

Draft Questions For Panel On ALS Study Report:

1. The study author has calculated and then compared a single prevalence rate in Corrales for the entire 16-year duration of the ALS study to the estimated annual national ALS prevalence rate of 5 per 100,000 as determined by the Agency for Toxic Substances and Disease Registry. Do you agree or disagree that this is a reasonable and technically sound approach? Why or why not?
2. Did the DOH use the correct approach to calculate prevalence rates in this study? Are there advantages or disadvantages to using the results to calculate the annual prevalence rates to compare with the national estimate which is also an annual rate?
3. In studies of this scope, are the available data typically sufficient in detail; how are the data typically put to use? How are similar studies typically done elsewhere?
4. What (if any) other statistical methods exist to analyze data from a study like this, in which the numbers of cases and population are small? Can the results of those analyses be compared to the estimated national prevalence rate of the ATSDR or are would they have to be compared to some other standard to put the results in context? What are some other types of standards?
5. A member of Corrales Residents for Clean Air and Water (CRAAW) requested the NM State Health Department to undertake this study and to include 12 census tracts that abut or are near to the Intel plant. Previous anecdotal reports indicated that cases also occurred in Rio Rancho during the study period. And since census tracts in far NW Albuquerque also abut the Intel plant, CRAAW believes that those census tracts should be included. The study only included the two census tracts that comprise Corrales. Do you agree or disagree that adding the 10 additional census tracts is a reasonable request? What do you see as the advantages and/or disadvantages of adding ~~these 10~~ any additional / some or all of these 10 census tracts to the study? Whether the prevalence rate is or is not elevated in Corrales, is there any reason to believe that it would be higher elsewhere? How many census tracts would be too many to study before large population dilutions would occur and mask any potential case cluster?