

Summary of

# WTC Health Program Research

## NIOSH Research Compendium

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**Centers for Disease Control  
and Prevention**  
National Institute for Occupational  
Safety and Health



## List of Common Abbreviations

### DIAGNOSTIC TERMS

<b>CVD</b>	Cardiovascular Disease
<b>CRS</b>	Chronic Rhinosinusitis
<b>COPC</b>	Contaminants of Potential Concern
<b>CPAP</b>	Continuous Positive Airway Pressure
<b>GERS</b>	Gastroesophageal Reflux Symptom(s)
<b>LRS</b>	Lower Respiratory Symptom(s)
<b>OAD</b>	Obstructive Airway Disease
<b>OSA</b>	Obstructive Sleep Apnea
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>SAID</b>	Systemic Autoimmune Diseases
<b>UMHCN</b>	Unmet Mental Health Care Need(s)

### SCIENTIFIC and TECHNICAL TERMS

<b>AOR</b>	Adjusted Odds Ratio
<b>ARR</b>	Adjusted Rate Ratio
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CI</b>	Confidence Interval
<b>ERI</b>	Exposure Ranking Index
<b>MoCA</b>	Montreal Cognitive Assessment
<b>NPV</b>	Negative Predictive Value
<b>PPV</b>	Positive Predictive Value
<b>PCL</b>	Posttraumatic Stress Disorder Checklist
<b>RCT</b>	Randomized Control Trial

<b>RDoC</b>	Research Domain Criteria
<b>SDQ</b>	Strengths and Difficulties Questionnaire
<b>W1</b>	Wave 1 of World Trade Center Health Registry Enrollees (2003 to 2004)
<b>W2</b>	Wave 2 of World Trade Center Health Registry Enrollees (2006 to 2007)
<b>W3</b>	Wave 3 of World Trade Center Health Registry Enrollees (2011 to 2012)
<b>W4</b>	Wave 4 of World Trade Center Health Registry Enrollees (2015 to 2016)

### **INSTITUTIONS and LOCATIONS**

<b>ATSDR</b>	Agency for Toxic Substances and Disease Registry
<b>FDNY</b>	Fire Department of the City of New York
<b>MSSM</b>	Icahn School of Medicine at Mount Sinai
<b>IARC</b>	International Agency for Research on Cancer
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>NYC</b>	New York City
<b>NYC DOHMH</b>	New York City Department of Health and Mental Hygiene
<b>NYC HH</b>	New York City Health + Hospitals
<b>OEP</b>	Office of Extramural Programs (NIOSH)
<b>SPARCS</b>	Statewide Planning and Research Cooperative System
<b>TRP</b>	Treatment Referral Program (WTCHR)
<b>WTC</b>	World Trade Center
<b>WTC CCE(s)</b>	World Trade Center Clinical Centers of Excellence
<b>WTC EHC</b>	World Trade Center Environmental Health Center
<b>WTCHR</b>	World Trade Center Health Registry
<b>WTC MMTP</b>	World Trade Center Medical Monitoring and Treatment Program
<b>WTC MWG</b>	World Trade Center Medical Working Group
<b>WTC STAC</b>	World Trade Center Scientific and Technical Advisory Committee
<b>WTC SSC</b>	World Trade Center Survivor Steering Committee

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## Summary of WTC Health Program Research

The terrorist attacks of September 11, 2001, exposed an estimated 400,000 people to toxic contaminants, risks of traumatic injury, and physically and emotionally stressful conditions. Some common 9/11 conditions identified include chronic cough, asthma, sinus congestion, certain cancers, stress-related disorders, post-traumatic stress, and depression.

Shortly after the attacks, the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH) provided funding to support a variety of post-disaster activities including medical evaluation and monitoring, establishment of the WTC Health Registry, and published treatment guidelines for adults and children exposed to the disaster. As a result of the combined efforts of researchers, physicians, responders, survivors, local government, research institutions, and the community, the World Trade Center (WTC) Health Program was created by Congress with the passage of the James Zadroga 9/11 Health and Compensation Act of 2010. The program provides medical monitoring and treatment for specific symptoms and health conditions for people who worked in response and recovery operations at the World Trade Center, the Pentagon, and the passenger-jet crash site near Shanksville, Pennsylvania. Furthermore, the Zadroga Act authorizes ongoing research activities and provides for the maintenance of the WTC Health Registry.

This research compendium describes the World Trade Center Research Program and the extraordinary contribution of researchers, responders, and survivors in providing research information necessary to ensure excellence in the clinical care for the population affected by the 9/11 attacks. It is intended as a resource to assist the WTC Health Program staff with activities such as planning future research directions, assessing the impact of current studies, identifying gaps in the research, and coordinating external program reviews.

The compendium, which is updated regularly, is organized into five sections that include:

- I) **WTC Health Program Overview:** This section provides a summary of the WTC Health Program authorizing legislation and a description of WTC Health Program enrollees, Data Centers, and Clinical Centers of Excellence.
- II) **WTC Health Program Research Portfolio Overview:** This section includes a complete listing of research funding, research projects awarded, and a listing of project-specific scientific publications.
- III) **WTC Health Registry Overview:** This section includes a brief background description of the Registry and a listing of scientific outputs.
- IV) **Research Advisory Groups:** This section provides a listing of the advisory groups that provide research recommendations to the WTC Health Program.
- V) **Appendices:** Documents contained in each of the three appendices provide additional detailed information regarding the WTC Health Program research portfolio.

**Appendix I:** Includes a table listing projects by focus area, brief descriptions of all portfolio studies, publications by study project, and a listing of the WTC Health Registry accomplishments.

**Appendix II:** Includes publication bibliographies for all portfolio research projects, the WTC Health Registry, and each of the three WTC Health Program Data Centers (Fire Department of New York (FDNY Responders), Icahn School of Medicine at Mount Sinai (General Responders), and NYC Health+Hospitals Corporation (NYC HH) (Survivors). Publications prior to 2011 are included for the WTC Health Registry (12%), the Mount Sinai Data Center (41%), the FDNY Data Center (34%), and NYC HH (23%).

**Appendix III:** Includes external research recommendations provided to the WTC Health Program. The recommendations include those made by the WTC Health Program Scientific and Technical Advisory Committee (WTC STAC), the WTC Survivor Steering Committee (WTC SSC), and the WTC Medical Working Group (WTC MWG).

## Section I. World Trade Center Health Program Overview

The World Trade Center (WTC) Health Program was created when Congress passed the James Zadroga 9/11 Health and Compensation Act of 2010. The WTC Health Program provides medical monitoring and treatment for specific symptoms and health conditions for people who worked in response and recovery operations at the World Trade Center, the Pentagon, and the passenger-jet crash site near Shanksville, Pennsylvania.

The Zadroga Act also authorized ongoing research activities and the maintenance of the WTC Health Registry. This research compendium documents CDC/NIOSH funded disaster activities and published research beginning shortly after the attacks of September 11, 2001.

### Authorizing legislation

On January 2, 2011, President Obama signed Public Law No. 111-347, the James Zadroga 9/11 Health and Compensation Act (“Zadroga Act”). Title I of the Zadroga Act amended the Public Health Service Act to add Title XXXIII, establishing a new federal health care program called the “World Trade Center Health Program within the Department of Health and Human Services.”

On December 18, 2015, the Zadroga Act was amended to provide authority and continue funding for the WTC Health Program through 2090. See Pub. L. 114–113 (Dec. 18, 2015), “Consolidated Appropriations Act, 2016,” Div. O, Title III (“James Zadroga 9/11 Health and Compensation Reauthorization Act”).

For the complete text of the James Zadroga 9/11 Health and Compensation Act (2010) and the Zadroga Reauthorization Act (2015), please visit <http://www.cdc.gov/wtc/laws.html>

## Specific Sections of the Zadroga Act Most Relevant to WTC Health Program Research Activities

### Subtitle A: Establishment of Program; Advisory Committee

Section 3302. Authorizes the establishment of the WTC Health Program Scientific and Technical Advisory Committee (STAC), and both a Responder and Survivor Steering Committee. Research recommendations provided by the STAC and the Survivor Steering Committee are provided in Appendix III.

Section. 3304. Authorizes the establishment of Clinical Centers of Excellence (CCEs) and Data Centers (DCs). Data Center research publications are provided in Appendix II.

### Subtitle C: Research into Conditions

Section 3341. Authorizes research activities regarding certain health conditions related to September 11 terrorist attacks.

Section 3342. Authorizes the WTC Health Registry and ensures its ongoing maintenance.

### Program Population (Enrollees)

As of June 30, 2018, the WTC Health Program had 88,484 members enrolled, including 74,133 residing in the NYC area (16,453 FDNY responders, 44,467 general responders, and 13,213 survivors) and 14,351 responders and/or survivors in the Nationwide Provider Network.

The Program delivered monitoring or screening exams to an estimated 34,213 members, diagnostic services to approximately 23,826 members, and treatment services to 28,311 members between July 1, 2017 and June 30, 2018.

For current WTC Health Program statistics and quarterly reports, please visit <https://www.cdc.gov/wtc/reports.html>

► **Note:** Data Provided by the WTC Health Program Staff.



## WTC Health Program Data Centers and Clinical Centers of Excellence

The three WTC Health Program Data Centers are of primary importance to WTC Health Program research activities, providing researchers with approved datasets with information collected from the Clinical Centers of Excellence (CCEs). To-date, data center affiliated researchers have published 305 WTC-related articles in scientific journals (29% were published prior to 2011).

The Clinical Centers of Excellence (CCEs) are authorized to provide medical monitoring evaluations, diagnostic and treatment services for qualifying conditions, social benefits counseling, and limited outreach activities.

For an overview of the World Trade Center Health Program, including Data Centers and Clinical Centers of Excellence, please visit <http://www.cdc.gov/wtc/ppm.html>

## WTC Health Program Data Centers and Associated Clinical Centers of Excellence

**The FDNY Data Center** serves FDNY responders and has 90 scientific publications.

Associated Clinical Centers: FDNY (Fire Department of New York) headquarters in Brooklyn with satellite centers at Brentwood, Fort Totten, Orange County, and Staten Island.

**The General Responder Data Center** serves non-FDNY responders and has produced 95 scientific publications.

Associated Clinical Centers: MSSM (Icahn School of Medicine at Mount Sinai); Northwell Health System; New York University, Bellevue Hospital Center (NYU); State University of New York, Stony Brook (SUNY); Environmental and Occupational Health Sciences Institute at Rutgers University (EOHSI).

**The Survivor Data Center** serves WTC survivors and has produced 30 scientific publications.

Associated Clinical Centers: New York City Health + Hospitals (NYC HHC) Bellevue Hospital Center, Gouverneur Healthcare Services, and Elmhurst Hospital Center.

► **Note:** Appendix II includes a publication bibliography for each Data Center.

## Section II. WTC Health Program Research Portfolio Overview

### NIOSH Office of Extramural Programs

NIOSH established the Office of Extramural Programs (OEP) to facilitate the management of extramural grant and cooperative agreement portfolios. The OEP is under the direction of the Associate Director for Research Integration and Extramural Performance, reflecting the Institute's commitment to integrating research activities across NIOSH, as well as conducting performance assessment of extramural research.

The scientific program officials in the OEP manage the peer review and program management of the NIOSH extramural research and training program portfolios. The OEP also manages the extramural portfolio of cooperative agreements for the WTC Health Program. This includes the WTC Health Registry cooperative agreement, research contracts, and research cooperative agreements.

For information about NIOSH extramural research and training program please visit <https://www.cdc.gov/niosh/oepe>

### WTC Health Program Research Solicitation and Funding

The WTC Health Program Research-to-Care model is the strategic framework for prioritizing, conducting and assessing research that informs clinical care for the population of re-ponders and survivors affected by the 9/11 attacks.

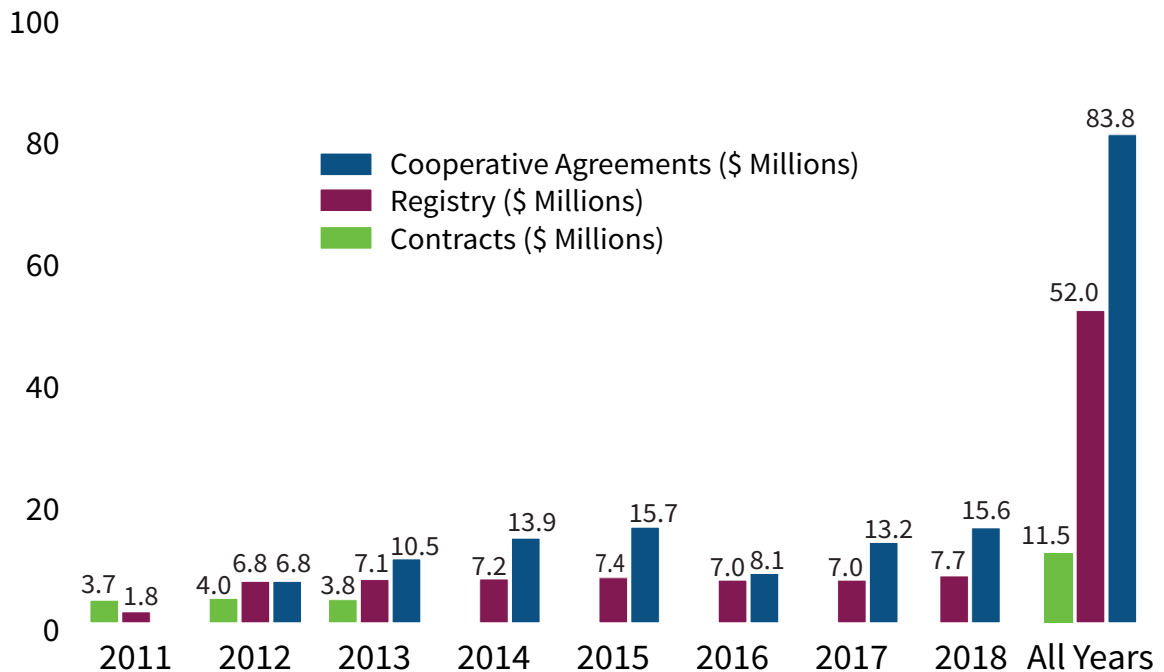
To review the current WTC Health Program research agenda and the Research-to-Care model please visit <https://wwwn.cdc.gov/ResearchGateway/Home/ResearchAgenda>

Each year since late 2011, the World Trade Center (WTC) Health Program has solicited applications for scientifically rigorous research to help answer critical questions about physical and mental health conditions related to the September 2001 terrorist attacks. From 2011 to 2018, a total of 224 research proposals (including the renewal of the WTC Health Registry) were reviewed and seventy-five (34%) projects were selected for funding.

From 2011–2018, the WTC Health Program has funded seventy-four research projects (excluding the WTC Health Registry) for a total of \$95.3M. From July 2011–2018, the WTC Health Program has continued to fund the WTC Health Registry project for a total of \$52M. Prior to July 2011, Registry funding was provided by the Agency for Toxic Substances and Disease Registry (ATSDR), the National Center for Environmental Health (NCEH), and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

Total research funding from 2011 through 2018 for the seventy-four research projects and the WTC Health Registry is shown in Figure 1.

**Figure 1: Research Funding 2011–2018 Research Contracts, WTC Health Registry, and Research Cooperative Agreements**



► **Note:** Appendix I provides a listing of all funded projects awarded, 2011–2018.

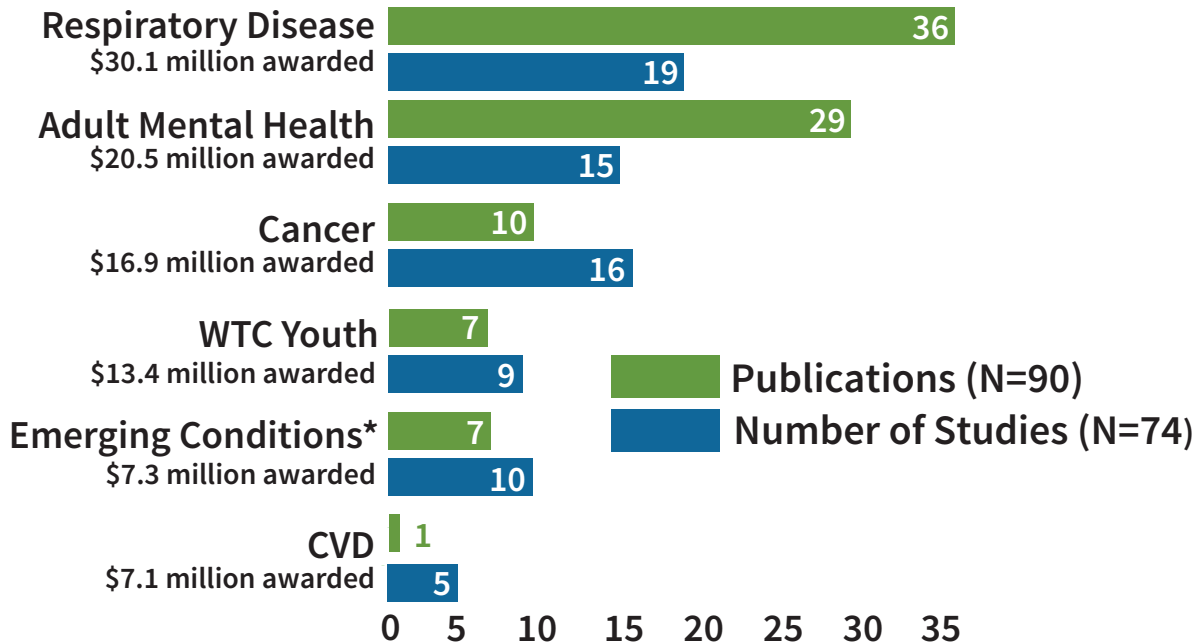
### Current Status of Funded Projects (WTC Health Registry Excluded)

#### 2011–2018

Of the seventy-four projects awarded since 2011, thirty-three (45%) are active and forty-one (55%) are completed (closed). Of the forty-one completed projects, twenty-nine (75%) have produced publications.

For descriptions of all World Trade Center research projects, a listing of investigators, the current research agenda, the WTC Research-to-Care Logic Model, and the current funding opportunity announcement, please visit <https://wwwn.cdc.gov/ResearchGateway/>

**Figure 2: Research Studies and Publications by Primary Focus Area**  
 Some projects involve more than one focus area



\*Emerging Conditions: Autoimmune Disease, Assessment of Bias in WTC Studies, Cognitive Function, Neuropathic Symptoms, Kidney Disease, General Responder Mortality, WTC Exposure Assessment-Global DNA Methylation, Trace Elements in Autopsy Tissues from WTC Decedents, Development of a Comparison WTC Occupational Cohort, and Hepatitis C.

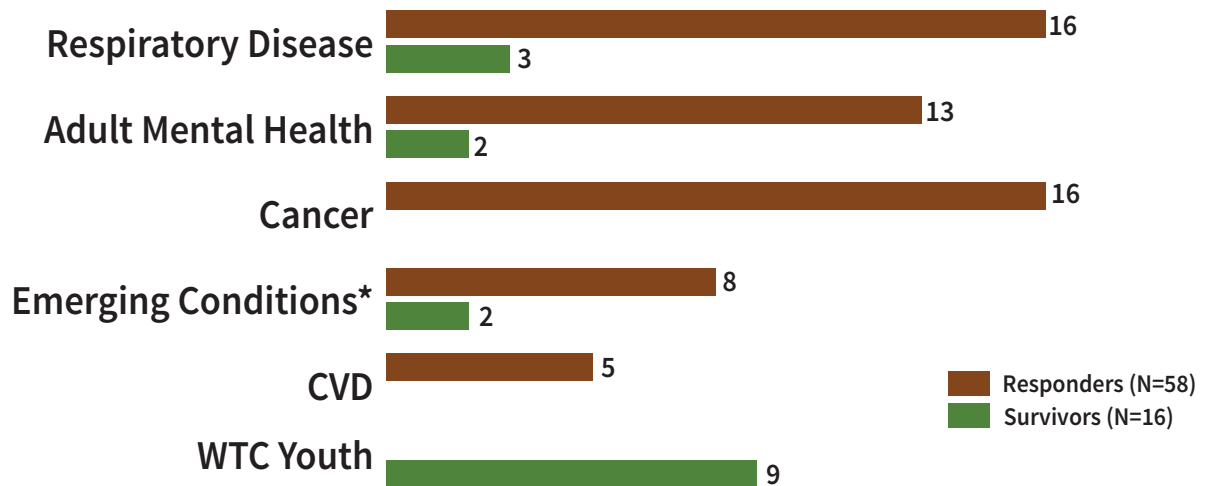
► **Note:** Appendix I includes a **Table Listing of all Funded Projects**, and a listing of those studies with publications. Appendix II includes a **bibliography of all research portfolio publications** (excluding WTC Health Registry publications).

