehap, please contact us ehap.info@state.or.us and we would be happy to provide you with answers and or clarifications. Thank you!