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CDC-2021-0118; NIOSH 248-I c/o Sherri Diana, NIOSH Docket Office National Institute for Occupational Safety and Health 1090 Tusculum Avenue, MS C-34 Cincinnati, Ohio 45226

SHARE is a national nonprofit that supports, educates, and empowers women affected by breast, ovarian, uterine, cervical, and metastatic breast cancer, with a special focus on medically underserved communities. Our mission is to connect these women with the unique support of survivors and peers, creating a community where no one has to face these diseases alone. We advocate for access to healthcare resources and raise awareness about risk factors and screening in an attempt to improve outcomes for all women.

Since 2019, SHARE has included uterine cancer among the disease areas we serve. Our decision to include uterine cancer was rooted in an awareness that this has been a chronically underserved patient population, and our experience supporting and advocating for breast and ovarian cancer patients provided us with critical experience to serve the uterine cancer community. We also added uterine cancer to our mission because it is a patient population in which Black women experience marked outcome disparities, and our experience in providing outreach and support in underserved Black communities has been of critical importance.

In furtherance of our mission, we urge the World Trade Center Health Program (WTCHP)
Scientific/Technical Advisory (STAC) to recommend that uterine cancer be added to the List of

WTC-Related Conditions. Currently, uterine cancer is the only excluded major cancer type - despite that uterine sarcoma is recognized because it falls within the WTCHP's definition of a rare cancer and that all other female and male reproductive organs are included.

We understand that Administrator Dr. John Howard decided to review uterine cancer for inclusion on the list of covered conditions because a petition submitted by WTCHP clinical centers of excellence raised two issues worthy of consideration: the role of endocrine disrupting chemicals (EDCs) in causing uterine cancer, and the underrepresentation of women in 9/11 research cohorts, including within the WTCHP itself.

Uterine cancer growth is estrogen dependent and studies have shown a link between exposure to EDCs and incidence rate. We understand that EDCs were found in the dust cloud emitted by the collapse of the World Trade Center and that other cancers caused by EDCs have already been included on the list of covered conditions.

Given SHARE's goals, we are primarily interested in the underrepresentation of women in the WTCHP, which leads to both a lack of awareness and denial of care. Less than 9% of WTCHP members are women responders and less than 13% are women survivors. Further complicating the underrepresentation is the fact that survivors are not entitled to annual monitoring exams. Since survivors are not eligible for the WTCHP without a condition, and women with uterine cancer are not eligible for the WTCHP, we are left with a knowledge gap. We will never know if female survivors have a prevalence of uterine cancer until they are allowed to attend a WTCHP appointment.

Given the scientific research linking EDCs found in toxic 9/11 dust and the underrepresentation of women in the WTCHP, we strongly urge you to include uterine cancer on the list of covered conditions. Women 9/11 responders and survivors deserve access to healthcare, the benefit of scientific research, support of a public health program, and recognition that their condition was caused by exposure after the attacks. So many of the women we support struggle with the "why?" They want to know why they've developed a particular cancer and if it could have been avoided. Finally having recognition that their condition was caused by 9/11 exposure would bring much needed clarity and closure. Furthermore, women who were exposed to the dust

would be on notice to educate themselves on uterine cancer symptoms, screening, and other additional risk factors.

Prostate cancer, also linked to EDCs found in the dust cloud, has been recognized since 2013, primarily because the predominantly male responder population allowed for large-scale surveillance for prevalence. It is implausible that uterine cancer developed by women with equally eligible exposure to the same carcinogens is unrelated to 9/11 while just about any other cancer would be. It is time to end this injustice.

Thank you.

Sincerely,

Carol Evans

CEO & Executive Director