## WTC Health Program Research by Study Population and Focus Area

Of the seventy-four projects funded to-date, fifty-eight (78%) focus exclusively on responder populations and sixteen (22%) include survivor populations.

**Figure 3 : Study Population (Responder or Survivor) by Primary Focus Area**

Some projects involve more than one focus area



\*Emerging Conditions: Autoimmune Disease, Assessment of Bias in WTC Studies, Cognitive Function, Neuropathic Symptoms, Kidney Disease, General Responder Mortality, WTC Exposure Assessment-Global DNA Methylation, Trace Elements in Autopsy Tissues from WTC Decedents, Development of a Comparison WTC Occupational Cohort, and Hepatitis C.

## Section III. World Trade Center Health Registry

### Background and History

Established in 2002, the WTC Health Registry follows a diverse cohort of 71,431 persons who experienced a range of direct exposures on the September 11 event and its aftermath. It is one of the longest running post-disaster registries worldwide.

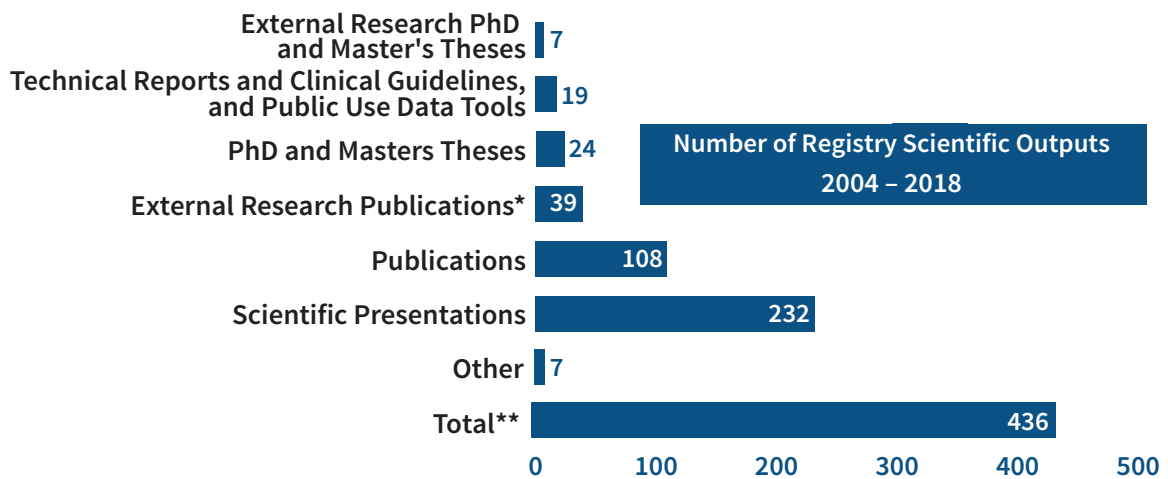
The Registry enrollment is now closed, but includes 30,664 rescue and recovery workers and 49,732 survivors who lived, worked, attended school or were present in lower Manhattan on September 11, 2001. Nearly 9000 enrollees are both survivors and rescue and recovery workers. Approximately 2,625 children under the age of eighteen were registered in 2003–2004, with about 203 currently still enrolled as children as of July 2018. Approximately 1,358 child enrollees who have aged into adulthood have consented to remain in the Registry as young adults, including 152 in the year preceding July 2018. WTC Registry staff are conducting outreach to the remaining unconsented new young adults.

The Registry was established as an essential public health resource to understand the long-term (20+ years) physical and mental health effects of the September 11 disaster, identify the healthcare needs of enrollees and share information about 9/11 resources, and to disseminate these findings and inform health care policy and response for future disasters.

### Scientific Outputs

As of June 30, 2018, the WTC Health Registry has a total of 436 scientific outputs (publications, presentations, published guidelines etc.). The distribution of outputs by type over a 12-year period (2004–June 2018) is presented in Figure 4:

**Figure 4: WTC Health Registry Key Scientific Outputs as of June 2018**



\*Publications resulting from Registry-facilitated recruitment into external research studies or Registry provided de-identified data

► **Note:** Appendix I contains a listing of the WTC Health Registry Key Accomplishments and Appendix II includes a bibliography of Registry publications.

### Information Available on the Registry Web Site

For summaries of the Registry Annual Reports, peer-reviewed scientific publications, technical reports, and clinical guidelines, please visit <https://www1.nyc.gov/site/911health/researchers/wtc-scientific-bibliography.page>. The listing on this site will be updated periodically by the Registry staff.

For the general Registry Bibliography List, please visit: <https://www1.nyc.gov/site/911health/researchers/wtc-scientific-bibliography.page>

For Registry Highlights and other 9/11 Health information, please visit <http://www1.nyc.gov/site/911health/index.page>

## Section IV. WTC Health Program Research Advisory Groups

**The World Trade Center Scientific and Technical Advisory Committee (STAC)** was established by the James Zadroga 9/11 Health and Compensation Act of 2010, and specifies general areas of contributions to the WTC Health Program. The Act requires the Administrator of the WTC Health Program to seek advice from the STAC with regard to determining eligibility criteria for responder and survivor membership in the Program. Additionally, the Act requires the Administrator to seek advice from the STAC with regard to identifying research needs for the Program and the Act provides that the Administrator of the World Trade Center Health Program may consult with the STAC regarding whether a particular health condition should be added to the List of WTC-Related Health Conditions.

The Administrator of the WTC Health Program determines when the STAC meetings will occur. For meeting agendas, presentation materials, and meeting archives, please visit <https://www.cdc.gov/wtc/stac.html>

**Recommendations** *The STAC provided research recommendations to the WTC Health Program in 2012 and 2014. Specific research recommendations related to children’s re-search were made in 2016. The STAC recommendations are provided in Appendix III.*

**The World Trade Center Survivor Steering Committee (SSC)** was established by the James Zadroga 9/11 Health and Compensation Act of 2010 for the purpose of receiving input from affected stakeholders and facilitating the coordination of initial health evaluations, monitoring, and treatment programs for screening-eligible and certified-eligible WTC survivors.

**Recommendations** *The SSC provided research recommendations to the WTC Health Program in 2014 in a letter from Chair Kimberly Flynn to the WTC Health Program Administrator. Please see Appendix III.*

**The World Trade Center Medical Working Group of New York City (WTC MWG)** was appointed by the Honorable Michael Bloomberg, Mayor of New York City, in June 2007. Members reviewed clinical and research findings on the health effects of WTC exposure, published annual reports, and reviewed the adequacy of physical and mental health services available to WTC-exposed individuals. The WTC MWG also advised city government on approaches to most effectively communicate the health risk related to WTC exposure. The group disbanded in 2011.

**Recommendations** *The WTC Medical Working Group (WTC MWG) made a series of recommendations related to September 11 health treatment and services between 2007 and 2011. The recommendations fall into three broad categories: funding, research and evaluation, and education. The recommendations are outlined in the group’s final Annual Report re-leased in 2011. The report “2011 Annual Report on 9/11 Health” is provided in Appendix III.*

## Section V. Documents Included in the Appendices

### **Appendix I: Research Portfolio Overview**

- Table Listing of Projects
- Research Study Descriptions
- Publications by Project
- World Trade Center Health Registry Key Accomplishments (NIOSH grant years 2012 – June 2016)
- World Trade Center Health Registry Key Accomplishments (NIOSH grant years July 2016 – June 2018)

### **Appendix II: Publication Bibliographies**

- WTC Health Program Research Cooperative Agreement Publications (2011–2018) (WTC Health Registry Publications not included)
- World Trade Center Health Registry Publications (2006 – October 2018)
- **WTC Health Program Data Center Publications**
  - FDNY Data Center Bibliography
  - General Responder Data Center Bibliography
  - Survivor Data Center Bibliography

### **Appendix III: Research Recommendations**

- 2012 WTC STAC Research Recommendations
- 2014 WTC STAC Research Recommendations
- 2016 WTC STAC Children’s Research Recommendations
- 2014 WTC SSC Research Recommendations
- 2011 WTC MWG Research Recommendations



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## Summary of Useful Links

<http://www.cdc.gov/wtc/ppm.html>

Overview of the World Trade Center Health Program, including Data Centers and Clinical Centers of Excellence

<https://www.cdc.gov/ResearchGateway/>

World Trade Center research projects, a listing of investigators, the current research agenda, the WTC Health Program Logic Model, and the current funding opportunity announcement

<https://www.cdc.gov/wtc/reports.html>

Current World Trade Center Health Program statistics and reports

<https://www.cdc.gov/niosh/oep/>

Information about NIOSH extramural research and training programs

<https://www.cdc.gov/wtc/stac.html>

Scientific Technical Advisory Committee meeting agendas, presentation materials, and meeting archives

<http://www.cdc.gov/wtc/laws.html>

The complete text of the James Zadroga 9/11 Health and Compensation Act (2010) and the Zadroga Reauthorization Act (2015)

<http://www1.nyc.gov/site/911health/researchers/published-research-publications.page>

Summaries of the Registry peer-reviewed scientific publications, annual reports, technical report, and clinical guidelines.

<http://www1.nyc.gov/site/911health/researchers/wtc-scientific-bibliography.page>

The general World Trade Center Health Registry Bibliography List

<http://www1.nyc.gov/site/911health/index.page>

World Trade Center Health Registry Highlights and Home Page

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Study Focus	PI	Title	Institution	Year Initiated	Project Duration*	WTC Population	Status Active	Status Completed	# Publications
Adult Mental Health	BROMET (42057)	Enhanced Smoking Cessation Intervention for WTC Responders <sup>1</sup>	STATE UNIVERSITY NEW YORK STONY BROOK	FY 11	3	Responders		Completed	8
Adult Mental Health	BROMET (39410)	Burden of Mental-Physical Comorbidity in World Trade Center Responders	STATE UNIVERSITY NEW YORK STONY BROOK	FY 11	3	Responders		Completed	11
Adult Mental Health	FEDER (10986)	Gene Expression Profiles as Markers of PTSD Risk and Resilience in WTC Responders	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 15	1	Responders		Completed	0
Adult Mental Health	FEDER (41919)	Trajectories of Psychological Risk and Resilience in World Trade Center Responders	MOUNT SINAI SCHOOL OF MEDICINE	FY 11	3	Responders		Completed	5
Adult Mental Health	FERRI (10996)	A Pilot Test of the Relaxation Response Resiliency Program (3RP) in Spanish Speaking World Trade Center Disaster Survivors with PTSD	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 15	1	Survivors		Completed	0
Adult Mental Health	GONZALEZ (10524)	Mind Body Treatment for WTC Responders with Comorbid PTSD and Respiratory Illness <sup>1</sup>	STATE UNIVERSITY NEW YORK STONY BROOK	FY 13	3	Responders		Completed	0
Adult Mental Health	KIM (10399)	Health and Socioeconomic Sequelae of the WTC Disaster Among Responders	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH [North Shore-Long Island Jewish Medical (LIJ)]	FY 12	2	Responders		Completed	3
Adult Mental Health	KOTOV (10712)	The Daily Burden of PTSD and Respiratory Problems in World Trade Center Responders	STATE UNIVERSITY NEW YORK STONY BROOK	FY 14	2	Responders		Completed	0
Adult Mental Health	KOTOV (11321)	Personality-Informed Care Model for 9/11-Related Comorbid Conditions	STATE UNIVERSITY NEW YORK STONY BROOK	FY 16	5	Responders	Active		0
Adult Mental Health	KUNG (10516)	Mental Health Impact and Service Use among Asian Survivors and Rescuers Exposed to the WTC Attack <sup>2</sup>	FORDHAM UNIVERSITY	FY 14	2	Responders & Survivors		Completed	2
Adult Mental Health	LUCCHINI (11314)	Structural and Functional Neuroimaging of Post Traumatic Stress Disorder and Cognitive Impairment in World Trade Center Responders	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	4	Responders		Completed	0
Adult Mental Health	FEDER (10407)	Biomarkers of Psychological Risk and Resilience in World Trade Center Responders	MOUNT SINAI SCHOOL OF MEDICINE	FY 12	4	Responders		Completed	0
Adult Mental Health	FEDER (10729)	Internet-Based Psychotherapies for PTSD Symptoms in WTC Responders <sup>1</sup>	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	3	Responders	Active		0

Project Table

<sup>1</sup> Registry facilitated recruitment    <sup>2</sup> Registry provided de-identified data    <sup>3</sup> Registry co-investigator collaboration    \*project duration in years

Project Table	Study Focus	PI	Title	Institution	Year Initiated	Project Duration*	WTC Population	Status Active	Status Completed	# Publications
	Adult Mental Health	FEDER (11473)	Neuroimaging of Resilience in World Trade Center Responders: A Focus on Emotional Processing, Reward and Social Cognition	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 17	4	Responders	Active		0
	Adult Mental Health	KUAN (11478)	Longitudinal Genome-wide Transcriptome Study of PTSD Symptom Change in WTC Responders	THE RESEARCH FOUNDATION for The STATE UNIVERSITY of NEW YORK	FY 17	3	Responders	Active		0
	Cancer	AARONSON (11328)	Impact of WTC Dust on Immune Functions and Prostate Cancer Promotion	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	5	Responders	Active		0
	Cancer	BOFFETTA (41815)	Cancer Among WTC Responders: Enhanced Surveillance, Exposure Assessment, and Cancer Specific Risks <sup>3</sup>	MOUNT SINAI SCHOOL OF MEDICINE	FY 11	3	Responders		Completed	2
	Cancer	GRABER (11322)	Head and Neck Cancer in the World Trade Center Health Program Cohort; Elucidating Risk Factors to Reduce Incidence and Morbidity	RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	FY 16	2	Responders	Active		1
	Cancer	HALL (11315)	Incidence, Latency, and Survival of Cancer Following World Trade Center Exposure <sup>2,3</sup>	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC	FY 16	4	Responders	Active		0
	Cancer	PREZANT (39489)	Cohort Studies of Incident Cancers in the FDNY WTC Responder Population	ALBERT EINSTEIN COLLEGE OF MEDICINE	FY 11	3	Responders		Completed	1
	Cancer	TAIOLI (10396)	Prostate Cancer Risk and Outcome in WTC Respondents	MOUNT SINAI SCHOOL OF MEDICINE	FY 13	2	Responders		Completed	1
	Cancer	TAIOLI (10512)	Biorepository of Cancer Tissue Samples from WTC Responders	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH	FY 14	2	Responders		Completed	1
Cancer	TAIOLI (10984)	Thyroid Cancer Risk in WTC Responders	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	3	Responders		Completed	0	
Cancer	WEBBER (10728)	Post-9/11 Cancer Incidence in FDNY Firefighters	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	FY 14	2	Responders		Completed	3	
Cancer	WEBBER (11309)	Maintenance and Extension of a Cohort of Career Firefighters as a Non-WTC Exposed Comparison for the FDNY Firefighter Cohort	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC	FY 16	5	Responders	Active		0	
Cancer	VERMA (11475)	Early Detection of Hematologic Malignancies in New York City Firefighters Exposed To World Trade Center Dust After The 9/11 Attacks	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 17	3	Responders	Active		1	
Cancer	BRANCH (11489)	Hepatotoxic Exposures, Progressive Fatty Liver Disease (NASH), and Liver Cancer Risk in the World Trade Center Health Program General Responder Cohort	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 17	4	Responders	Active		0	

<sup>1</sup> Registry facilitated recruitment<sup>2</sup> Registry provided de-identified data<sup>3</sup> Registry co-investigator collaboration

\*project duration in years

Study Focus	PI	Title	Institution	Year Initiated	Project Duration*	WTC Population	Status Active	Status Completed	# Publications
Cancer	Sigel (11479)	Optimizing Lung Cancer Screening in World Trade Center Rescue and Recovery Workers	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 18	3	Responders	Active		0
Cancer	Taioli (11704)	World Trade Center Tissue Biobank	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 18	3	Responders	Active		0
Cancer	Zeig-Owens (11681)	Detection and Incidence of Thyroid Cancer among Three Cohorts of WTC Exposed Rescue and Recovery Workers	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	FY 18	2	Responders	Active		0
Cancer	Diefenbach (11690)	Informed/Shared Decision Making for Prostate Cancer Screening Among Members of the World Trade Center Health Program	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH	FY 18	3	Responders	Active		0
Cardiovascular (CVD)	COHEN (10921)	Role for WTC Dust and DEP Co-pollutant in First Responder Cardiovascular Ailments	New York University School of Medicine	FY 16	4	Responders	Active		0
Cardiovascular (CVD)	McLAUGHLIN (10716)	Renal and Cardiovascular Impairment in WTC Responders: Implications for Diagnosis and Treatment	MOUNT SINAI SCHOOL OF MEDICINE	FY 14	2	Responders		Completed	0
Cardiovascular (CVD)	McLAUGHLIN (39405)	Pulmonary Function Abnormalities, Diastolic Dysfunction and World Trade Center Exposure: Implications for Diagnosis and Treatment	MOUNT SINAI SCHOOL OF MEDICINE	FY 11	3	Responders		Completed	0
Cardiovascular (CVD)	MORABIA (10722)	WTC-Heart: A Cohort Study of Heart Diseases in World Trade Center Responders	CITY UNIVERSITY of NEW YORK QUEENS (CUNY-Queens)	FY 14	2	Responders		Completed	1
Cardiovascular (CVD)	MORABIA (41826)	Cardiovascular Health Impact and Prediction of Incident (primary and subsequent) Cardiovascular Events among WTC Responders	CITY UNIVERSITY of NEW YORK QUEENS (CUNY-Queens)	FY 11	3	Responders		Completed	0
Emerging Conditions	FACTOR (11307)	Hepatitis C Virus Infection in WTC Responders	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	2	Responders	Active		0
Emerging Conditions	KIM (10730)	Assessing the Impacts of Epidemiologic Biases in WTC Health Studies	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH	FY 14	2	Responders		Completed	1
Emerging Conditions	MARMOR (11305)	World Trade Center Exposures, Neuropathic Symptoms and Nervous System Injury	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 16	2	Survivors	Active		1
Emerging Conditions	WEBBER (10513)	Post-9/11 Incidence of Systemic Autoimmune Diseases in the FDNY Cohort	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	FY 13	2	Responders		Completed	3
Emerging Conditions	STEIN (10988)	Cognitive Function among World Trade Center Rescue and Recovery Workers-Direct Effect or Mediation through Comorbidities	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 15	1	Responders		Completed	0
Emerging Conditions	BOFFETTA (11480)	Mortality among WTC Rescue and Recovery Workers <sup>2,3</sup>	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 17	4	Responders	Active		0
Emerging Conditions	McLAUGHLIN (11326)	Linking the Effects of 9/11 to Kidney Disease	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 17	3	Responders	Active		0

Project Table

<sup>1</sup> Registry facilitated recruitment    <sup>2</sup> Registry provided de-identified data    <sup>3</sup> Registry co-investigator collaboration    \*project duration in years

