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COMMENTS ON
"PROPORTIONATE MORTALITY STUDY OF
ARMY AND MARINE CORPS VETERANS OF THE VIETNAM WAR"

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1. Proportionate mortality studies have inherent limitations which restrict their interpretation and conclusions; e.g., reduced PMR in one area necessitates increased PMR in another area. This particular study is a generally well-designed example of this type of investigation. The report clearly discusses the procedures, methods of analysis, and the conclusions, including caveats. The results should not be cited without an thorough appreciation of these caveats.
2. The study is a descriptive study which essentially suggests hypotheses for further investigation. As such, the study does not test any particular association, let alone prove any cause-effect relationship.
3. It should be noted that of all the PMRs the two identified as being of concern, while statistically significant, are modest (roughly 2) -- a tribute to the scale of the study.
4. Among the areas of concern is the question of whether there is an inherent difference between Marines in Vietnam, compared to non-Vietnam Marines and all Army troops. It has been suggested that the Marines in Vietnam had attitudes and behaviors (e.g., risk takers) which were distinguishable from other troops.
5. The diagnosis of Non-Hogkins lymphoma is not easy. There might be a bias in the recording of this diagnosis in cases in which it was known that the patient had served in Vietnam.
6. If one is concerned about the etiology of cancer vis a vis Vietnam, it would be preferable to exclude any cancers that appear prior to some minimal latency period; e.g., 10 years.
7. It would be enlightening to look at the proportionate cancer mortality ratios (PMCRs), which would examine the relative cancer experience in greater detail.
8. Possible followups include:
 - a. An I Corps study of the Army veterans -- planned
 - b. A periodic updating of the current study to take into account latency, etc. -- planned?
 - c. A cohort study of the Marines
 - d. A case-control study of the NHL and lung cancers in the Marines.

The question of exposure still remains. Given the recent results of the CDC exposure validation study, it is not clear that options c and d are tenable.