

## **NYS Department of Health Response June 28, 2023 to questions from WaterFront on June 27.**

“The Department of Health works closely with the Department of Environmental Conservation to protect public health while investigating and addressing potential disease-causing contaminants in the environment. Cancer Registry data plays an important role in research to identify the causes of cancer. While geographic data can provide some valuable information, several factors can contribute to cancer causes, including behavioral and genetic factors as well as cultural factors associated with race, ethnicity and national origin, attitudes towards disease, interactions with health care providers and access to providers and adequate health coverage.”

### Additional Information:

- Please note that it's typically difficult to attribute observed elevations of cancers to specific environmental causes. Please note the following:
  - Cancers due to exposure to a cancer-causing agent usually appear 5 to 40 years after the exposure. This is called the latency period, contributing to the difficulty in determining what causes cancer in humans.
  - The map with cancer data shows where people lived at the time of their cancer diagnoses. Available data does not provide information about residential history or individual risk factors among people diagnosed with cancer. These include risk factors such as tobacco use, alcohol use, family history, radiation exposure, medical history, workplace exposures, infections, diet, sunlight, and physical activity, which are known to play important roles in cancer.
  - The map with the environmental facilities data shows the facility locations, but does not provide information about whether chemicals were released into the environment or whether individuals might have breathed, eaten, drank or touched any chemicals from these facilities.
- Updates to the Environmental Facilities and Cancer Mapping are in process and have not been completed. The application is being updated to meet current standards. The NYS Cancer Registry is also verifying the geolocations of all primary cancer cases in this 5-year period. Since some census tracts (and block groups) were modified/redefined in the 2020 Census, the Department plans to use the 2015-2019 data, instead of the 2016-2020 data, for the next round of updates.
- Based on guidance from CDC and National Institutes of Health about concerns of confidentiality and data stability for small number of cancer cases at census tract level, DOH has not provided census tract estimates for later periods.
- New Yorkers with questions or concerns about cancer should contact the New York State Department of Health at [canmap@health.ny.gov](mailto:canmap@health.ny.gov). Individuals should include a brief description of their concern, their name, and a daytime telephone number where they can be reached. Individuals may also call 1-518-474-2255 for concerns about cancer in communities or 1-518-402-7950 for concerns about cancer in the workplace or near an environmental site.
- More information about cancer and the NYS Cancer Registry can be found here <https://www.health.ny.gov/diseases/cancer/> and here <https://www.health.ny.gov/statistics/cancer/registry/>.

**WaterFront had posed the following questions to the DOH:**

The New York State Department of Health noted an unusually high incidence of lung cancer in an area around northern Seneca County for the years 2011-2015. It described it as a lung cancer “cluster” and called LU-H-17.

The agency provided an interactive map on its website, where the public could see the details of each area identified as a “cluster” based on 2011-2015 data. (See attachment) The DOH has since published and posted on its website more recent lung cancer data (2016-2020).

**QUESTIONS:**

1/ Has the DOH identified lung cancer clusters based on the 2016-2020 data as it did with the 2011-2015 data? If so, has it developed a publicly available interactive map as it did with the previous five-year data? If so, please provide a link.

2/ If the DOH has identified lung cancer “clusters” from the 2016-2020 data, did the area defined by LU-H-17 (or an area nearby) receive a lung cancer “cluster” classification for the 2016-2020 period? If so, please provide a link.

3/ Has the DOH analyzed the probable causes of the higher rates of lung cancer in the LU-H-17 “cluster” area (and/or any nearby lung cancer cluster found in the 2016-2020 data)? If so, what conclusions were reached?

4/ The DOH provided the public with census tract data for lung cancer cases for the periods 2011-2015 and 2013-2017. Has the agency provided lung cancer data by census tract for any later periods? If so, please provide a link.

5/ The census tract data from 2011 through 2017 show higher than expected rates of lung cancer across a band in the upper middle portion of the county that includes the towns of Waterloo and Seneca Falls as well as the Seneca Meadows landfill and the adjacent landfill gas-to-energy facility. Has the DOH considered or analyzed the possible role in air emissions from those facilities as a contributing factor in the high incidence of lung cancer nearby?