Study Focus	PI	Title	Institution	Year Initiated	Project Duration*	WTC Population	Status Active	Status Completed	# Publications
Emerging Conditions	BOFFETTA (10987)	Enhanced Assessment of WTC Exposure and Global DNA Methylation	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 15	1	Responders		Completed	1
Emerging Conditions	MARMOR (10395)	Trace Elements in Autopsy Tissues from World Trade Center Decedents <sup>2,3</sup>	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 13	2	Responders & Survivors		Completed	1
Emerging Conditions	Teitelbaum (11487)	Development and implementation of a comparison occupational cohort for the WTC General Responder Cohort (GRC)	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 18	3	Responders	Active		0
Respiratory Disease	ALDRICH (10411)	Bronchial Reactivity And The Course of Lung Function after WTC Exposure	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	FY 12	2	Responders		Completed	1
Respiratory Disease	ALDRICH/Spivack (10993)	Clinical characteristics and outcomes of WTC-associated Sarcoidosis	ALBERT EINSTEIN COLLEGE OF MEDICINE	FY 15	1	Responders		Completed	1
Respiratory Disease	BERGER (11317)	Small Airway Chronic Obstructive Disease Syndrome Following Exposure to WTC Dust	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 16	3	Survivors	Active		0
Respiratory Disease	BERGER (39413)	Evaluation of Distal Airway Injury Following Exposure to World Trade Center Dust <sup>2,3</sup>	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 11	3	Survivors		Completed	8
Respiratory Disease	de la HOZ (10401)	Pulmonary Diseases in WTC Workers: Symptoms, Function, and Chest CT Correlates	MOUNT SINAI SCHOOL OF MEDICINE	FY 12	4	Responders		Completed	3
Respiratory Disease	HALL (10412)	For how long is WTC exposure associated with incident airway obstruction	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	FY 12	2	Responders		Completed	2
Respiratory Disease	HALL (10711)	For How Long is WTC Exposure Associated with Chronic Rhinosinusitis	ALBERT EINSTEIN COL OF MED	FY 14	2	Responders		Completed	2
Respiratory Disease	LUFT (10416)	Epigenetic Linkage Between PTSD and Respiratory Disease in WTC Responders	STATE UNIVERSITY NEW YORK STONY BROOK	FY 12	2	Responders		Completed	2
Respiratory Disease	LUFT (10718)	Deciphering Biological Linkages between PTSD and Respiratory Disease in WTC Responders	STATE UNIVERSITY NEW YORK STONY BROOK	FY 14	2	Responders		Completed	0
Respiratory Disease	REIBMAN (10404)	Uncontrolled Lower Respiratory Symptoms in the WTC Survivor Program	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 13	3	Survivors		Completed	3
Respiratory Disease	SUNDERRAM (10415)	Obstructive Sleep Apnea in WTC Responders: Role of Nasal Pathology	UNIV OF MED/DENT NJ-R W JOHNSON MED SCH	FY 12	4	Responders		Completed	3
Respiratory Disease	WEIDEN (11302)	Evolution of Risk Factors for Lung Function Decline in WTC Exposed Firefighters	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 16	3	Responders	Active		1
Respiratory Disease	WEIDEN (10726)	Evolution of Risk Factors for Sinusitis in WTC Exposed Firefighters	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 14	2	Responders		Completed	4
Respiratory Disease	WISNIVESKY (10405)	Prognosis and Determinants of Asthma Morbidity in World Trade Center Rescue and Recovery Workers	MOUNT SINAI SCHOOL OF MEDICINE	FY 12	4	Responders		Completed	4
Respiratory Disease	WISNIVESKY (11312)	Assessing Inflammatory and Behavioral Pathways Linking PTSD to Increased Asthma Morbidity in WTC Workers	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 16	5	Responders	Active		0

<sup>1</sup> Registry facilitated recruitment<sup>2</sup> Registry provided de-identified data<sup>3</sup> Registry co-investigator collaboration

\*project duration in years

Study Focus	PI	Title	Institution	Year Initiated	Project Duration*	WTC Population	Status Active	Status Completed	# Publications
Respiratory Disease	de la HOZ (10401-05)	Pulmonary Diseases in WTC Workers: Symptoms, Function, and Chest CT Correlates	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 17	4	Responders	Active		0
Respiratory Disease	NOLAN (11300)	Metabolomics of World Trade Center-Lung Injury: Biomarker Validation, Longitudinal Assessment and Dietary Intervention	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 17	4	Responders	Active		2
Respiratory Disease	Ayappa (11481)	Exploring Mechanisms of Obstructive Sleep Apnea (OSA) in WTC Responders	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 18	3	Responders	Active		0
Respiratory Disease	de la Hoz (11697)	Chronic Obstructive Pulmonary Disease in WTC Workers - Diagnoses and Transitions	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	FY 18	3	Responders	Active		0
WTC Youth	HOVEN (10413)	Service Need and Use among Youth Exposed to the WTC Attack <sup>2</sup>	NEW YORK STATE PSYCHIATRIC INSTITUTE (Columbia University)	FY 12	2	Survivors (Youth)		Completed	0
WTC Youth	HOVEN (11308)	9/11 Trauma and Toxicity in Childhood: Longitudinal Health and Behavioral Outcomes	NEW YORK STATE PSYCHIATRIC INSTITUTE	FY 16	5	Survivors (Youth)	Active		0
WTC Youth	HOVEN (10414)	The Impact of 9/11 on Youth: Mental Health, Substance Use & Other Risk behaviors <sup>1,2</sup>	NEW YORK STATE PSYCHIATRIC INSTITUTE (Columbia University)	FY 12	4	Survivors (Youth)		Completed	0
WTC Youth	HOVEN (10721)	Context and Ethnic Diversity: Children's Responses to 9/11	NEW YORK STATE PSYCHIATRIC INSTITUTE	FY 15	1	Survivors (Youth)		Completed	2
WTC Youth	HOVEN (11327)	Research Domain Criteria (RDoC) Domains Underlying Emotional Health and Trajectories of Psychopathology in Families of WTC First Responders and Evacuees: A Genome-Wide Gene Environment Interaction (Gx E) Study	NEW YORK STATE PSYCHIATRIC INSTITUTE	FY 16	5	Survivors (Youth)	Active		0
WTC Youth	TRASANDE (10394)	Early Identification of World Trade Center Conditions in Adolescents <sup>1,2</sup>	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 13	3	Survivors (Youth)		Completed	3
WTC Youth	TRASANDE (10714)	Childhood Exposure to Persistent Organic Pollutants in the World Trade Center and Cardiovascular Consequences	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 15	1	Survivors (Youth)		Completed	2
WTC Youth	TRASANDE (11299)	Prenatal WTC Chemical Exposures, Birth Outcomes and Cardio-metabolic Risks	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	FY 17	4	Survivors (Youth)	Active		0
WTC Youth	Cycowicz (11694)	Multimodal Neuroimaging of Cognitive and Emotional Networks in Young Adults Exposed to 9/11 as Children	NEW YORK STATE PSYCHIATRIC INSTITUTE	FY 18	3	Survivors (Youth)	Active		0
<b>total</b>									<b>90</b>
<sup>1</sup> Registry facilitated recruitment <sup>2</sup> Registry provided de-identified data <sup>3</sup> Registry co-investigator collaboration    *project duration in years									

Project Table



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## Appendix 1, Section 2

### WTC Health Program Research Portfolio Study Descriptions

# WTC Health Program Research Portfolio Study Descriptions

## WTC Research Contracts Awarded in FY 2011

### Trajectories of Psychological Risk and Resilience in World Trade Center Responders

**Contract Number:** 200-2011-41919

**Institutions:** Icahn School of Medicine at Mount Sinai School of Medicine and the Yale School of Medicine

**Principal Investigators:** Adriana Feder, MD, Robert Pietrzak, PhD, Steven Southwick, MD

**Phone Number:** (212) 659-9145

**Email:** [adriana.feder@mssm.edu](mailto:adriana.feder@mssm.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** The objectives of this study are to (1) characterize longitudinal trajectories of WTC-related PTSD and depressive symptoms in WTC responders; (2) examine specific risk and protective determinants of these trajectories; and (3) identify personal and psychosocial factors associated with resilience and recovery trajectories, with the ultimate goal of maximizing preparedness

and improving mental health outcomes in disaster responders. The study shall make use of the unique dataset collected prospectively at the WTC Health Program, beginning in 2002, to study longitudinal trajectories of WTC-related PTSD and depressive symptoms in 10,800 cohort members who completed three monitoring visits at the WTC Health Program, each approximately two years apart.

### Cohort Studies of Incident Cancers in the FDNY WTC Responder Population

**Contract Number:** 200-2011-39489

**Institution:** Fire Department of New York

**Principal Investigator:** David Prezant, MD

**Phone Number:** (718) 999-2696

**Email:** [prezand@fdny.nyc.gov](mailto:prezand@fdny.nyc.gov)

**Project Duration:** 3 years (Project Completed)

**Description:** The main objective of this three-year research project is to analyze the cohorts of FDNY firefighters and EMS workers, both WTC-exposed and non-WTC exposed in order to compare cancer incidence by WTC-exposure status during the early post-9/11 years. To achieve this objective, we intend to conduct longitudinal surveillance of cancer diagnoses in WTC-exposed and non-WTC-exposed individuals through 2008 and later, as data become available.

### **Pulmonary Function Abnormalities, Diastolic Dysfunction and World Trade Center Exposure: Implications for Diagnosis and Treatment**

**Contract Number:** 200-2011-39405

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Maryann McLaughlin, MD, MPH

**Phone Number:** (866) 537-7107

**Email:** [cynara.maceda@mssm.edu](mailto:cynara.maceda@mssm.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** The present proposal seeks to determine the significance of the long-term effect of particulate matter (PM) on pulmonary and cardiovascular risk, and to fully evaluate the relationship between PM exposure, pulmonary function, and cardiovascular health. We will evaluate the clinical and pathophysiologic outcomes of exposure including pulmonary function abnormalities, obstructive sleep apnea, imaging abnormalities, and risk factors for cardiopulmonary disease. This study will provide critical information regarding risk of exposure to PM, risk factors for disease and potential for improvements in diagnosis and treatment.

### **Burden of Mental-Physical Comorbidity in World Trade Center Responders**

**Contract Number:** 200-2011-39410

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Evelyn Bromet, PhD

**Phone Number:** (631) 632-8853

**Email:** [evelyn.bromet@stonybrook.edu](mailto:evelyn.bromet@stonybrook.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** The study objective is to test mechanisms thought to be responsible for the comorbidity between psychiatric and medical sequelae of WTC exposures. We propose to study responders participating in the WTC Health Program. Of the entire cohort, approximately 16,000 completed the first two monitoring visits, about two years apart. In addition to routine questionnaires completed by responders at their monitoring visits, we conduct standard interviews designed to diagnose WTC-related PTSD. The longitudinal data will allow us to evaluate potential mechanisms underlying the links between mental and physical disorders.

### **Enhanced Smoking Cessation for WTC Responders**

**Contract Number:** 200-2011-42057

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Evelyn Bromet, PhD

**Phone Number:** (631) 632-8853

**Email:** [evelyn.bromet@stonybrook.edu](mailto:evelyn.bromet@stonybrook.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** The objective of this study is to adapt and test an enhanced smoking cessation treatment for WTC responders burdened with PTSD symptoms. We will recruit 100 smokers who have significant PTSD symptoms from the population monitored at the Long Island site of the WTC Health Program and other responders in the New York metropolitan area with PTSD symptoms. We will over-sample patients with lower respiratory illness to ensure that at least two-thirds have these symptoms. Participants are randomly assigned

to either: (1) standard smoking cessation or (2) enhanced smoking cessation that addresses PTSD and other anxiety symptoms. Nicotine replacement therapy is administered to both groups.

### **Evaluation of Distal Airway Injury Following Exposure to World Trade Center Dust**

**Contract Number:** 200-2011-39413

**Institution:** New York University School of Medicine

**Principal Investigator:** Kenneth Berger, MD

**Phone Number:** (212) 263-6407, (212) 562-3752

**Email:** [kenneth.berger@nyumc.org](mailto:kenneth.berger@nyumc.org)

**Project Duration:** 3 years (Project Completed)

**Description:** The goal of the present proposal is to enhance characterization of WTC-related lung disease using lung function measurements that can detect lung injury in addition to abnormalities identified in standard spirometry. The proposed studies are based on the concept that spirometry may identify airway injury as a reduction in lung volume or air flow; however, spirometry can often be normal even in symptomatic patients, particularly when injury is located in the distal airways.

### **Cancer among WTC Responders: Enhanced Surveillance, Exposure Assessment, and Cancer-Specific Risks**

**Contract Number:** 200-2011-41815

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Paolo Boffetta, MD

**Phone Number:** (212) 659-1474

**Email:** [paolo.boffetta@mssm.edu](mailto:paolo.boffetta@mssm.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** The overarching objective of the project is to define whether WTC responders included in the WTC Health Program experienced an increased risk of cancer, and whether or not such increase can be associated with WTC-related exposures. The specific aims of the project are to: 1) identify and confirm all cases of cancer occurring among WTC responders included in WTC Health Program, using multiple sources of information and developing algorithms for confirmation of cancer diagnosis; 2) develop and apply an exposure assessment procedure to estimate ERIs for selected known and suspected carcinogens for all WTC Health Program responders, and to conduct a systematic analysis of exposure-cancer associations, based on ERIs; and 3) conduct in-depth analyses of exposure-cancer associations.

### **Cardiovascular Health Impact and Prediction of Incident (Primary and Subsequent) Cardiovascular Events**

**Contract Number:** 200-2011-41826

**Institution:** Center for the Biology of Natural Systems (CBNS) CUNY-Queens College

**Principal Investigator:** Alfredo Morabia, MD

**Phone Number:** (718) 670-4182

**Email:** [alfredo.morabia@qc.cuny.edu](mailto:alfredo.morabia@qc.cuny.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** This cohort study will assess the conventional CVD determinants, 9/11-related dust exposure, and PTSD, of

6,503 participants (of the Mt. Sinai and Northwell Health WTC Health Program) recruited between January 2012, and June 2013. We will follow the cohort for incident CVD during the subsequent two years, 2013 and 2014. Cardiovascular risk has been obtained from questionnaires and clinical exams. The on-going follow-up will track all incident events over two years by direct contact with the participants. Validation of events will be performed by obtaining hospital discharge and outpatient medical records, patient electronic databases (SPARCS), and death certificates. In addition to its direct relevance for the health surveillance of WTC workers, this project will accrue new knowledge on the long-term effects of a major environmental disaster on the cardiovascular health of rescue, recovery, and clean-up workers.

## WTC Research Cooperative Agreements Awarded in FY 2012

### Bronchial Reactivity and the Course of Lung Function

**Project Number:** U01 OH010411-01

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Thomas Aldrich, MD

**Phone Number:** (718) 999-0734 (office)

**Email:** [Rachel.Zeig-Owens@fdny.nyc.gov](mailto:Rachel.Zeig-Owens@fdny.nyc.gov)

**Project Duration:** 2 years (Project Completed)

**Description:** Persistent obstructive airways disease (an asthma-like condition) is common among WTC exposed firefighters, though rare in this population before September 11, 2001. In about 30%, there is accompanying bronchial hyperreactivity (easily triggered airway narrowing). This study will re-examine a large number of firefighters who had bronchial reactivity soon after 9/11 to determine whether those with bronchial hyperreactivity at onset have persistent hyperactivity more than ten years later, whether they have accelerated lung function decline, and whether those treated with anti-asthma medications were more likely to show resolution of bronchial hyperactivity and/or show less rapid decline in lung function.

### For How Long is WTC Exposure Associated with Incident Airway Obstruction

**Project Number:** U01 OH010412-01

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Charles Hall, PhD

**Phone Number:** (917) 803-5470

**Email:** [charles.hall@einstein.yu.edu](mailto:charles.hall@einstein.yu.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** The study uses innovative statistical methods (parametric survival models with change points) to study the incidence of new onset OAD diagnoses and symptoms over the first ten years following WTC exposure, with the goal of determining the length of time that exposure response gradients are observed among exposed FDNY firefighters. This study will allow estimation of the length of time that a relatively short-term, high intensity exposure may be associated with incident respiratory illness.

### **Pulmonary Diseases in WTC Workers: Symptoms, Function, and Chest CT Correlates**

**Project Number:** U01 OH010401-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Rafael E. de la Hoz, MD

**Phone Number:** (212) 241-8871

**Email:** [Lilliam.Medina@mssm.edu](mailto:Lilliam.Medina@mssm.edu)

**Project Duration:** 4 years (Project Completed)

**Description:** The overall goal of this study is to identify the early manifestations of lung disease among the WTC workers and volunteers, as well as investigate their risk factors. The study team will perform standardized and computer-assisted readings of all chest CT scans received by WTC workers and volunteers at the Mount Sinai Medical Center since January 2003; assess the findings in a systematic way; evaluate the correlation of findings with clinical, functional, and exposure indicators; and develop a protocol for continued radiological surveillance of this cohort.

### **Biomarkers of Psychological Risk and Resilience in World Trade Center Responders**

**Project Number:** U01 OH010407-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigators:** Adriana Feder, MD; Robert Pietrzak, PhD; Steven Southwick, MD

**Phone Number:** (212) 659-9145

**Email:** [adriana.feder@mssm.edu](mailto:adriana.feder@mssm.edu)

**Project Duration:** 4 years (Project Completed)

**Description:** This study will employ a multi-level approach to study clinical, psychosocial, neuroendocrine, genotypic, gene-environment interaction, and molecular factors associated with PTSD risk and resilience in a sample of 500 WTC responders. The study will provide important information about the risk and resilience factors for PTSD in disaster responders and make possible the development of improved preventive and treatment interventions for this disorder in disaster responders and trauma-exposed individuals in general.

### **Prognosis and Determinants of Asthma Morbidity in WTC Rescue and Recovery Workers**

**Project Number:** U01 OH010405-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Juan Wisnivesky, MD, DrPH

**Phone Number:** (212) 824-7567

**Email:** [juan.wisnivesky@mssm.edu](mailto:juan.wisnivesky@mssm.edu)

**Project Duration:** 4 years (Project Completed)

**Description:** Asthma is a common illness among WTC workers (nine-year cumulative incidence is about 28%) and is responsible for a high rate of morbidity and diminished quality of life in this population. However, there is limited data regarding the natural history or factors that contribute to asthma morbidity among WTC workers. The objective of this study is to examine the natural history, self-management, and impact of physical and mental health comorbidities on asthma morbidity among WTC rescue and recovery workers.

### The Impact of 9/11 on Youth: Mental Health, Substance Use & Other Risk Behaviors

**Project Number:** U01 OH010414-01

**Institution:** New York State Psychiatric Institute at Columbia University

**Principal Investigator:** Christina W. Hoven, DrPH, MPH

**Phone Number:** (646) 774-5800

**Email:** [ch42@columbia.edu](mailto:ch42@columbia.edu)

**Project Duration:** 4 years (Project Completed)

**Description:** Worldwide Public Health concern about disaster and its long-term consequences on mental health remains an important but inadequately addressed issue. This study examines the mental health, substance use and other risky behaviors, among children directly exposed to the 9/11 attack—current ages 12-24. The study is designed to obtain an in depth assessment of these adolescents' and emerging adults' current level of need, with the intention of facilitating treatment, diagnosis and intervention, as well as to inform public policy.

### Service Need and Use Among Youth Exposed to the WTC Attack

**Project Number:** U01 OH010413-01

**Institution:** New York State Psychiatric Institute at Columbia University

**Principal Investigator:** Christina W. Hoven, DrPH, MPH

**Phone Number:** (646) 774-5800

**Email:** [ch42@columbia.edu](mailto:ch42@columbia.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** This study will examine patterns

of mental health service utilization, barriers to mental health treatment services, and the factors associated with such use by youth who were exposed to the WTC attack. The study findings will provide guidance to the improvement of mental health intervention for these youth and will help in preparedness efforts for future terrorist attacks.

