

June 23, 2005

Dr. Chester Douglass
Department of Epidemiology
Harvard School of Dental Medicine
188 Longwood Avenue
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Dear Dr. Douglass:

As you may be aware, on June 6, 2005, the Environmental Working Group nominated fluoride in tap water for inclusion in the National Toxicology Program's Report on Carcinogens. An important piece of evidence supporting our nomination is a doctoral dissertation by Dr. Elise Bassin, on which you were the lead advisor.

We are writing with the hope that you can clarify what appear to be serious discrepancies between the results of the Bassin thesis, which was approved under your signature in 2001, and your final report to the National Institutes of Environmental Health Sciences (NIEHS) on grant number 5 R01 ES06000 (attached). The grant report is not dated, but based on its contents it appears to have been written sometime after the fall of 2003, at least two years after Elise Bassin was awarded her doctorate from Harvard for research into the link between fluoride in tap water and osteosarcoma.

EWG obtained the NIEHS grant report via the Fluoride Action Network, which received it from the National Research Council of the National Academy of Sciences. In the report you conclude that there is no evidence of a link between fluoride and osteosarcoma, and reference Bassin as one of only two citations in support. As you know, however, Bassin found a strong, statistically significant association between fluoride levels in tap water during the mid-childhood growth spurt and osteosarcoma in adolescent boys. The following is just one of several passages from the Bassin thesis describing the link she observed between fluoride in tap water and bone cancer in boys:

"Among males, exposure to fluoride at or above the target level was associated with an increased risk of developing osteosarcoma. The association was most apparent between ages 5-10 with a peak at six to eight years of age. The odds ratio for the high exposure group was 5.16 at 7 years of age with a 95 percent confidence interval of 1.64 to 16.20" (Bassin page 75).

The "levels at or above the target level" referenced in the Bassin thesis are equal to fluoride levels typically found in tap water in the United States.

In your report to NIEHS you cite the Bassin doctoral thesis as one of two references, but you do not mention any of the conclusions of the research, and instead present only the following conclusions regarding fluoride and bone cancer - a statement that clearly contradicts the Bassin findings:

"The analysis carried out for the Orthopedic Surgery Research meeting reported an Odds Ratio of 1.2 to 1.4 between fluoride and Osteosarcoma that was not significantly different from 1."

We do not doubt that this statement is an accurate assessment of the results of the research carried out for the orthopedic surgery meeting. Instead, we are questioning why Bassin is cited in support of this finding, when her conclusions directly contradict it.

Bassin's research is the most rigorous work to date investigating fluoride's link to osteosarcoma. Unlike the many epidemiology studies that have found no relationship between fluoride in tap water and bone, Bassin focused her analysis on the population of concern, during the relevant period of growth and development, and validated fluoride levels in the tap water that was consumed during that time period. In fact, Bassin successfully addressed many of the difficulties inherent in fluoride research that you discuss in your report to NIEHS.

We would very much appreciate it if you could explain to us why, in your final report to NIEHS, you reference Bassin in support of your conclusion that there is no evidence of an association between fluoride and osteosarcoma, when her doctoral dissertation, on which you were the lead advisor, found perhaps the strongest association between fluoride and osteosarcoma that has ever been measured?

We eagerly await your reply, and appreciate your attention to this matter.

Sincerely;

Richard Wiles
Sr. Vice President

Timothy Kropp, PhD
Senior Scientist