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**Author** Williams, Daniel E.

**Corporate Author**

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**SUMMARY: A CASE-CONTROL STUDY OF SOFT TISSUE SARCOMA IN EASTERN CENTRAL MICHIGAN**

Preliminary mortality and incidence data for soft tissue sarcoma occurring within the central eastern area of Michigan indicated excessive rates. Since there are few epidemiological studies that have examined occupational exposures, dietary and personal habits, radiation exposures, and others, a case-control study was proposed. A secondary but important goal is to accomplish complete case identification such that the apparent increased incidence rate can be further elucidated.

The study format will include case identification utilizing pathology reports and independent pathological confirmation of cases. Controls would be selected from the cases population base by random phone dialing techniques. Hospital controls as an additional control have not been entirely excluded. Another area within the State may also be used to validate the consistency of the study findings. The primary area of study will include a population occupationally exposed to TCDD during 2,4,5-T manufacture. Residential location within the geographical area will be a comparison variable.

Adequate quality assurance of all steps in the study will be provided. A microcomputer sytem will be used to control the management of the study and for data analysis and management.

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## A STUDY OF SOFT TISSUE SARCOMA IN CENTRAL EASTERN MICHIGAN

### BACKGROUND

Data suggesting an excess of STS cases

1. Mortality data from " U.S. Mortality Rates and Trends, 1950-1978" and "Midland County Soft and Connective Tissue Cancer Report, May, 1983"
2. "Midland County Cancer Incidence, 1979-1982, MDPH"

### OBJECTIVES

1. Determination and confirmation of sarcoma cases within the eight counties to determine incidence.
2. To associate place of residence, occupation, dietary habits, personal habits, and other variables with sarcoma cases utilizing case control design.
3. To assess study methods in terms of efficacy, cost, and alternatives.

### DEFINITION OF SARCOMA CASES

1. Histological diagnosis of malignant cell origin arising in a variety of organs
2. Cases to be found by pathology report review
  - A. Compare physician, oncology nurse practitioner, nosologist interpretation
  - B. Compare to routine tumor registry coding
3. Pathological confirmation
4. Clinical follow-up to confirm that the sarcoma diagnosis continues

### SELECTION OF CONTROLS

1. Population controls utilizing a random selection of phone number
2. Hospital controls without malignancy

Daniel E. Williams, M.D.  
Center For Environmental Health Sciences  
Michigan Department of Public Health  
405 W. Greenlawn  
Lansing, MI 48910 (517) 372-6425