### Health and Socioeconomic Sequelae of the WTC Disaster Among Responders

**Project Number:** U01 OH010399-01

**Institution:** Northwell Health

**Principal Investigator:** Hyun Kim, ScD

**Phone Number:** (516) 465-2517

**Email:** [hkim8@nshs.edu](mailto:hkim8@nshs.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** This study will comprehensively describe the overall physical, mental, and socioeconomic impact of the WTC disaster on responders, as well as identify the linkage between socioeconomic sequelae and health among WTC responders. Results from this study have the potential to make a significant public health impact through the identification of new diseases and high-risk groups within the WTC cohort, and aid future development of new guidelines for the implementation of an occupational health surveillance system for disasters, which is essential for disaster preparedness

### Epigenetic Linkage between PTSD and Respiratory Disease in WTC Responders

**Project Number:** U01 OH010416-01

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Benjamin Luft, MD

**Phone Number:** (631) 855-1200

**Email:** [benjamin.luft@stonybrookmedicine.edu](mailto:benjamin.luft@stonybrookmedicine.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** WTC disaster responders exhibit persistent symptoms of PTSD and respiratory illness linked to the severity of their exposures. One-quarter of responders affected by these conditions suffer from both, resulting in increased disability and utilization of medical services. This study will examine the potential mechanisms underlying PTSD/respiratory co-morbidity that may facilitate the development of more effective, theory-driven interventions for these difficult to treat patients.

### **Obstructive Sleep Apnea in WTC Responders; Role of Nasal Pathology**

**Project Number:** U01 OH010415-01

**Institution:** Robert Wood Johnson Medical School at Rutgers University and NYU School of Medicine

**Principal Investigator:** Jag Sunderram, MD; Indu Ayappa, PhD

**Phone Number:** (732) 235-7038

**Email:** [sunderja@rwjms.rutgers.edu](mailto:sunderja@rwjms.rutgers.edu)

**Project Duration:** 4 years (Project Completed)

**Description:** Obstructive sleep apnea (OSA) is a highly prevalent disorder with significant morbidity and impact on quality of life that can be improved by treatment with CPAP. This study will examine the role of nasal pathology in WTC responders in the development of OSA and its impact on their ability to use CPAP. The present study contributes to understanding the relationship of nasal

/upper airway mechanisms to the development of sleep apnea in this population and explores the possibility of improving comfort and adherence to CPAP treatment by modifying how CPAP is delivered.

### **Extension of the World Trade Center Health Registry**

**Project Number:** U50-OH009739

**Institution:** New York City Department of Health and Mental Hygiene

**Principal Investigator:** Mark Farfel, ScD

**Phone Number:** (646) 632-6649

**Email:** [mfarfel@health.nyc.gov](mailto:mfarfel@health.nyc.gov)

**Project Duration:** 4 years (Project Completed)

**Description:** During the funding period, Registry staff will conduct priority epidemiological analyses using data from the Wave 1 (2003-04), Wave 2 (2006-08), and Wave 3 (2011-12) surveys, including analyses to assess risk factors for the development or persistence of serious respiratory and mental health conditions over time. A Wave 4 survey will be conducted using multiple survey modes to ascertain the health status and 9/11-related healthcare needs of the cohort 13-14 years after 9/11. The Registry will also extend the assessment of cancer and mortality incidence through 10 years post-9/11, investigate potential emerging health conditions through public health surveillance and follow-up studies (including collaborations with the WTC Health Program and other external researchers), and continue outreach to encourage enrollees to access monitoring and treatment through the WTC Health Program.



## WTC Research Cooperative Agreements Awarded in FY 2013

### Post-9/11 Incidence of Systemic Autoimmune Diseases in the FDNY Cohort

**Project Number:** U01 OH010513

**Institution:** Albert Einstein College of  
Medicine

**Principal Investigator:** Mayris Webber,  
DrPH

**Phone Number:** (718) 999-2665

**Email:** [webberm@fdny.nyc.gov](mailto:webberm@fdny.nyc.gov)

**Project Duration:** 2 years (Project Completed)

**Description:** The overall goal of this two-year study is to calculate in 21,786 WTC-exposed and unexposed firefighters and emergency medical service workers and to estimate the association between intense WTC exposure and SAID. If results suggest that SAID are increased in relation to WTC exposure, FDNY and other centers of excellence could then incorporate active case finding into routine monitoring visits, facilitating early detection and treatment, which has been shown to reduce end-organ damage and improve quality of life.

### Trace Elements in Autopsy Tissue from World Trade Center Decedents

**Project Number:** U01 OH010395-01A1

**Institution:** New York University School of  
Medicine

**Principal Investigator:** Michael Marmor,  
PhD

**Phone Number:** (212) 263-6667

**Email:** [michael.marmor@nyumc.org](mailto:michael.marmor@nyumc.org)

**Project Duration:** 2 years (Project Completed)

**Description:** This study will determine if WTC-related trace elements can be identified in tissues of individuals at their times of death in 2007–2012. If signature trace elements can be identified, this project will lay the foundation for future development of biomarkers indicative of cumulative exposure to WTC contaminants among living individuals. Biomarkers reflective of WTC exposures would be of value to research on the health effects of WTC exposures among first responders, residents and workers, including members of the WTC Health Program. They would also be helpful for the investigation and attribution of diseases among WTC-exposed individuals and may aid in the treatment of WTC-associated diseases.

### Early Identification of World Trade Center Conditions in Adolescents

**Project Number:** U01 OH010394-01A1

**Institution:** New York University School of  
Medicine

**Principal Investigator:** Leonardo  
Trasande, MD, MPP

**Phone Number:** (646) 501-2520

**Email:** [leonardo.trasande@nyumc.org](mailto:leonardo.trasande@nyumc.org)

**Project Duration:** 3 years (Project Completed)

**Description:** This study builds on preliminary studies in self-selected populations to identify opportunities for early identification of WTC-related health consequences in adolescents. If adverse health consequences are identified, proactive cardiometabolic and pulmonary screening of exposed children may be indicated, with targeted interventions intended to prevent development of chronic obstructive pulmonary disease,

and adverse cardiometabolic outcomes in adulthood.

### Uncontrolled Lower Respiratory Symptoms in the WTC Survivor Program

**Project Number:** U01 OH010404-01A1

**Institution:** New York University School of Medicine

**Principal Investigator:** Joan Reibman, MD

**Phone Number:** (212) 263-6479

**Email:** [joan.reibman@nyumc.org](mailto:joan.reibman@nyumc.org)

**Project Duration:** 3 years (Project Completed)

**Description:** Many “survivors” (community members) in the WTC clinical treatment program have persistent LRS, despite treatment. This study will test the hypothesis that patients with uncontrolled LRS have (despite aggressive medical therapy) increased rates of abnormal airway physiology, airway inflammation and co-morbid conditions when compared to those with controlled symptoms. Identifying these mechanisms for uncontrolled LRS is imperative to guide therapy with the important potential to reduce secondary adverse health outcomes.

### Prostate Cancer Risk and Outcome in WTC Respondents

**Project Number:** U01 OH010396-01A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Emanuela Taioli, MD, PhD

**Phone Number:** (516) 465-3093

**Email:** [emanuela.taioli@mssm.edu](mailto:emanuela.taioli@mssm.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** This study represents the first in-depth analysis of prostate cancer among WTC rescue and recovery workers. The study results will have practical implications on the surveillance and clinical management of prostate cancer, which is the most common cancer among male WTC Health Program members. The study will generate novel data on biomarkers of prostate cancer aggressiveness that could be used to make decisions on clinical treatment.

### Mind-Body Treatment for WTC Responders with Comorbid PTSD and Respiratory Illness

**Project Number:** U01 OH010524

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Adam Gonzalez, PhD

**Phone Number:** (631) 855-1233

**Email:** [adam.gonzalez@stonybrook.edu](mailto:adam.gonzalez@stonybrook.edu)

**Project Duration:** 3 years (Project Completed)

**Description:** Comorbid PTSD and respiratory illness continue to burden WTC responders over a decade post disaster, despite pharmaceutical and psychotherapeutic treatment efforts. Mind-body treatments have demonstrated promise for reducing both PTSD and respiratory symptoms, and potential biological markers underlying these conditions; however no RCT has evaluated this treatment approach among patients with comorbid PTSD and respiratory illness. This study will be the first RCT to evaluate a novel mind-body treatment among WTC responders with these comorbidities and could have important implications for health care costs, quality of life and functioning, morbidity and possibly mortality.

## WTC Research Cooperative Agreements Awarded in FY 2014

### Post-9/11 Cancer Incidence in FDNY Firefighters

**Project Number:** U01 OH010728

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Mayris Webber, DrPH

**Phone Number:** (718) 999-2665

**Email:** [webberm@fdny.nyc.gov](mailto:webberm@fdny.nyc.gov)

**Project Duration:** 2 years (Project Completed)

**Description:** Modest elevations in cancer rates post-exposure to the WTC site have been reported in all three cohorts of rescue/recovery workers. The overarching goal of this proposal is to improve understanding of the association between WTC exposure and cancer risk. We will: 1) Compare cancer rates in WTC-exposed NYC firefighters to rates in non-WTC-exposed firefighters; 2) develop a new exposure measure based on work records and model cancer incidence rates as a function of both time of first arrival at the WTC site and the new duration measure; and, 3) estimate the future cancer burden of WTC-exposed firefighters.

### Biorepository of Cancer Tissue Samples from WTC Responders

**Project Number:** U01 OH010512-01A1

**Institution:** Feinstein Institute for Medical Research

**Principal Investigator:** Emanuela Taioli, MD, PhD

**Phone Number:** (516) 465-3093

**Email:** [etaioli@nshs.edu](mailto:etaioli@nshs.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** The current project aims to establish a biorepository of cancer tissue samples from WTC responders. This biorepository will consolidate tissue samples from all those in the WTC cohort that consent to participate. These samples will be stored in a centralized location, de-identified, and cataloged. This will allow for future research into WTC-specific mechanisms involved in cancer development, and will result in improved treatment options for WTC responders. Procedures will be implemented to review and grant/deny requests for use of samples in biomedical research based on a rigorous review.

### Deciphering Biological Linkages between PTSD and Respiratory Disease in WTC Responders

**Project Number:** U01OH010718-01

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Benjamin Luft, MD

**Phone Number:** (631) 855-1200

**Email:** [benjamin.luft@stonybrookmedicine.edu](mailto:benjamin.luft@stonybrookmedicine.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** The September 11, 2001, terrorist attack on the WTC was an extraordinary environmental disaster resulting in an unprecedented combination of physical and emotional trauma. As many as 60% of responders will experience clinically significant symptoms, most prominently PTSD and LRS. Our group found that PTSD is not only associated with LRS but may contribute to

the development of these symptoms as well as diminish their response to treatment. We have performed epigenetic studies and are beginning to untangle the genes responsible for this association. The proposed study will extend these findings to identify the precise cell where these pathogenic relationships are occurring. Ultimately, this knowledge will lead to the development of better diagnostics and more specific treatment for this disease process.

### **The Daily Burden of PTSD and Respiratory Problems in World Trade Center Responders**

**Project Number:** U01 OH010712-01

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Roman Kotov, PhD

**Phone Number:** (631) 632-7763

**Email:** [Roman.Kotov@stonybrook.edu](mailto:Roman.Kotov@stonybrook.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** Comorbid PTSD and LRS are among the most common and persistent health burdens faced by WTC responders following the attacks on 9/11. For the first time, the proposed study will use ecological momentary assessment approach to survey WTC responders in real time about the prevalence, burden and the sequence of PTSD and LRS, and to test biological processes involved.

### **Evolution of Risk Factors for Sinusitis in WTC Exposed Firefighters**

**Project Number:** U01 OH010726-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Michael Weiden, MD

**Phone Number:** (212) 263-6479

**Email:** [michael.weiden@nyumc.org](mailto:michael.weiden@nyumc.org)

**Project Duration:** 2 years (Project Completed)

**Description:** Early neutrophil concentrations in blood drawn within 6 months of exposure were a risk factor for progressive sinusitis. Despite treatment, those affected continue to experience morbidity and reduced quality of life, while screening continues to identify new cases. Development of models, using an inexpensive, biomarker (complete blood count or CBC) that predicts disease severity and progression may enable earlier and more aggressive interventions to improve the health of WTC-exposed subjects. This may improve the quality of life of those with high risk of proceeding to sinus surgery. This may also avoid radiation exposure to those at low risk.

### **For How Long is the WTC Exposure Associated with Chronic Rhinosinusitis**

**Project Number:** U01 OH010711-01

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Charles B. Hall, PhD

**Phone Number:** (917) 803-5470

**Email:** [charles.hall@einstein.yu.edu](mailto:charles.hall@einstein.yu.edu)

**Project Duration:** 2 years

**Description:** This study will use innovative statistical methods to examine the temporal patterns in the association between the effects of rescue/recovery work at the WTC by FDNY firefighters on the incidence of physician-diagnosed CRS and

on self-reported persistent rhinosinusitis symptoms. Specifically, we will use parametric survival models with change points to determine whether the exposure-response relationship persists for years after exposure or becomes attenuated after some time.

### **Mental Health Impact and Service Use among Asian Survivors and Rescuers Exposed to the WTC Attack**

**Project Number:** U01 OH010516-01A1

**Institution:** Fordham University

**Principal Investigator:** Winnie Kung, PhD

**Phone Number:** (347) 239-1717 **Email:** [kung@fordham.edu](mailto:kung@fordham.edu)

**Project Duration:** 2 years

**Description:** This study attempts to assess the short-, medium-, and long-term mental health impact of the WTC attack on Asian Americans. The course of the psychological distress and its related risk factors will be explored, and the pattern is compared to that of whites. It also examines Asians' mental health service use patterns and the facilitating factors and barriers to help seeking. It has important policy implications in improving treatment access to this sizable but understudied subgroup affected by the attack, which has a history of being the lowest mental health service users compared to other races.

### **Assessing the Impacts of Epidemiologic Biases in WTC Health Studies**

**Project Number:** U01 OH010730-01

**Institution:** Feinstein Institute for Medical Research

**Principal Investigator:** Hyun Kim, ScD

**Phone Number:** (516) 465-2517

**Email:** [kimx4804@umn.edu](mailto:kimx4804@umn.edu)

**Project Duration:** 2 years

**Description:** The main goal of the proposed study is to assess the impacts of epidemiologic biases in WTC health studies by identifying the presence of bias and then by quantifying and adjusting for the bias effects. The successful completion of the proposed bias analysis will assist other researchers to draw plausible inference of WTC health effects and other future disaster studies by adjusting for bias.

### **WTC-Heart: A Cohort Study of Heart Diseases in World Trade Center Responders**

**Project Number:** U01 OH010722-01

**Institution:** Center for the Biology of Natural Systems (CBNS) CUNY-Queens College

**Principal Investigator:** Alfredo Morabia, MD

**Phone Number:** (718) 670-4182

**Email:** [alfredo.morabia@qc.cuny.edu](mailto:alfredo.morabia@qc.cuny.edu)

**Project Duration:** 2 years

**Description:** Several research studies indicate that people working or residing near Ground Zero in 2001-2002 are at increased risk of CVD. It is hypothesized that this increased risk is a result of exposure to the dust and gases liberated by the destruction of the twin towers and/ or the psychological stress of working in such a dramatic human and environmental disaster. WTC-Heart (n=6,481) is a rigorous cohort study comprised of responders and volunteers recruited at the WTC Health Program. WTC-Heart will provide unique evidence of observed

CVD risk and predicted CVD risk in WTC responders to guide the implementation of preventive interventions.

### **Renal and Cardiovascular Impairment in WTC Responders: Implications for Diagnosis and Treatment**

**Contract Number:** U01 OH010716-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Maryann McLaughlin, MD, MPH

**Phone Number:** 1 (866) 537-7107

**Email:** [cynara.maceda@mssm.edu](mailto:cynara.maceda@mssm.edu)

**Project Duration:** 2 years (Project Completed)

**Description:** Environmental toxins exert damaging health effects in workers. Volunteers of the WTC rescue and recovery effort following WTC attacks may be at increased risk for worsening health. The goal of this proposal is to quantify the risk of kidney damage among first responders to the WTC attack and determine its relationship to particulate matter exposure. We hypothesize that exposure to inhaled particulate matter causes systemic inflammation and endothelial dysfunction that result in chronic kidney and cardiovascular damage. Knowledge to be gained from this proposal can influence strategies to minimize the risk of chronic kidney and cardiovascular disease among first responders

### **WTC Research Cooperative Agreements Awarded in FY 2015**

#### **A Pilot Test of the Relaxation Response Resiliency Program (3RP) in Spanish**

#### **Speaking World Trade Center Disaster Survivors with PTSD**

**Project Number:** U01 OH0 10996-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Lucia Ferri, PhD

**Phone Number:** (212) 562-1735

**Email:** [Lucia.Ferri@bellevue.nychhc.org](mailto:Lucia.Ferri@bellevue.nychhc.org)

**Project Duration:** 1 year (Project Completed)

**Description:** Individuals directly exposed to 9/11 WTC disaster, including community members who lived or worked in the area, continue to experience significant psychiatric and physical health symptoms. At the WTC EHC, at least one-third of patients serviced are Hispanic with Spanish as their primary language. Unfortunately, there are limited, empirically-supported treatment protocols that are translated and available in Spanish for this population. This study will adapt and translate the Relaxation Response Resiliency Program (3RP), a comprehensive mind-body treatment, for Spanish-speaking WTC survivors. We will evaluate whether the treatment is acceptable and feasible for this population.

#### **Childhood Exposures to Persistent Organic Pollutants in the World Trade Center Disaster and Cardiovascular Consequences**

**Project Number:** U01 OH010714-01A1

**Institution:** New York University School of Medicine

**Principal Investigator:** Leonardo Trasande, MD, MPP

**Phone Number:** (646) 501-2520

**Email:** [leonardo.trasande@nyumc.org](mailto:leonardo.trasande@nyumc.org)

**Project Duration:** 1 year (Project Completed)

**Description:** The study builds upon a NOSH-supported study of WTC-exposed adolescents to assess whether persistent organic pollutant exposures are potentially contributors to cardiometabolic conditions in adolescents. If these exposures are associated with cardiometabolic consequences and with reported exposure to the disaster, these findings will enhance understanding of WTC-associated conditions and guide proactive screening and management of future disasters.

### Clinical Characteristics and Outcomes of WTC-Associated Sarcoidosis

**Project Number:** U01 OH0 10993-01

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Simon Spivack, MD, MPH/Thomas Aldrich, MD

**Phone Number:** (718) 678-1040 (office);

**Email:** [simon.spivack@einstein.yu.edu](mailto:simon.spivack@einstein.yu.edu)

**Project Duration:** 1 year (Project Completed)

**Description:** Sarcoidosis, an inflammatory disease of unknown cause that can affect almost any organ, has been noted in unexpectedly large numbers of WTC-exposed persons, including 76 FDNY firefighters. This project is a detailed re-examination of this group, to define their clinical patterns and genetic markers and compare them with those of previously reported non-WTC-exposed sarcoidosis patients. We will also assess genetic differences with similarly WTC-exposed firefighters who did not develop sarcoidosis. The results should help to determine the extent and severity of sarcoidosis triggered by a unique occupational exposure.

### Cognitive Function among World Trade Center Rescue and Recovery Workers—Direct Effect or Mediation through Comorbidities

**Project Number:** U01 OH0 10988-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Cheryl Stein, MD

**Phone Number:** (646) 754-4886

**Email:** [cheryl.stein@nyumc.org](mailto:cheryl.stein@nyumc.org)

**Project Duration:** 1 year (Project Completed)

**Description:** The main goal of the study is to use existing, longitudinal data from the New York City Region Clinical Centers of Excellence to examine the association between WTC exposure and cognitive function among the nearly 25,000 rescue and recovery workers participating in the WTC Health Program. First we want to determine whether there is evidence of cognitive dysfunction among rescue and recovery workers. Then if there is evidence of cognitive dysfunction, we will try to tease apart whether the dysfunction is due to WTC exposure (e.g., dust, chemicals), WTC-related illness (e.g., CVD, depression), or both.

### Context and Ethnic Diversity: Children's Responses to 9/11

**Project Number:** U01 OH0 10721-01A1

**Institution:** New York State Psychiatric Institute at Columbia University

**Principal Investigator:** Christina W. Hoven, DrPH, MPH

**Phone Number:** (646) 774-5800

**Email:** [ch42@columbia.edu](mailto:ch42@columbia.edu)

**Project Duration:** 1 year (Project Completed)

**Description:** The Trauma, Context and Outcome (TCO) study will identify the role that race/ethnicity, interacting with family and neighborhood contextual factors, had on the mental health outcomes of youth exposed to 9/11 and will contribute to the NIOSH WTC Health Program. This study will clarify the role that children's context played in determining if they had a resilient, versus an adverse response to 9/11. This understanding is key to the development of improved and targeted prevention and treatment strategies, as well as public policies, for all children exposed to mass trauma, but especially minority populations.

