

Comment read during November 18, 2021 STAC meeting

Hello, everyone. Thank you so much for providing me the opportunity to share my thoughts today.

My name is Piera Greathouse-Cox and I'm enrolled in the World Trade Center Health Program because I have Stage IV adrenal cancer.

A little bit of personal history: I was 16 years old and a senior in high school during the September 11th attacks. My father and I lived in an apartment on Broadway and Maiden Lane, two blocks from Ground Zero, throughout the cleanup effort.

In 2019, I was diagnosed with adrenal cancer. This year, my cancer metastasized and became substantially more aggressive. My oncologist has given me a life expectancy determination of approximately one year. When I was approved for enrollment in the World Trade Center Health Program, I felt extremely relieved to have access to the care offered by the Nationwide Provider Network. I continue to be grateful for the program's ongoing support.

I'm here today to advocate for the inclusion of uterine cancer on the List of WTC-Related Health Conditions so that women like me who are suffering from hormone-related cancers potentially caused by breathing high levels of endocrine-disrupting chemicals in WTC pollution can receive the life saving treatment they need without incurring potentially devastating medical debts.

It's my understanding that uterine cancer is the *only* type of cancer not yet considered a WTC-related condition. The most recent STAC report makes the following observation, which it would seem prudent to heed: "Mechanisms for carcinogenesis resulting from endogenous and exogenous exposures are similar for most cancer types. It is therefore highly implausible that uterine cancer would be the *only* cancer not related to WTC exposures."

Uterine cancer only occurs in women, and women are statistically underrepresented in past and current research cohorts, making it close to impossible to demonstrate a causal relationship between exposure and disease. That substantive numbers of women and individuals who were under 18 at the time of exposure are not being tracked by researchers to look for emerging illnesses likely means that some of us will lack access to care. Good longitudinal data is required for empirically based eligibility requirements *and* effective treatments leading to positive health outcomes.

With research on people exposed as children, especially, we can identify long-term trends that may produce better screenings and early interventions for *everyone*.

It's important that we start working *now* to determine if child survivors are developing cancer at much younger ages than the current science would predict. Data from more inclusive research on children, women, and diverse populations will create better care for *all* the responders and survivors whose health was harmed by the World Trade Center disaster.

In conclusion, I believe women diagnosed with uterine cancer should have access to the same excellent World Trade Center Health Program resources that I do.

Thank you so much for the space to share my thoughts today. I'll end here.