### **Enhanced Assessment of WTC Exposure and Global DNA Methylation**

**Project Number:** U01 OH 010987-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Paolo Boffetta, MD

**Phone Number:** (212) 659-1474

**Email:** [paolo.boffetta@mssm.edu](mailto:paolo.boffetta@mssm.edu)

**Project Duration:** 1 year (Project Completed)

**Description:** The project aims at correlating a detailed assessment of exposure of WTC responders enrolled at program at Stony Brook with alterations the mechanism of regulation of DNA called methylation, which may be relevant to cancer risk. The project is expected to contribute to understanding of the possible role of DNA methylation as marker of exposure to carcinogenic exposure among WTC responders. If the results confirm a correlation between WTC exposures, assessed through a high-quality

methodology, and altered DNA methylation, they might lead to the development of strategies to identify WTC responders at increased risk of cancer and other chronic diseases.

### **Gene Expression Profiles as Markers of PTSD Risk and Resilience in WTC Responders**

**Project Number:** U01 OH010986-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Adriana Feder, MD

**Phone Number:** (212) 659-9145

**Email:** [adriana.feder@mssm.edu](mailto:adriana.feder@mssm.edu)

**Project Duration:** 1 year (project completed)

**Description:** PTSD arising in response to the WTC disaster is one of the most prevalent and persistent psychiatric disorders among workers involved in rescue, recovery, and clean-up efforts, even over a decade after 9/11. This study involves a comprehensive, multi-modal, and integrative assessment of biomarkers implicated in the pathophysiology of PTSD, including measuring differences in whole-blood gene expression and other blood biomarkers of key neurobiological systems, an approach critical to informing risk and resilience prediction algorithms for PTSD, and to develop novel psychopharmacologic approaches for the treatment of this disabling condition in disaster responders and other trauma survivors.



## WTC Research Cooperative Agreements Awarded in FY 2016

### Extension of the World Trade Center Health Registry (U50)

**Project Number:** U50 OH009739-08

**Institution:** New York City Department of Health and Mental Hygiene

**Principal Investigator:** Mark Farfel, ScD

**Phone Number:** (646) 632-6649

**Email:** [mfarfel@health.nyc.gov](mailto:mfarfel@health.nyc.gov)

**Project Duration:** 5 years

**Description:** The WTC Health Registry contributes to public health by identifying the longterm physical and mental health effects and health care needs of persons directly affected by the WTC disaster. The Registry follows a diverse cohort of over 71,000 persons who performed 9/11-related rescue/recovery work, or who lived, worked or attended school in lower Manhattan on September 11, 2001. The Registry shares its health findings and recommendations with enrollees, the public, health care providers, scientists, policy makers, and the WTC Health Program. The Registry also provides information about 9/11-related services and offers enrollee referrals to the WTC Health Program.

### Head and Neck Cancer in the World Trade Center Health Program Cohort; Elucidating Risk Factors to Reduce Incidence and Morbidity

**Project Number:** U01 OH011322-01

**Institution:** Rutgers, The State University of New Jersey

**Principal Investigator:** Judith Graber, PhD

**Phone Number:** (848) 445-0190

**Email:** [graber@ehsi.rutgers.edu](mailto:graber@ehsi.rutgers.edu)

**Project Duration:** 2 years

**Description:** The study will investigate whether exposure to pollution from the WTC 9/11 attacks is associated with increased risk of head and neck cancer among WTC responders and remediation workers. It will further explore whether that exposure adds to known causes of head and neck cancer including tobacco and alcohol. The findings from this study will help to build the evidence base for developing recommendations for modifying risk factors for these devastating cancers among WTC responders, including tobacco and alcohol use.

### Evolution of Risk Factors for Lung Function Decline in WTC Exposed Firefighters

**Project Number:** U01 OH011302-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Michael Weiden, MD

**Phone Number:** (212) 263-6479

**Email:** [weidem01@nyumc.org](mailto:weidem01@nyumc.org)

**Project Duration:** 3 years

**Description:** The study will utilize recently obtained serum to test if biomarkers such as IgE are persistently associated with enhanced-FEV1-decline testing the hypothesis that Eos, PMN, IgE are risk factors for enhanced-FEV1 decline using serum collected from 10/2001-2/2002 and serum collected 2013-2015. This will allow for more intensive monitoring and early treatment to be directed toward high risk individuals; meanwhile, avoided devoting costly resources to intensive screening individuals at low risk for severe disease. This investigation could rationalize anti-IgE in patients with enhanced-FEV1-decline refractory to standard therapy even when there is no other evidence of atopy.

### **Maintenance and Extension of a Cohort of Career Firefighters as a Non-WTC Exposed Comparison for the FDNY Firefighter Cohort**

**Project Number:** U01 OH011309-01

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Mayris Webber, DrPH

**Phone Number:** (718) 999-2665

**Email:** [MWebber@montefiore.org](mailto:MWebber@montefiore.org)

**Project Duration:** 5 years

**Description:** Most studies of WTC-exposed populations have reported the occurrence of various conditions thought to present more commonly as a consequence of exposure to the WTC disaster site. Because a non-WTC-exposed comparison group has not yet been identified, the most critical question remains unanswered: to what extent are apparent disease and symptom excesses associated with WTC exposure? This 5-year

project will address this question through the ongoing study inclusion of an established comparison cohort of non-NYC-based urban firefighters who were not exposed to the disaster site to estimate disease risk in WTC-exposed compared with risk in unexposed firefighters.

### **Small Airway Chronic Obstructive Disease Syndrome Following Exposure to WTC Dust**

**Project Number:** U01 OH011317-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Kenneth Berger, MD

**Phone Number:** (212) 263-6407

**Email:** [bergekek01@nyumc.org](mailto:bergekek01@nyumc.org)

**Project Duration:** 3 years

**Description:** Many “survivors” in the WTC clinical program have a clinical syndrome characterized by chronic obstruction in small airways and persistence of LRS despite therapy. This study will test the hypothesis that persistent symptoms in WTC “survivors” are associated with abnormal small airways whose dysfunction is amplified during exercise and is associated with biologic evidence of inflammation and remodeling. The results from this study will have important treatment implications for our WTC population with potential applicability to larger populations with inhalational lung injury and/or airway diseases such as asthma and chronic obstructive pulmonary disease.

### World Trade Center Exposures, Neuropathic Symptoms and Nervous System Injury Symptoms, and Nervous System Injury

**Project Number:** U01 OH0 11305-01

**Institution:** New York University School of Medicine

**Principal Investigator:** Michael Marmor, PhD

**Phone Number:** (212) 263-6667

**Email:** [michael.marmor@nyumc.org](mailto:michael.marmor@nyumc.org)

**Project Duration:** 2 years

**Description:** Many survivors and first responders have complained of neuropathic symptoms following exposure to the WTC attacks of September 11, 2001, or the subsequent clean-up activities. This study will investigate neuropathy among WTC survivors using interview data, neurologic examinations, skin biopsies to measure small fiber nerve densities, electromyograms and nerve conduction velocity studies. Findings of associations between WTC exposures and neuropathic symptoms would advance the field of toxic neuropathies and provide data that might affect the decision to include or exclude neuropathies in the list of WTC-Related Health Conditions covered in the WTC Health Program.

### RDoC Domains Underlying Emotional Health and Trajectories of Psychopathology in Families of WTC First Responders and Evacuees: A Genome-Wide GxE Study

**Project Number:** U01 OH011327-01

**Institution:** New York State Psychiatric Institute at Columbia University

**Principal Investigator:** Christine Hoven, DrPH

**Phone Number:** (646) 774-6068

**Email:** [hoven@nyspi.columbia.edu](mailto:hoven@nyspi.columbia.edu)

**Project Duration:** 5 years

**Description:** The Wave 3 WTC Family Study examines prospectively the consequences of parental 9/11 exposure to children and parents in a sample of first responders and WTC evacuees previously assessed in two waves of data collection, with non-exposed control families. The study examines the link between WTC exposure and a range of psychiatric disorders and explores the RDoC constructs of mental function and the gene-environment interactions that underlie them. The overall aim is to understand post-9/11 long-term psychiatric outcomes and emotional health through an examination of their associated RDoC dimensions and underlying interactions among genome-wide genetic variation and direct/indirect WTC exposure(s).

### 9/11 Trauma and Toxicity in Childhood: Longitudinal Health and Behavioral Outcomes

**Project Number:** U01 OH011308-01

**Institution:** New York State Psychiatric Institute at Columbia University

**Principal Investigator:** Christine Hoven, DrPH

**Phone Number:** (646) 774-6068

**Email:** [hoven@nyspi.columbia.edu](mailto:hoven@nyspi.columbia.edu)

**Project Duration:** 5 years

**Description:** The 9/11 Trauma and Toxicity in Childhood: Longitudinal Health and Behavioral Outcomes Study aims to understand the longitudinal, lifetime effects of 9/11 traumatic and toxic exposures on children's physical health and behavioral development, as they grow into adulthood.

This study follows a cohort of children exposed to 9/11 and assesses the longitudinal health effects of their toxic and traumatic exposures, and examines the interactions of these factors in their development. This will generate valuable information to guide both psychiatric and general medical care for children exposed to 9/11 while providing information relevant for youth exposed to other traumatic events.

### **Incidence, Latency, and Survival of Cancer Following World Trade Center Exposure**

**Project Number:** U01 OH011315-01

**Institutions:** Albert Einstein College of Medicine, Icahn School of Medicine at Mount Sinai, New York City Department of Health, New York State Cancer Registry

**Principal Investigators:** Charles B. Hall, Ph.D.; Paolo Boffetta, M.D., M.P.H.

**Phone Numbers:** (718) 430-3724 (Dr. Hall); (212) 824-7378 (Dr. Boffetta).

**Email:** [charles.hall@einstein.yu.edu](mailto:charles.hall@einstein.yu.edu)

**Project Duration:** 4 years

**Description:** Combining follow-up from all three cohorts of WTC rescue/recovery workers, this study will update estimates of the effect of WTC-exposure on cancer incidence, study in detail the latency period between exposure and cancer incidence, and study the effect of WTC-exposure and other prognostic factors on survival after cancer diagnosis in this population. This research will add to the understanding of long-term consequences of WTC-exposure, inform surveillance efforts in future environmental disasters, will stimulate further research into environmental risk factors for cancer in this and other cohorts, and will stimulate future work that would maximize survival of cancer patients among WTC-exposed workers.

### **Hepatitis C Virus Infection in WTC Responders**

**Project Number:** U01 OH011307-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigators:** Stephanie Factor, MD,

MPH; Paolo Boffetta, MD, MPH

**Phone Number:** (212) 824-7385

**Email:** [stephanie.factor@mssm.edu](mailto:stephanie.factor@mssm.edu)

**Project Duration:** 2 years

**Description:** This study provides hepatitis C virus (HCV) screening to members of the WTC cohort followed at the Icahn School of Medicine at Mount Sinai (WTC Health Program) born during 1945–1965, and linkage to care for those found infected. In addition to identifying and treating HCV-infected individuals within the WTC Health Program, the study aims to identify undetermined risk factors for HCV infection experienced by WTC Health Program members, and factors associated with improved linkage to HCV care. These findings would be relevant to the larger US population, especially to persons born during 1945–1965 who are at high risk of HCV infection.

### **Structural and Functional Neuroimaging of Post-Traumatic Stress Disorder and Cognitive Impairment in World Trade Center Responders**

**Project Number:** U01 OH011314-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Roberto Lucchini, MD

**Phone Number:** (212) 824-7052

**Email:** [roberto.lucchini@mssm.edu](mailto:roberto.lucchini@mssm.edu)

**Project Duration:** 4 years

**Description:** The Stony Brook arm of the WTC Health Program screened 2,400 responders with the MoCA, observing a 2.6% moderate-to-severe Cognitive Impairment (scores <20), with significant association with WTC-PTSD. We will use functional MRI and PET/MRI imaging to examine these brain patterns among 120 SBU-WTC responders, including 30 with CI (MoCA <20, and PTSD; 30 with Cognitive Impairment without PTSD; 30 with normal cognitive functioning (MoCA>26) and PTSD; and 30 with normal cognitive functioning without PTSD. All responders will be matched on age and occupation as well as 30 non-WTC exposed, matched controls.

### Thyroid Cancer Risk in WTC Responders

**Project Number:** U01 OH010984-01A1

**Institutions:** Icahn School of Medicine at Mount Sinai, Johns Hopkins School of Medicine

**Principal Investigators:** Emanuela Taioli, MD, PhD, Gregory Riggins, MD, PhD

**Phone Number:** (212) 659-9590

**Email:** [emanuela.taioli@mountsinai.org](mailto:emanuela.taioli@mountsinai.org)

**Project Duration:** 3 years

**Description:** A statistically significant excess of thyroid cancer has been identified among WTC rescue and recovery workers included in the WTC Health Program at Mount Sinai in New York, and in two other cohorts, the WTC-exposed firefighters and the NYC Department of Health exposed residents. The objectives of this project are to

elucidate the reasons for the increased incidence of thyroid cancer among WTC Health Program participants, and to explore the behavior of these cancers. This project will investigate whether thyroid cancers among WTC Health Program participants differ from a clinical, epidemiologic and molecular viewpoint from thyroid cancers in WTC-unrelated patients.

### Assessing Inflammatory and Behavioral Pathways Linking PTSD to Increased Asthma Morbidity in WTC Workers

**Project Number:** U01 OH0 11312-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Juan Wisnivesky, MD, DrPH

**Phone Number:** (212) 824-7567

**Email:** [Juan.wisnivesky@mssm.edu](mailto:Juan.wisnivesky@mssm.edu)

**Project Duration:** 5 years

**Description:** Asthma and PTSD are the most common conditions in WTC rescue and recovery workers. In this study, we will evaluate the interplay of biological and behavioral mechanisms explaining the relationship of PTSD with increase asthma morbidity and adapt and pilot test a novel intervention to improve outcomes of WTC workers.

### Impact of WTC Dust on Immune Functions and Prostate Cancer Promotion

**Project Number:** U01 OH011328-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Stuart Aaronson, MD

**Phone Number:** (212) 659-5400

**Email:** [stuart.aaronson@mssm.edu](mailto:stuart.aaronson@mssm.edu)

**Project Duration:** 5 years

**Description:** This project addresses adverse health effects to WTC rescue and recovery workers of exposure to dust containing asbestos and other toxic components. Proposed studies would test mechanisms that may be responsible for the increased incidence of prostate cancer in exposed individuals using mouse genetic models. Immune and/or other biomarkers identified would also be applied in correlative studies with prostate tumors from WTC workers.

### **Roles for WTC Dust and DEP Co-pollutant in First Responder Cardiovascular Ailments**

**Project Number:** R01 OH010921-01A1

**Institution:** New York University School of Medicine

**Principal Investigator:** Mitchell Cohen, PhD

**Phone Number:** (845) 731 3527

**E-mail:** [cohenm01@nyumc.org](mailto:cohenm01@nyumc.org)

**Project Duration:** 4 years

**Description:** There is an elevated risk for development of atherosclerosis/CVD among first responders who were present at Ground Zero over the first 72 hours. It has yet to be established if WTC dusts were causative agents to alter heart/vascular functions or caused damage *in situ*, modulating the impact of other pollutants that were also present at high levels at Ground Zero. These rodent model studies — using relevant exposure scenarios mimicking mouth-breathing exposures/pollutant levels in that critical period — will help us better understand

the bases for the still-increasing incidence of cardiovascular anomalies reported in first responders.

### **Internet-Based Psychotherapies for PTSD Symptoms in WTC Responders**

**Project Number:** U01 OH010729-01A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Adriana Feder, MD

**Phone Number:** (212) 659-9145

**Email:** [adriana.feder@mssm.edu](mailto:adriana.feder@mssm.edu)

**Project Duration:** 3 years

**Description:** While CBT is the most effective and empirically supported of PTSD treatments, its provision to WTC workers who still suffer from clinically significant WTC-related PTSD is often limited by geographical distance, reduced availability of expertly trained therapists, and stigma associated with seeking mental health treatment. We will conduct a randomized controlled trial to assess the efficacy of Internet-based, therapist-assisted CBT in WTC rescue and recovery workers with clinically-significant PTSD symptoms, compared to a control intervention of Internet-based, therapist-assisted supportive counseling, and will evaluate genetic and epigenetic biomarker predictors and correlates of treatment response.

### **Personality-Informed Care Model for 9/11-Related Comorbid Conditions**

**Project Number:** U01 OH011321-01

**Institution:** State University of New York at Stony Brook

**Principal Investigator:** Roman Kotov, PhD

**Phone Number:** (631) 638-1923

**Email:** [roman.kotov@stonybrookmedicine.edu](mailto:roman.kotov@stonybrookmedicine.edu)

**Project Duration:** 5 years

**Description:** Co-occurrence of medical and psychiatric illness is very persistent and prevalent in WTC responders following the attacks of 9/11, impairing their daily functioning and treatment outcomes. For the first time, the proposed study will identify modifiable personality-informed risk factors, resilience characteristics, and mechanisms for maintenance of comorbid conditions, as well as propose, and test, using a proof-of-concept randomized control trial, a system of personality-informed interventions to improve care of vulnerable individuals. This study will inform planning of WTC Health Program services and patient care, and will advance science by helping to illuminate the etiology of complex comorbidities.

## WTC Research Cooperative Agreements Awarded in FY 2017

### Neuroimaging of Resilience in World Trade Center Responders: A Focus on Emotional Processing, Reward and Social Cognition

**Project Number:** U01 OH011473-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Adriana Feder, MD

**Phone Number:** (212)659-9145

**Email:** [adriana.feder@mssm.edu](mailto:adriana.feder@mssm.edu)

**Project Duration:** 4 years

**Description:** The ultimate goal of this study is to develop an integrative, data-driven model to examine how patterns of brain activation across functional domains give rise to distinct mechanisms underlying

resilience, and how these neural mechanisms interrelate with behavioral (e.g., emotion regulation, reward responses, social cognition) and psychosocial (e.g., coping self-efficacy, positive emotions, social connectedness) factors implicated in resilience. Results of this study will be used to inform personalized and targeted prevention and treatment approaches that bolster function of specific neural circuits and help promote psychological resilience in WTC and other disaster responders, as well as other populations of trauma survivors.

### Linking the Effects of 9/11 to Kidney Disease

**Project Number:** U01 OH011326-01A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Mary Ann McLaughlin, MD, MPH

**Phone Number:** (212) 241-3340

**Email:** [MaryAnn.McLaughlin@mountsinai.org](mailto:MaryAnn.McLaughlin@mountsinai.org)

**Project Duration:** 3 years

**Description:** This study focuses on the prevalence and identification of kidney disease among WTC Health Program patients and assessment of kidney disease in a multi-factorial manner. The first aim is to correlate kidney dysfunction with 9/11 exposure. Secondly, we propose that a well-established WTC-related condition, obstructive sleep apnea, is independently associated with kidney disease. Lastly, we would explore potential mechanisms and phenotypes of kidney disease in WTC Health program participants. Successful completion of the research would address a critical knowledge gap regarding risk of kidney damage among this group, and would inform future

mechanistic studies with the potential to impact prevention.

### **Hepatotoxic Exposures, Progressive Fatty Liver Disease (NASH), and Liver Cancer Risk in the World Trade Center Health Program General Responder Cohort**

**Project Number:** U01 OH011489-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Andrea Branch, PhD

**Phone Number:** (212) 659-8371

**Email:** [mandrea.branch@mssm.edu](mailto:mandrea.branch@mssm.edu)

**Project Duration:** 4 years

**Description:** This project will develop and use innovative and enabling digital technologies to provide the first systematic investigation of liver disease in a large cohort of WTC responders. WTC responders were exposed to many substances known to cause serious progressive liver disease in other populations and in animal models; and it is thus highly likely that the WTC attack exposed responders to hepatotoxins that caused liver damage. By uncovering previously unrecognized liver disease and by introducing new digital technology, this project is expected to improve the health of WTC responders and rescue workers and to advance computational methods for analyzing medical data.

### **Prenatal WTC Chemical Exposures, Birth Outcomes and Cardiometabolic Risks**

**Project Number:** U01 OH011299-01A1

**Institution:** New York University School of Medicine

**Principal Investigator:** Leonardo Trasande, MD

**Phone Number:** (646) 501-2520

**Email:** [trasal01@nyumc.org](mailto:trasal01@nyumc.org)

**Project Duration:** 4 years

**Description:** Effects of perinatal exposures to the World Trade Center (WTC) disaster have identified increases in adverse birth outcomes. The disaster also released large amounts of particulate matter, heavy metals and persistent organic pollutants, which have been associated with adverse birth outcomes and cardiometabolic risks later in life. If WTC exposures, chemical and psychological, are associated with these outcomes, the study findings could facilitate proactive interventions such as treatment with antihypertensive medications, which have been documented to prolong survival among adults with suboptimal cardiovascular profile.

### **Mortality among WTC Rescue and Recovery Workers**

**Project Number:** U01 OH011480-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Paolo Boffetta, MD

**Phone Number:** (212) 824-7378

**Email:** [paolo.boffetta@mssm.edu](mailto:paolo.boffetta@mssm.edu)

**Project Duration:** 4 years

**Description:** Preliminary analyses based on comparisons with the general population showed a reduced mortality among WTC rescue and recovery workers, which may be due to selection of healthy workers in the cohorts. We plan to perform a number of analyses of a combined database comprising three WTC cohorts to address the possible 'healthy worker effect' and to investigate whether there is any indication of a possible



effect of WTC exposure on mortality of these workers. The proposed research will provide strong evidence on the presence or absence of an association of WTC exposure and mortality among WTC workers, and will inform on the best methodology to quantitatively assess the effects of disasters on mortality of exposed individuals.

### **Metabolomics of World Trade Center-Lung Injury: Biomarker Validation, Longitudinal Assessment and Dietary Intervention**

**Project Number:** U01 OH011300-01A1

**Institution:** New York University School of Medicine

**Principal Investigator:** Anna Nolan, MD, MS

**Phone Number:** (212) 263-7283

**Email:** [Anna.Nolan@nyumc.org](mailto:Anna.Nolan@nyumc.org)

**Project Duration:** 4 years

**Description:** The adverse impact on quality of life and sizable cost of WTC-lung injury (WTC-LI) are public health concerns. We propose to Identify and Validate metabolic contributors of WTC-LI through comprehensive metabolomics profiling and integration of relevant clinical, environmental, and serum biomarkers. We propose to investigate targeted behavioral dietary modification to alter modifiable risk factors and metabolomic (scientific study of chemical processes involving metabolites) biomarkers that may mitigate disease severity and improve the health and well-being of WTC exposed patients.

### **Longitudinal Genome-wide Transcriptome Study of PTSD Symptom Change in WTC Responders**

**Project Number:** U01 OH011478-01

**Institution:** The Research Foundation for the State University of New York

**Principal Investigator:** Pei Fen Kuan, PhD

**Phone Number:** (631) 632-1419

**Email:** [peifen.kuan@stonybrook.edu](mailto:peifen.kuan@stonybrook.edu)

**Project Duration:** 3 years

**Description:** The 9/11 World Trade Center terrorist attack was a massive disaster, resulting in long-term physical and psychological symptoms among responders, in particular PTSD and lower respiratory symptoms (LRS). The proposed study builds on an extensive pilot study by evaluating the association between change in gene expression and changes in PTSD and LRS symptom severity across an 18-month period, using cutting edge RNA-sequencing. By characterizing the transcriptome patterns and pathways for these symptoms, our goal is to shed light on the biological mechanisms underlying this comorbidity, which can help prevent the exacerbation of physical symptoms by intervening at the level of etiological pathway.

### **Early Detection of Hematologic Malignancies in New York City Firefighters Exposed To World Trade Center Dust after the 9/11 Attacks**

**Project Number:** U01 OH011475-01

**Institution:** Albert Einstein College of Medicine, INC.

**Principal Investigator:** Amit Verma, MD

**Phone Number:** (718) 430-8761

**Email:** [amit.verma@einstein.yu.edu](mailto:amit.verma@einstein.yu.edu)

**Project Duration:** 3 years

**Description:** The overall goal of this project is early detection of blood cancers using a large repository of blood and serum samples from firefighters exposed to WTC disaster. Specifically, we will use proteomic analysis, flow cytometry and genomic sequencing to detect early signs of myeloma, chronic lymphocytic leukemia and myelodysplastic syndromes in these cases, to enable potentially disease altering therapeutic interventions for these cancers.

### **Pulmonary Diseases in WTC Workers: Symptoms, Function, and Chest CT Correlates**

**Project Number:** U01 OH010401-05

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Rafael de la Hoz, MD

**Phone Number:** (212)241-7996

**Email:** [rafael.delahoz@mssm.edu](mailto:rafael.delahoz@mssm.edu)

**Project Duration:** 4 years

**Description:** The overall goal of this ongoing study is to characterize the WTC-related lower airway disorders, to investigate newly developed obesity-related imaging markers that may be associated with unfavorable disease expression and functional outcomes, and assess their interaction with WTC occupational exposure level. The WTC Pulmonary Evaluation Unit Chest CT Imaging Archive, a large database with more than 3000 chest CT images on 1700 WTC workers, operational since February 2016, will be utilized for this study. This study will characterize the WTC-related lower airway diseases and their most important adverse

prognostic risk factors, and evaluate lung function and imaging longitudinal trajectories. WTC Research Cooperative Agreements

## **WTC Research Cooperative Agreements Awarded in FY 2018**

### **Optimizing Lung Cancer Screening in World Trade Center Rescue and Recovery Workers**

**Project Number:** U01 OH011479-01 A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigators:** Keith Sigel, MD, PhD, and Juan Wisnivesky, MD, DrPH

**Phone Number:** (212)824-7558

**Email:** [keith.sigel@mssm.edu](mailto:keith.sigel@mssm.edu)

**Project Duration:** 3 years

**Description:** The goal of this study is to use simulation modeling to determine the best and most cost-effective screening and work-up regimens implementing low-dose computed tomography screening for lung cancer in WTC responders. The study findings will have direct implications on the adoption and implementation of this potentially life-saving intervention in a population exposed to multiple carcinogens during the recovery efforts following the WTC attack.

### **Exploring Mechanisms of Obstructive Sleep Apnea (OSA) in WTC Responders**

**Project Number:** U01 OH011481-01 A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigators:** Indu Ayappa, PhD and Jag Sunderram, MD

**Phone Number:** (212)241-1967

**Email:** [Indu.Ayappa@mssm.edu](mailto:Indu.Ayappa@mssm.edu)

**Project Duration:** 3 years

**Description:** There is a high prevalence of obstructive sleep apnea (OSA) in the WTC responder population with an increased risk for OSA in subjects with chronic rhinosinusitis. This study will examine the impact of upper airway sensory impairment from chronic rhinosinusitis as a potential mechanism for development of OSA in WTC responders. The study will also examine the contribution of other pathophysiologic mechanisms (impaired upper airway muscle responsiveness, low arousal threshold and loop gain) in the development of OSA that may be used to target therapeutic interventions in the future in this population.

### **Detection and Incidence of Thyroid Cancer among Three Cohorts of WTC Exposed Rescue and Recovery Workers**

**Project Number:** U01 OH011681-01

**Institution:** Albert Einstein College of Medicine, INC.

**Principal Investigator:** Rachel Zeig-Owens, DrPH

**Phone Number:** (718)999-0734

**Email:** [Rachel.Zeig-Owens@fdny.nyc.gov](mailto:Rachel.Zeig-Owens@fdny.nyc.gov)

**Project Duration:** 2 years

**Description:** World Trade Center (WTC)-exposed rescue/recovery workers have an elevated risk of thyroid cancer compared with the general United States population but to-date none of the compounds found at the WTC disaster site has been proven to be associated with thyroid cancer. Instead the elevated rate might be the result of incidental detection due to increased medical surveillance provided to the WTC-exposed

rescue/recovery workers. This study will investigate the method of detection of thyroid cancer among WTC-exposed rescue/recovery workers and a non-WTC exposed reference population to determine the rate of thyroid cancer cases diagnosed incidentally and to identify reasons for the elevated risk of thyroid cancer among WTC-exposed populations.

### **Informed/Shared Decision Making for Prostate Cancer Screening Among Members of the World Trade Center Health Program**

**Project Number:** U01 OH011690-01

**Institution:** Feinstein Institute for Medical Research

**Principal Investigator:** Michael Diefenbach, PhD

**Phone Number:** (516)600-1440

**Email:** [Mdiefenbach@northwell.edu](mailto:Mdiefenbach@northwell.edu)

**Project Duration:** 3 years

**Description:** Members of the WTCHP program are characterized by multiple physical and psychiatric comorbidities and are at an increased risk for cancer, especially for prostate cancer. Screening for prostate cancer is not part of the routine annual monitoring visit and thus the current study proposes to a) explore and develop a stepped approach to informed/shared decision making (SDM) about prostate cancer screening; b) evaluate the uptake of screening after informed/shared decision making during members' annual monitoring visits; c) evaluate factors related to uptake/rejection of screening and d) evaluate costs associated with screening. Results from this study have the potential to change clinical care for all members of the WTC Health Program by introducing and evaluating an informed/shared approach to decision making for cancer screening and to

ultimately reduce the cancer burden of this vulnerable population.

### **Chronic Obstructive Pulmonary Disease in WTC Workers – Diagnoses and Transitions**

**Project Number:** U01 OH011697-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Rafael de la Hoz, MD

**Phone Number:** (212)241-7996

**Email:** [rafael.delahoz@mssm.edu](mailto:rafael.delahoz@mssm.edu)

**Project Duration:** 3 years

**Description:** Utilizing an extensive amount of qualitative and quantitative imaging, clinical, and functional data, the overall goal of this study is to characterize the transitions over time into chronic obstructive pulmonary disease (COPD) among former workers and volunteers at the WTC disaster site, and examine the progression of the diagnosis, their radiographic imaging correlates, and the contribution of work-related exposures to disease causation.

### **World Trade Center tissue Biobank**

**Project Number:** U01 OH011704-01

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Emanuela Taioli, MD, PhD

**Phone Number:** (212)659-9590

**Email:** [emanuela.taioli@mountsinai.org](mailto:emanuela.taioli@mountsinai.org)

**Project Duration:** 3 years

**Description:** There has been concern about the increase cancer incidence among the World Trade Center (WTC) responders; this

project will update the WTC tissue bank system with the newly diagnosed cancers (2010-2014), and to add the banking of organs and tissues from animal studies exposed to the WTC dust. The biobank will provide the necessary infrastructure for addressing questions such as the link between specific carcinogens exposures and certain cancer sites, molecular signatures of exposure that could be linked to cancer, specific markers of tumor aggressiveness among WTC responders.

### **Development and Implementation of a Comparison Occupational Cohort for the WTC GRC**

**Project Number:** U01 OH011487-01-A1

**Institution:** Icahn School of Medicine at Mount Sinai

**Principal Investigator:** Susan Teitelbaum, PhD

**Phone Number:** (212)824-7105

**Email:** [susan.teitelbaum@mssm.edu](mailto:susan.teitelbaum@mssm.edu)

**Project Duration:** 3 years

**Description:** This project arises from the need to have a valid occupational comparator cohort against which the health data from the WTC first responders might be measured. To date, very few analyses have utilized occupational cohorts as comparison groups when estimating the risk of exposure to 9/11 toxins and stressors. The goal is to create a cohort that is as similar as possible to the first responders with the exception of 9/11 exposure. At a minimum, the similarities would include occupation, age, sex, and race/ethnicity that will result in more accurate and valid estimates of disease risk amongst the first responders.

**Title: Multimodal Neuroimaging of Cognitive and Emotional Networks in Young Adults Exposed to 9/11 as Children****Project Number:** 1 U01 OH011694-01**Institution:** New York State Psychiatric Institute**Principal Investigator:** Yael Cycowicz, PhD**Phone Number:** (646)-774-5837**Email:** [Yael.Cycowicz@nyspi.columbia.edu](mailto:Yael.Cycowicz@nyspi.columbia.edu)**Project Duration:** 3 years

**Description:** Understanding the patterns of brain functioning of individuals exposed to 9/11 as children is essential to safeguarding their mental health. This study will assess brain structure and function in 3 adult groups who were children at 9/11: 1) Highly Exposed to 9/11 with Anxiety Disorders; 2) Highly Exposed to 9/11 without Anxiety Disorders; 3) No Exposed and No Mental Disorders. These findings will improve our understanding of emotional, memory and cognitive systems, which are sensitive to traumatic stress during development, and will inform the trajectory of psychiatric disorders and could guide preventative and treatment strategies for children exposed to trauma.

Appendix 1, Section 3  
**WTC Health Program  
Research Publications by Project**

## WTC Health Program Research Publications by Project

### 2011 Summary

**Eight** Research Projects Awarded

**Eight** Research Projects Completed

**Six** Research Projects Have Published

**Thirty-Five** Publications

### **Trajectories of Psychological Risk and Resilience in World Trade Center Responders**

**Institutions:** Icahn School of Medicine at  
Mount Sinai and Yale School of Medicine

**Contract Number:** 200-2011-41919

**Principal Investigators:** Adriana Feder,  
Robert Pietrzak, Steven Southwick

#### **Publications**

Pietrzak R, Feder A, Singh R, et al. 2014. *Trajectories of PTSD risk and resilience in World Trade Center responders: An 8-year prospective cohort study.* Psychological Medicine. 44(1):205–219.

<https://doi.org/10.1017/s0033291713000597>

Pietrzak R, Feder A, Schechter C, et al. 2014. *Dimensional structure and course of post-traumatic stress symptomatology in*

*World Trade Center responders: An 8-year prospective cohort study.* Psychological Medicine. 44(10):2085–2098.

<https://doi.org/10.1017/S0033291713002924>

Feder A, Mota N, Salim M, et al. 2016. *Risk, coping and PTSD symptom trajectories in World Trade Center responders.* Journal of Psychiatric Research. 83:151–159.

<https://doi.org/10.1016/j.jpsychires.2016.07.003>

Horn S, Pietrzak R, Schechter C, et al. 2016. *Latent typologies of posttraumatic stress disorder in World Trade Center responders.* Journal of Psychiatric Research. 83:151–159.

<https://doi.org/10.1016/j.jpsychires.2016.08.018>

Uchida M, Feng H, Feder A, et al. 2018. *Parental posttraumatic stress and child behavioral problems in world trade center responders.* American Journal of Industrial Medicine 61(6): 449-544.

<https://doi.org/10.1002/ajim.22838>

### **Cohort Studies of Incident Cancers in the FDNY WTC Responder Population**

**Institution:** Fire Department of New York

**Contract Number:** 200-2011-39489

**Principal Investigator:** David Prezant

#### **Publication**

Zeig-Owens R, Webber M, Hall C, et al. 2011. *Early assessment of cancer outcomes in*

New York City firefighters after the 9/11 attacks: An observational cohort study. *Lancet*. 378(9794):898–905.

[https://doi.org/10.1016/S0140-6736\(11\)60989-6](https://doi.org/10.1016/S0140-6736(11)60989-6)

## Evaluation of Distal Airway Injury Following Exposure to World Trade Center Dust

**Institution:** New York University School of Medicine

**Contract Number:** 200-2011-39413

**Principal Investigator:** Kenneth Berger

### Publications

Caplan-Shaw CE, Yee H, Rogers L, et al. 2011. *Lung pathologic findings in a local residential and working community exposed to World Trade Center dust, gas and fumes*. *J Occup Environ Med*. 53(9):981–91.

<https://doi.org/10.1097/JOM.0b013e31822fff60>

Friedman SM, Maslow CB, Reibman J, et al. 2011. *Case-control study of lung function in World Trade Center Health Registry area residents and workers*. *Am J Respir Crit Care Med*. 184(5):582–589.

<https://doi.org/10.1164/rccm.201011-1909OC>

Liu M, Qian M, Chen Q, et al. 2012. *Longitudinal spirometry among patients in a treatment program for community members with World Trade Center-related illness*. *Journal of Occupational and Environmental Medicine*. 54(10):1208–13.

<https://doi.org/10.1097/JOM.0b013e31826bb78e>

Berger K, Reibman J, Oppenheimer B, et al. 2013. *Lessons from the World Trade Center disaster: Airway disease presenting as restrictive dysfunction*. *Chest*. 144(1):249–257.

<https://doi.org/10.1378/chest.12-1411>

Kazeros A, Maa M, Patrawalla P, et al. 2013. *Elevated peripheral eosinophils are associated with new-onset and persistent wheeze and airflow obstruction in World Trade Center-exposed individuals*. *Journal of Asthma*. 50(1):25–32.

<https://doi.org/10.3109/02770903.2012.743149>

Kazeros A, Zhang E, Cheng X, et al. 2015. *Systemic inflammation associated with World Trade Center dust exposures and airway abnormalities in the local community*. *Journal of Occupational and Environmental Medicine*. 57(6):610–616.

<https://doi.org/10.1097/JOM.0000000000000458>

Berger K, Turetz M, Liu M, et al. 2015 Dec. *Oscillometry complements spirometry in evaluation of subjects following toxic inhalation*. *European Respiratory Journal Open Research*. 1(2) pii:00043-2015.

<https://doi.org/10.1183/23120541.00043-2015>

Berger K, Kalish S, Shao Y, et al. 2016. *Isolated small airway reactivity during bronchoprovocation as a mechanism for respiratory symptoms in WTC dust exposed community members*. *American Journal of Industrial Medicine*. 59:767–776.

<https://doi.org/10.1002/ajim.22639>

## Cancer among WTC Responders: Enhanced Surveillance, Exposure Assessment, and Cancer Specific Risks

**Institution:** Icahn School of Medicine at Mount Sinai

**Contract Number:** 200-2011-41815

**Principal Investigator:** Paolo Boffetta

### Publications

Solan S, Wallenstein S, Shapiro M, et al. 2013. *Cancer incidence in World Trade Center rescue and recovery workers, 2001–2008*. Environmental Health Perspectives. 121(6):699–704.

<https://doi.org/10.1289/ehp.1205894>

Boffetta, P, Zeig-Owens R, Wallenstein S, et al. 2016. *Cancer in World Trade Center responders: Findings from multiple cohorts and options for future study*. Am J Ind Med 59(2):96–105.

<https://doi.org/10.1002/ajim.22555>

## Enhanced Smoking Cessation Intervention for WTC Responders

**Institution:** State University of New York at Stony Brook

**Contract Number:** 200-2011-42057

**Principal Investigator:** Evelyn Bromet

### Publications

Zvolensky M, Farris S, Kotov R, et al. 2015. *Posttraumatic stress symptoms and smoking among World Trade Center disaster responders: A longitudinal investigation* Comprehensive Psychiatry. 63:46–54.

<https://doi.org/10.1016/j.comppsy.2015.08.006>

Farris S, Paulus D, Gonzalez A, et al. 2015. *Anxiety sensitivity mediates the association between post-traumatic stress symptom severity and interoceptive threat-related smoking abstinence expectancies among World Trade Center disaster-exposed smokers*. Addictive Behaviors. 51:204–210.

<https://doi.org/10.1016/j.addbeh.2015.07.031>

Farris S, Paulus D, Gonzalez A, et al. 2016. *Posttraumatic stress symptoms and body mass index among World Trade Center disaster-exposed smokers: A preliminary examination of the role of anxiety sensitivity*. Psychiatry Research. 241:135–140.

<https://doi.org/10.1016/j.psychres.2016.04.074>

Mahaffey B, Gonzalez A, Farris S, et al. 2016. *Smoking to regulate negative affect: Disentangling the relationship between posttraumatic stress and emotional disorder symptoms, nicotine dependence, and cessation-related problems*. Nicotine & Tobacco Research. 18(6):1471–1478.

<https://doi.org/10.1093/ntr/ntv175>

Mahaffey B, Gonzalez A, Farris S, et al. 2017. *Understanding the connection between posttraumatic stress symptoms and respiratory problems: Contributions of anxiety sensitivity*. Journal of Traumatic Stress. 30(1):71–79.

<https://dx.doi.org/10.1002/jts.22159>

Waszczuk M, Li X, Bromet E, et al. 2017. *Pathway from PTSD to respiratory health:*



*Longitudinal evidence from a psycho-social intervention.* Health Psychology. 36(5):429–437.

<http://dx.doi.org/10.1037/hea0000472>

Gonzalez A, Friedberg F, Li X, et al. 2017. *Trauma-focused smoking cessation for smokers exposed to the World Trade Center Disaster: a randomized clinical trial.* Nicotine & Tobacco Research.

<http://dx.doi.org/10.1093/ntr/ntw384>

Zvolensky, M., Rodríguez-Canoa, R., Pauluset, D., et al. 2017. *Respiratory problems and anxiety sensitivity in smoking lapse among treatment seeking smokers.* Addict Behav 75:25–29.

<https://doi.org/10.1016/j.addbeh.2017.06.015>

### **Burden of Mental-Physical Comorbidity in World Trade Center Responders**

**Institution:** State University of New York at Stony Brook

**Contract Number:** 200-2011-39410

**Principal Investigator:** Evelyn Bromet, PhD

#### **Publications**

Ruggero C, Kotov R, Callahan J, et al. 2013. *PTSD symptom dimensions and their relationship to functioning in World Trade Center responders.* Psychiatry Research. 120(3):1049–1055.

<https://doi.org/10.1016/j.psychres.2013.08.052>

Litcher-Kelly L, Lam Y, Broihier J, et al. 2014. *Longitudinal study of the impact of psychological distress symptoms on new-onset*

*upper gastrointestinal symptoms in World Trade Center responders.* Psychosomatic Medicine. 76(9):686–693.

<https://doi.org/10.1097/PSY.000000000000116>

Bromet E and Luft B. 2015. [editorial] *Consequences of toxic disasters for rescue, recovery, and clean-up workers require integrated mental and physical health monitoring.* Social Psychiatry and Psychiatric Epidemiology. 50(11):1761–1763.

<https://doi.org/10.1007/s00127-015-1124-0>

Kotov R, Bromet E, Schechter C, et al. 2015. *Posttraumatic stress disorder and the risk of respiratory symptoms in World Trade Center responders: Longitudinal test of a pathway.* Psychosomatic Medicine. 77(4):438–48.

<https://doi.org/10.1097/PSY.000000000000179>

Zvolensky M, Farris S, Kotov R, et al. 2015. *World Trade Center disaster and sensitization to subsequent life stress: A longitudinal study of disaster responders.* Preventive Medicine. 75:70–74.

<https://doi.org/10.1016/j.ypmed.2015.03.017>

Zvolensky M, Kotov R, Schechter C, et al. 2015. *Post-disaster stressful life events and WTC-related posttraumatic stress, depressive symptoms, and overall functioning among responders to the World Trade Center disaster.* Journal of Psychiatric Research. 61:97–105.

<https://doi.org/10.1016/j.jpsychires.2014.11.010>

Bromet E, Hobbs M, Clouston S, et al. 2016. *DSM-IV post-traumatic stress disorder among*

World Trade Center responders 11–13 years after the disaster of 11 September 2001 (9/11) Psychological Medicine. 46(4):771–783.

<https://doi.org/10.1017/S0033291715002184>

Clouston S, Kotov R, Pietrzak R, et al. 2016. *Cognitive impairment among World Trade Center responders: Long-term implications of re-experiencing the 9/11 terrorist attacks*. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*. 4:67–75.

<https://doi.org/10.1016/j.dadm.2016.08.001>

Friedberg F, Adamowicz J, Caikauskaite I, et al. 2016. *Fatigue severity in World Trade Center (9/11) responders: a preliminary study*. *Fatigue: Biomedicine, Health & Behavior*. 4(2):70–79.

<http://dx.doi.org/10.1080/21641846.2016.1169726>

Bromet E, Clouston S, Gonzalez A, et al. 2017. *Hurricane Sandy exposure and the mental health of World Trade Center responders*. *Journal of Traumatic Stress*, 30, 107–114.

<https://doi.org/10.1002/jts.22178>

Waszczuk MA, Li K, Ruggero CJ, et al 2018. *Maladaptive Personality Traits and 10-Year Course of Psychiatric and Medical Symptoms and Functional Impairment Following Trauma*. *Annals of Behavioral Medicine*: 52(8): 697–712.

<https://doi.org/10.1093/abm/kax030>

## 2012 Summary

**Ten** Research Projects Awarded

**Ten** Research Projects Completed

**Seven** Research Projects Have Published

**Eighteen** Publications

### Bronchial Reactivity and the Course of Lung Function

**Institution:** Albert Einstein College of Medicine

**Project Number:** 1U01OH010411 (Completed)

**Principal Investigator:** Thomas Aldrich, MD

#### Publication

Aldrich T, Weakley J, Dhar S, et al. 2016. *Bronchial reactivity and lung function after World Trade Center exposure*. *Chest*. 150(6):1333–1340.

<https://doi.org/10.1016/j.chest.2016.07.005>

### For How Long is WTC Exposure Associated with Incident Airway Obstruction

**Institution:** Albert Einstein College of Medicine

**Project Number:** 1U01OH010412 (Completed)

**Principal Investigator:** Charles Hall, PhD

#### Publications

Glaser M, Webber M, Zeig-Owens R, et al. 2014. *Estimating the time interval between exposure to the World Trade Center disaster and incident diagnoses of obstructive airway disease*. *American Journal of Epidemiology*. 180(3):272–9.

<https://doi.org/10.1093/aje/kwu137>

Hall C, Liu X, Zeig-Owens R, et al. 2015 May. *The duration of an exposure response gradient between incident obstructive airways disease and work at the World Trade Center site: 2001–2011*. PLoS Currents. 20:7.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4449208/>

### Prognosis and Determinants of Asthma Morbidity in WTC Rescue and Recovery Workers

**Institution:** Icahn School of Medicine at Mount Sinai

**Project Number:** 1U01OH010405 (Completed)

**Principal Investigator:** Juan Wisnivesky, MD, DrPH

#### Publications

Xu K, Goodman E, Goswami R, et al. 2016. *Determinants of asthma morbidity in World Trade Center rescue and recovery workers*. Annals of Allergy, Asthma & Immunology. 117(5):568–570.

<https://doi.org/10.1016/j.anai.2016.08.033>

Mindlis I, Morales-Raveendran E, Goodman E, et al. 2017. *Post-traumatic stress disorder dimensions and asthma morbidity in WTC rescue and recovery workers*. Journal of Asthma. 54 (7): 723-731

<https://doi.org/10.1080/02770903.2016.1263650>

Morales-Raveendran E, Goodman E, West E, et al. 2018. *Associations between asthma trigger reports, mental health conditions, and asthma morbidity among World Trade*

*Center rescue and recovery workers*. J Asthma. Aug 3:1-21. Journal of Asthma. 54(7): 723–731.

<https://doi.org/10.1080/02770903.2018.1502300>

Rojano B, West E, Goodman E, et al. 2018. *Self-management behaviors in World Trade Center rescue and recovery workers with asthma*. J Asthma: 1-11. [epub ahead of print] July 9, 2018.

<https://doi.org/10.1080/02770903.2018.1462377>

### Epigenetic Linkage between PTSD and Respiratory Disease in WTC Responders

**Institution:** State University New York Stony Brook

**Project Number:** 1U01OH010416 (Completed)

**Principal Investigator:** Benjamin J. Luft, MD

#### Publications

Kuan P, Waszczuk M, Kotov R, et al. 2017. *An epigenome-wide DNA methylation study of PTSD and depression in World Trade Center responders*. Transl Psychiatry 7(6):e1158.

<http://doi.org/10.1038/tp.2017.130>

Kuan PF, Waszczuk MA, Kotov R, Clouston S, Yang X, Singh PK, Glenn ST, Cortes Gomez E, Wang J, Bromet E, Luft BJ. *Gene expression associated with PTSD in World Trade Center responders: An RNA sequencing study*. Transl Psychiatry. 2017 Dec 18;7(12):1297.

<http://doi.org/10.1038/s41398-017-0050-1>

## **Pulmonary Diseases in WTC Workers: Symptoms, Function, and Chest CT Correlates**

**Institution:** Icahn School of Medicine at Mount Sinai

**Project Number:** 1U01 OH010401 (Completed)

**Principal Investigator:** Rafael E. de la Hoz, MD

### **Publications**

de la Hoz RE, Jeon Y, Miller GE, Wisnivesky JP, Celedón JC. 2016. *Post-traumatic Stress Disorder, Bronchodilator Response, and Incident Asthma in World Trade Center Rescue and Recovery Workers*. Am J Respir Crit Care Med. 194(11):1383-1391.

<http://www.ncbi.nlm.nih.gov/pubmed/27548615>

de la Hoz RE, Liu X, Doucette JT et al. 2018. *Increased Airway Wall Thickness is Associated with Adverse Longitudinal First-Second Forced Expiratory Volume Trajectories of Former World Trade Center workers*. Lung. 196(4):481-489.

<https://doi.org/10.1007/s00408-018-0125-7>.

de la Hoz RE, Weber J, Xu D, Doucette JT, Liu X, Carson DA, Celedon JC. 2018. *Chest CT scan findings in World Trade Center workers*. Archives of Environmental & Occupational Health. 12: 1–20.

<https://doi.org/10.1080/19338244.2018.1452712>

## **Obstructive Sleep Apnea in WTC Responders; Role of Nasal Pathology**

**Institution:** Robert Wood Johnson Medical School at Rutgers University and NYU School of Medicine

**Project Number:** 1U01 OH010415 (Completed)

**Principal Investigator:** Jag Sunderram, MD; Indu Ayappa, PhD

### **Publications**

Gumb T, Twumasi A, Alimokhtari S, Perez A, Black K, Rapoport DM, Sunderram J, Ayappa, I. 2017. *Comparison of two home sleep testing devices with different strategies for diagnosis of OSA*. Sleep Breath. Published online August 2017

<https://doi.org/10.1007/s11325-017-1547-9>

Ayappa I\*, Sunderram J\*, Black K, Twumasi A, Udasin I, Harrison D, Carson JL, Lu S-E and Rapoport DM. 2015. *A comparison of CPAP and CPAPFLEX in the treatment of obstructive sleep apnea in World Trade Center responders: study protocol for a randomized controlled trial*. Trials. 16:403.

\* Contributed equally

<https://doi.org/10.1186/s13063-015-0907-7>

Wu BG, Sulaiman I, Wang J, et al. 2018. *Severe obstructive sleep apnea is associated with alterations in the nasal microbiome and increase in inflammation*. American Journal of Respiratory and Critical Care Medicine.

<https://www.ncbi.nlm.nih.gov/pubmed/29969291>

## **Health and Socioeconomic Sequelae of the WTC Disaster Among Responders**

**Institution:** Northwell Health

**Project Number:** 1U01 OH010399 (Completed)

**Principal Investigator:** Hyun Kim, ScD

**Publications**

Kim H, Baron S, Baidwan N.K, Schwartz A, Moline J. 2017. *New Onset of Asthma and Job Status Change among World Trade Center Responders and Workers*. American Journal of Industrial Medicine.

<http://doi.org/10.1002/ajim.22774>

Liu B, Tarigan LH, Bromet EJ, Kim H. 2014. *World Trade Center Disaster Exposure-Related Probable Posttraumatic Stress Disorder among Responders and Civilians: A Meta-Analysis*. PLoS ONE 9(7): e101491.

<https://doi.org/10.1371/journal.pone.0101491>

Kim H, Kriebel D, Liu B, et al. 2018. *Standardized morbidity ratios of four chronic health conditions among World Trade Center responders: Comparison to the national health interview survey*. Am J Ind Med. 61(5): 359–448.

<https://doi.org/10.1002/ajim.22825>

**2013 Summary**

**Six** Research Projects Awarded

**Six** Research Projects Completed

**Five** Research Projects Published

**Ten** Publications and

**One** PhD Dissertation

**Post-9/11 Incidence of Systemic Autoimmune Diseases in the FDNY Cohort**

**Institution:** Albert Einstein College of Medicine

**Project Number:** 1U01-OH010513  
(Completed)

**Principal Investigator:** Mayris Webber, DrPH

**Publications**

Loupasakis K, Berman J, Jaber N, et al. 2015. *Refractory sarcoid arthritis in World Trade Center-exposed New York City firefighters: A case series*. Journal of Clinical Rheumatology: Practical Reports on Rheumatic & Musculoskeletal Diseases. 21(1):19–23.

<https://doi.org/10.1097/RHU.0000000000000185>

Webber M, Moir W, Crowson C, et al. 2016. *Post-September 11, 2001, incidence of systemic autoimmune diseases in World Trade Center-exposed firefighters and emergency medical service workers*. Mayo Clinic Proceedings. 91(1):23–32.

<https://doi.org/10.1016/j.mayocp.2015.09.019>

Webber M, Moir W, Zeig-Owens R, et al. 2015. *Nested case-control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers*. Arthritis & Rheumatology. 67(5):1369–76.

<https://doi.org/10.1002/art.39059>

**Trace Elements in Autopsy Tissues from World Trade Center Decedents**

**Institution:** New York University School of Medicine

**Project Number:** 1U01-OH010395  
(Completed)

**Principal Investigator:** Michael Marmor, PhD

**Publication**

(No publication to date. PhD Thesis cited below)

Lin I. 2017. Associations of major and trace elements in lung tissues with world trade center exposures and subsequent respiratory symptoms. Dissertation Abstracts International: Section B: The Sciences and Engineering 77(7-B(E)):No Pagination Specified.

### Early Identification of World Trade Center Conditions in Adolescents

**Institution:** New York University School of Medicine

**Project Number:** 1U01-OH010394  
(Completed)

**Principal Investigator:** Leonardo Trasande, MD, MPP

#### Publications

Kahn LG, Han X, Koshy TT, et al. 2018. *Adolescents exposed to the World Trade Center collapse have elevated serum dioxin and furan concentrations more than 12 years later.* Environ Int. 111: 268–278.

<https://doi.org/10.1016/j.envint.2017.11.026>

Trasande L, Koshya T, Gilberta J, et al. 2017. *Serum perfluoroalkyl substances in children exposed to the World Trade Center disaster.* Environmental Research. 154:212–221. (Note: funding support also provided by Project #10714)

<https://doi.org/10.1016/j.envres.2017.01.008>

Trasande L, Koshya T, Gilberta J, et al. 2017. *Cardiometabolic profiles of adolescents and young adults exposed to the World Trade Center Disaster.* Environmental Research. 160:107–114. (Note: funding support also provided by Project #10714)

<http://dx.doi.org/10.1016/j.envres.2017.09.026>

### Uncontrolled Lower Respiratory Symptoms in the WTC Survivor Program

**Institution:** New York University School of Medicine

**Project Number:** 1U01-OH010404  
(Completed)

**Principal Investigator:** Joan Reibman, MD

#### Publications

Rosen R, Levy-Carrick N, Reibman J, et al. 2017. *Elevated C-reactive protein and posttraumatic stress pathology among survivors of the 9/11 World Trade Center attacks.* Journal of Psychiatric Research. 89:14–21.

<https://doi.org/10.1016/j.jpsychires.2017.01.007>

Caplan-Shaw C, Kazeros A, Pradhan D, et al. 2016. *Improvement in severe lower respiratory symptoms and small airway function in World Trade Center dust exposed community members.* American Journal of Industrial Medicine. 59(9):777–787.

<https://doi.org/10.1002/ajim.22642>

Reibman J, Levy-Carrick N, Miles T, et al. 2016. *Destruction of the World Trade Center Towers. Lessons Learned from an Environmental Health Disaster.* Annals of the American Thoracic Society. 13:577–83.

<https://doi.org/10.1513/AnnalsATS.201509-572PS>

### Prostate Cancer Risk and Outcome in WTC Respondents

**Institution:** Icahn School of Medicine at Mount Sinai

**Project Number:** 1U01-OH010396  
(Completed)

**Principal Investigator:** Emanuela Taioli, MD, PhD

### **Publications**

Hashim D, Boffetta P, Galsky M, Oh W, Lucchini R, Crane M, Luft B, Moline J, Udasin I, Harrison D, Taioli E. 2016. *Prostate cancer characteristics in the World Trade Center cohort, 2002-2013*. Eur J Cancer Prev.

<http://doi.org/10.1097/CEJ.0000000000000315>

from San Francisco, Chicago and Philadelphia (9/11/2001–2009). American Journal of Industrial Medicine. 59(9):722–30.

<https://doi.org/10.1002/ajim.22635>

Singh A, Zeig-Owens R, Moir W, et al. 2018. *Estimation of Future Cancer Burden Among Rescue and Recovery Workers Exposed to the World Trade Center Disaster*. JAMA Oncol. 4(6):828–831.

<https://doi.org/10.1001/jamaoncol.2018.0504>

## 2014 Summary

**Ten** Research Projects Awarded

**Ten** Research Projects Completed

**Seven** Research Projects Have Published

**Fourteen** Publications

### **Post-9/11 Cancer Incidence in FDNY Firefighters**

**Project Number:** 1U01-OH010728 (Completed)

**Institution:** Albert Einstein College of Medicine

**Principal Investigator:** Mayris Webber, DrPH

### **Publications**

Zeig-Owens R, Kablanian A, Webber M, et al. 2016. *Agreement between self-reported and confirmed cancer diagnoses in New York City firefighters and EMS workers, 2001–2011*. Public Health Reports. 131(1):153–9.

<https://doi.org/10.1177/003335491613100122>

Moir W, Zeig-Owens R, Daniels R, et al. 2016. *Post-9/11 cancer incidence in World Trade Center-exposed New York City firefighters as compared to a pooled cohort of firefighters*

### **Assessing the Impacts of Epidemiologic Biases in WTC Health Studies**

**Institution:** Northwell Health

**Project Number:** 1U01 OH010730 (Completed)

**Principal Investigator:** Hyun Kim, ScD

### **Publication**

Jurek A, Maldonado G. 2016. *Quantitative bias analysis in an asthma study of rescue-recovery workers and volunteers from the 9/11 World Trade Center attacks*. Annals of Epidemiology. 26(11):794–801.

<https://doi.org/10.1016/j.annepidem.2016.09.002>

### **For How Long is WTC Exposure Associated with Chronic Rhinosinusitis?**

**Institution:** Albert Einstein College of Medicine

**Project Number:** 1U01 OH010711 (Completed)

**Principal Investigator:** Charles B. Hall, PhD

### **Publications**

Weakley J, Hall C, Liu X, et al. 2016. *The effect of World Trade Center exposure on the*

latency of chronic rhinosinusitis diagnoses in New York City firefighters: 2001–2011. *Occupational and Environmental Medicine*. 73(4):280–3.

<https://doi.org/10.1136/oemed-2015-103094>

Liu X, Yip J, Zeig-Owens R, et al. 2017. *The effect of World Trade Center exposure on the timing of diagnoses of obstructive airway disease, chronic rhinosinusitis, and gastroesophageal reflux disease*. *Front Public Health*. 5:2. (Note: funding support also provided by Project #10726)

<https://doi.org/10.3389/fpubh.2017.00002>

### **Evolution of Risk Factors for Sinusitis in WTC Exposed Firefighters**

**Institution:** New York University School of Medicine

**Project Number:** 1U01 OH010726 (Completed)

**Principal Investigator:** Michael Weiden, MD

#### **Publications**

Kwon S, Putman B, Weakley J, et al. 2016. *Blood eosinophils and World Trade Center exposure predict surgery in chronic rhinosinusitis. A 13.5-year longitudinal study*. *Annals of the American Thoracic Society*. 13(8):1253–61.

<https://doi.org/10.1513/AnnalsATS.201511-7420C>

Weiden M, Kwon S, Caraher E, et al. 2016. *Biomarkers of World Trade Center particulate matter exposure: Physiology of distal airway and blood biomarkers that predict FEV(1) decline*. *Seminars in Respiratory and Critical Care Medicine*. 36(3):323–333.

<https://dx.doi.org/10.1055%2Fs-0035-1547349>

Zeig-Owens R, Nolan A, Putman B, et al. 2016. [review] *Biomarkers of patient intrinsic risk for upper and lower airway injury after exposure to the World Trade Center atrocity*. *American Journal of Industrial Medicine*. 59(9):788–894.

<https://doi.org/10.1002/ajim.22643>

Zeig-Owens R, Singh A, Aldrich TK, et al. 2018. *Blood Leukocyte Concentrations, FEV1 Decline, and Airflow Limitation: A 15-Year Longitudinal Study of WTC-Exposed Firefighters*. *Annals of the American Thoracic Society*. *Annals of the American Thoracic Society*. 15(2):173–183.

<http://doi.org/10.1513/AnnalsATS.201703-2760C>

### **WTC-Heart: a Cohort Study of Heart Diseases in World Trade Center Responders**

**Institution:** City University of New York Queens (CUNY-Queens)

**Project Number:** 1U01 OH010722 (completed)

**Principal Investigator:** Alfredo Morabia, MD

#### **Publication**

Remch M, Laskaris Z, Flory J, et al. 2018. *Post-Traumatic Stress Disorder and Cardiovascular Diseases: A Cohort Study of Men and Women Involved in Cleaning the Debris of the World Trade Center Complex*. *Circ Cardiovasc Qual Outcomes* 11(7): e004572.

<https://doi.org/10.1161/CIRCOUT-COMES.117.004572>

### **Mental Health Impact and Service Use among Asian Survivors and Rescuers Exposed to the WTC Attack**

**Institution:** Fordham University



**Project Number:** 1U01 OH010516-

01A1 (Completed)

**Principal Investigator:** Winnie W. Kung, PhD

### Publications

Kung WW, Liu X, Huang D, et al. 2018. *Factors Related to the Probable PTSD after the 9/11 World Trade Center Attack among Asian Americans*. J. Urban Health. 95(2):255–266.

<https://doi.org/10.1007/s11524-017-0223-5>

Kung WW, Liu X, Goldmann E, et al. 2018. *Posttraumatic stress disorder in the short and medium term following the world trade center attack among asian americans*. Journal of Community Psychology: No Pagination Specified. [epub ahead of print] June 9, 2018.

<https://doi.org/10.1002/jcop.22092>

### **Biorepository of Cancer Tissue Samples from WTC Responders Institution: Albert**

**Institution:** Feinstein Institute for Medical Research

**Project Number:** 1U01 OH010512 (Completed)

**Principal Investigator:** Emanuala Taioli, PhD

### Publication

Lieberman-Cribbin W, Tuminello S, Gillezeau C, et al 2018. The development of a bi-obank of cancer tissue samples from World Trade Center responders. J Transl Med 16(280).

<https://doi.org/10.1186/s12967-018-1661-x>

## 2015 Summary

**Seven** Research Projects Awarded

**Six** Research Projects Completed

**Four** Research Projects Have Published

**Six** Publications

### **Context and Ethnic Diversity: Children's Responses to 9/11**

**Institution:** New York State Psychiatric Institute at Columbia University

**Project Number:** 1U01-OH0 10721 (Completed)

**Principal Investigator:** Christina W. Hoven, DrPH, MPH

### Publications

Guffanti G, Geronazzo-Alman L, Fan B, Duarte CS, Musa GJ, Hoven CW. (2016). *Homogeneity of Severe Posttraumatic Stress Disorder Symptom Profiles in Children and Adolescents Across Gender, Age, and Traumatic Experiences Related to 9/11*. Journal of Traumatic Stress, 29(5), 430-439.

<https://doi.org/10.1002/jts.22134>

Geronazzo-Alman, L., Guffanti, G., Eisenberg, R., Fan, B., Musa, G. J., Wicks, J., Bresnahan, M., Duarte C. S., Hoven, C. (2017). *Comorbidity classes and associated impairment, demographics and 9/11-exposures in 8,236 children and adolescents*. J Psychiatr Res 96: 171-177.

<http://doi.org/10.1016/j.jpsychires.2017.10.012>

## Childhood Exposures to Persistent Organic Pollutants in the World Trade Center Disaster and Cardiovascular Consequences

**Institution:** New York University School of Medicine

**Project Number:** 1U01-OH010714  
(Completed)

**Principal Investigator:** Leonardo Trasande, MD, MPP

### Publications

Koshy TT, Attina TM, Ghassabian A, Gilbert J, Burdine L.K. et al. 2017. 2017. *Serum per-fluoroalkyl substances and cardiometabolic consequences in adolescents exposed to the World Trade Center disaster and a matched comparison group.* Environ Int. (Note: funding support also provided by Project #10390)

<http://www.ncbi.nlm.nih.gov/pubmed/28890218>

Trye A, Berger KI, Naidu M, et al. 2018. *Respiratory Health and Lung Function in Children Exposed to the World Trade Center Disaster.* J Pediatr. [epub ahead of print] July 18, 2018.

<https://doi.org/10.1016/j.jpeds.2018.06.009>

## Clinical Characteristics and Outcomes of WTC-Associated Sarcoidosis

**Institution:** Albert Einstein College of Medicine

**Project Number:** 1U01-OH010993 (completed)

**Principal Investigator:** Simon Spivack, MD, MPH/Thomas Aldrich, MD

### Publication

Hena KM, Yip J, Jaber N, et al. 2018. *Clinical Course of Sarcoidosis in World Trade Center Exposed Firefighters.* Chest. 153(1):114-123.

<https://doi.org/10.1016/j.chest.2017.10.014>

## Enhanced Assessment of WTC Exposure and Global DNA Methylation

**Institution:** Icahn School of Medicine at Mount Sinai

**Project Number:** 1 U01-OH010987  
(completed)

**Principal Investigator:** Paolo Bofetta, MD

### Publication

Kuan, PF, Mi Z, Georgopoulos P, et al. 2018. *Enhanced exposure assessment and genome-wide DNA methylation in World Trade Center disaster responders.* Eur J Cancer Prev. [epub ahead of print] July 11, 2018.

<https://doi.org/10.1097/CEJ.0000000000000460>

## 2016 Summary

**Sixteen** Research Projects Awarded

**No** Research Projects Completed

**Three** Research Projects Have Published

**Three** Publications

## World Trade Center Exposures, Neuro-pathic Symptoms and Nervous System Injury

**Institution:** New York University School of Medicine

**Project Number:** 1U01-OH0 11305

**Principal Investigator:** Michael Marmor, PhD

### Publication

Marmor M, Shao Y, Bhatt H, et al. 2017. *Pares-  
thesias among community members exposed  
to the World Trade Center disaster*. Journal of  
Occupational and Environmental Medicine.  
59(4):389–396.

<https://doi.org/10.1097/JOM.0000000000000966>

### Evolution of Risk Factors for Lung Func- tion Decline in WTC Exposed Firefighters

**Institution:** New York University School of  
Medicine

**Project Number:** 1U01 OH0 11302

**Principal Investigator:** Michael Weiden, MD

#### Publication

Singh A, Liu C, Putnam B, et al. 2018. Predictors  
of asthma/COPD overlap in FDNY firefighters with  
World Trade Center dust exposure: a longitudinal  
study. *Chest*. [epub ahead of print] July 17, 2018.

<https://doi.org/10.1016/j.chest.2018.07.002>

### Head and Neck Cancer in the World Trade Center Health Program Cohort; Elucidating Risk Factors to Reduce Inci- dence and Morbidity

**Institution:** Rutgers, The State University  
of New Jersey

**Project Number:** 1U01-OH011322

**Principal Investigator:** Judith Graber, PhD

#### Publication

Graber J M, Chuang CT, Ward CL, et al. 2018.  
*Head and Neck Cancer in World Trade Center  
Responders: A Case Series*. J Occup Environ  
Med. (epub ahead of print) June 2018.

<https://doi.org/10.1097/JOM.0000000000001386>

## 2017 Summary

**Nine** Research Projects Awarded

**No** Research Projects Completed

**Two** Research Projects Have Published

**Three** Publications

### Metabolomics of World Trade Cen- ter-Lung Injury: Biomarker Validation, Longitudinal Assessment and Dietary Intervention

**Institution:** New York University School of  
Medicine

**Project Number:** 1U01-OH0 11300

**Principal Investigator:** Anna Nolan, PhD

#### Publications

Haider SH, Kwon S, Lam R, et al. 2018. *Pre-  
dictive Biomarkers of Gastroesophageal  
Reflux Disease and Barrett’s Esophagus in  
World Trade Center Exposed Firefighters: A 15  
Year Longitudinal Study*. Scientific Reports, 8  
(1), art. no. 3106.

<https://doi.org/10.1038/s41598-018-21334-9>

Crowley G, Kwon S, Haider SH, et al. 2018.  
Metabolomics of World Trade Center-Lung  
Inju-ry: a machine learning approach. *BMJ  
Open Respiratory Research*. 5(1):e000274.

<https://doi.org/10.1136/bmjresp-2017-000274>

### Early Detection of hematologic malignan- cies in New York City Firefighters Exposed to World Trade Center Dust after the 9/11 Attacks

**Institution:** Albert Einstein college of  
Medicine

**Project Number:** 1 U01-OH011475

**Principal Investigator:** Amit Verma, MD

**Publication**

Landgren O, Zeig-Owens R, Giricz O, et al. 2018. *Multiple Myeloma and Its Precursor Disease Among Firefighters Exposed to the World Trade Center Disaster*. JAMA Oncol. [epub ahead of print] May 2, 2018.

<https://doi.org/10.1001/jamaoncol.2018.0509>

## 2018 Summary

**Eight** Research Projects Awarded

**No** Research Projects Completed

**No** Research Projects Have Published

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## Appendix 1, Section 4

### WTC Health Registry

#### Key Accomplishments April 2012–June 2016

#### WTC Health Registry Key Accomplishments April 2012–June 2016 Final Document: NIOSH Grant Years 04-07

This study is currently supported by Cooperative Agreement U50/OH009739 from the National Institute for Occupational Safety and Health (NIOSH) of the U.S. Centers for Disease Control and Prevention (CDC) and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

Support prior to April 2009 was provided by Cooperative Agreement U50/ATU272750 from the Agency for Toxic Substances and Disease Registry (ATSDR), which included support from the National Center for Environmental Health (NCEH), and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

**Specific Aim 1: Maintain the Registry as a valuable public health resource to allow health professionals to track and investigate possible trends in illness and recovery**

**1a: Maximize the number of enrollees with valid, updated contact information through ongoing communications and tracing activities to locate enrollees lost to follow-up**

- Registry enrollees remain committed and engaged with the Registry nearly fifteen years after 9/11

- Nearly 160,000 enrollee contact information updates received since June 2009
- Relatively few withdrawals (about 1,024; or about 1.43 percent of all enrollees)
- LexisNexis used to trace approximately 2,000 to 5,000 enrollees per year with missing or invalid contact information
- Very few enrollees currently lost to follow-up (about 55)
- High participation rates in follow-up and in-depth surveys

**1b: Maintain timely, accurate and professional communications and feedback with enrollees to address concerns and keep them engaged and interested in participating in future research**

- Respond to approximately 50 calls, emails and letters from enrollees and the public per day
- All key communications prepared in English, Spanish, and traditional and simplified Chinese languages; English, Spanish, Mandarin and Cantonese speaking staff available to speak with enrollees and the public
- Provide core communications to all enrollees, including an Annual Report and Annual Card
- Maintain an active website to report Registry and other 9/11 research findings and resources with approximately five thousand unique visitors per month

at <http://www1.nyc.gov/site/911health/index.page>

- Disseminate quarterly e-newsletter with 9/11-related news to approximately 50,000, including enrollees and the public
  - Collaborated with the federal 9/11 Victim's Compensation Fund to identify applicants who are enrollees; provided 1,358 enrollees to-date with their Wave 1 survey as documentation for their VCF applications.
  - Secured a signed NYC Mayor's letter of support for 9/11 Environmental Action WTC Health Program outreach. The letter was translated into 9 languages and directed by the NYC Dept of Education to be sent home as a "backpack" letter to all approximately 1.1 million NYC public high school students
- Made a substantial scientific contribution to the 9/11 physical and mental health literature
    - Seventy publications (including sixty articles, four letters, and five conference abstracts in peer-reviewed journals and one book chapter)
    - 147 presentations at scientific conferences and meetings
    - Nine technical reports, three collaborative WTC-related clinical guidelines, and four public use data tools
  - Conducted periodic multi-mode health surveys
    - Initial Wave 1 survey (2003-4) conducted to enroll participants
    - Wave 2 survey (2006-8) included adults, parents/guardian of minors, and adolescents. The adult survey had a common core of questions and three exposure-specific modules.
    - Staten Island landfill and barge workers survey (2010-11)
    - Wave 3 survey (2011-12) assessed current physical and mental health status of enrollees, including functioning and disability, unmet health care needs, barriers to health care access, and for the first time depression and anxiety
    - Hurricane Sandy survey (2013)
    - Autoimmune Diseases survey (enrollee survey 2014-16; physician verification ongoing)

### **1c: Conduct outreach to boost response to Registry surveys and studies**

- Key communications were sent, including multiple surveys, email invitations and postcard reminders
- Conducted social media outreach, door-to-door outreach and telephone reminders

### **Specific Aim 2: Expand knowledge about the long-term health effects of the 9/11 disaster by facilitating medical, public health or emergency preparedness research, or other scientific research relevant to the WTC Health Program (WTCHP)**

#### **2a: Describe the health of enrollees and risk factors by analyzing periodic Registry health surveys and assessing the course of health conditions and unmet healthcare needs**

#### **2b: Develop and conduct a Wave 4 survey to ascertain cohort health status 13-14 years after 9/11**

- Wave 4 core survey (Mar 2015-Jan 2016) sent to about 67,503 adult enrollees, including young adults

- Approximately 36,348 enrollees completed the survey (with about a fifty-four percent response rate, RR; and about an eighty percent RR among “longitudinal” enrollees, those who completed all Wave 1-4 surveys)
- Wave 4 asthma survey (Sept 2015-Mar 2016) sent to all approximately 14,983 enrollees who ever reported asthma on a Registry survey
  - About 8,482 enrollees completed the survey (about a fifty-seven percent RR)
  - Analyses in process

### **2c: Conduct assessment of cancer and mortality incidence**

- Conducted periodic links to NYC Vital Statistics death files, the National Death Index, NYS SPARCS hospitalization records, and eleven state cancer registries
  - Published initial mortality findings in Lancet based on six to eight years of follow-up post 9/11
    - Jordan HT, Brackbill RM, Cone JE, Debchoudhury I, Farfel MR, Greene CM, Hadler JL, Kennedy J, Li J, Liff J, Stayner L, Stellman SD. Mortality among survivors of the Sept 11, 2001, World Trade Center disaster: results from the World Trade Center Health Registry cohort. *Lancet* 2011;378:879-887.
    - [https://doi.org/10.1016/S0140-6736\(11\)60966-5](https://doi.org/10.1016/S0140-6736(11)60966-5)
  - Published initial cancer findings in JAMA based on seven to eight years of follow-up post 9/11
    - Li J, Cone JE, Kahn AR, Brackbill RM, Farfel MR, Greene CM, Hadler JL, Stayner LT, Stellman SD. 2012. *Association between World Trade Center exposure and excess cancer risk*. *JAMA*. 308: 2479-2488. <https://doi.org/10.1001/jama.2012.110980>
- Cancer incidence ten years post-9/11 (manuscript in preparation as of 06/30/2016)
  - Mortality incidence ten years post-9/11 (data linkages completed; manuscript in preparation as of 6/30/2016)
  - Collaborated or collaborating with FDNY and Mount Sinai WTC researchers on:
    - A WTCHP-funded review of cancer in WTC rescue/recovery workers from the Registry, FDNY and Mt. Sinai cohorts
      - Boffetta P, Zeig-Owens R, Wallenstein S, Li J, Brackbill R, Cone J, Farfel M, Holden W, Lucchini R, Webber MP, Prezant D, Stellman SD. 2016. *Cancer in World Trade Center Responders: Findings from Multiple Cohorts and Options for Future Study*. *Am J Ind Med*. 59(2):96-105. doi: 10.1002/ajim.22555. <https://doi.org/10.1002/ajim.22555>
    - A WTCHP-funded study to conduct a pooled analysis of cancer incidence, latency and survival across WTC rescue/recovery worker cohorts

### **2d: Conduct surveillance activities to identify and investigate potential emerging health conditions in collaboration with a network of WTCHP and other clinical colleagues**

- Respiratory studies in collaboration with NYU/Bellevue: Completed first study (2008-10); 785 enrollees completed



interviews and pulmonary function tests (PFTs). Completed a follow-up study (2013-14; 545 enrollees completed interviews and PFTs; approximately a seventy-four percent RR) to assess longer-term persistent lower respiratory symptoms. Published first study findings.

- Friedman SM, Maslow CB, Reibman J, Pillai PS, Goldring RM, Farfel MR, Stellman SD, Berger KI. 2011. *Case-control study of lung function in World Trade Center Health Registry area residents and workers*. Am J Respir Crit Care Med. 184:582-589. <https://doi.org/10.1164/rccm.201011-1909OC>
- Maslow CB, Friedman SM, Pillai PS, Reibman J, Berger KI, Goldring R, Stellman SD, Farfel M. 2012. *Chronic and acute exposures to the World Trade Center disaster and lower respiratory symptoms: area residents and workers*. Am J Public Health. 102:1186-1194. <https://doi.org/10.2015/AJPH.2011.300561>
- Sarcoidosis: Completed in-depth study, including medical record review
  - Jordan HT, Stellman SD, Prezant D, Teirstein A, Osahan SS, Cone JE. 2011. *Sarcoidosis diagnosed after September 11, 2001, among adults exposed to the World Trade Center disaster*. J Occup Environ Med 2011;53:966-974. <https://doi.org/10.1097/JOM.0b013e31822a3596>
- Post-Hurricane Sandy: Completed nested study in 2013 to assess mental and physical health effects among nearly 4,400 enrollees living in flooded zones in NY, NJ, and CT and a sample of another almost 4,400 enrollees in non-flood zones in these areas. 4,558 surveys completed (with nearly a fifty-one percent RR).
  - Brackbill RB, Caramanica K, Maliniaki M, Stellman SD, Fairclough MA, Farfel MR, Turner L, Maslow CB, Moy AJ, Wu D, Yu S, Welch AE, Cone JE, Walker DJ. 2014. *Nonfatal injuries 1 week after Hurricane Sandy – New York City Metropolitan Area, October 2012*. MMWR Morb Mortal Wkly Rep. 63(42):950-954. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6342a4.htm>
  - Brown S, Gargano LM, Parton H, Caramanica K, Farfel MR, Stellman SD, Brackbill RM. 2016. *Hurricane Sandy Evacuation among World Trade Center Health Registry (WTCHR) Enrollees in New York City*. Disaster Med Public Health Prep. 10(3): 411-419. <https://doi.org/10.1017/dmp.2016.57>
  - Caramanica K, Brackbill RM, Stellman SD, Farfel MR. 2015. *Posttraumatic stress disorder after Hurricane Sandy among persons exposed to the 9/11 disaster*. Int J Emerg Ment Health. 17(1): 356-62. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4424196/>
  - Gargano LM, Caramanica K, Sisco S, Brackbill RM, Stellman SD. 2015. *Exposure to the World Trade Center Disaster and 9/11-Related Post-Traumatic Stress Disorder and Household Disaster Preparedness*. Disaster Med Public Health Prep. 9(6):625-633. <https://doi.org/10.1017/dmp.2015.71>
- Staten Island landfill and barge workers: Completed data collection, qualitative analysis (Ekenga et al 2011), and quantitative analysis (Fairclough et al 2015).

- Ekenka CC, Scheu KE, Cone JE, Stellman SD, Farfel MR. 2011. 9/11-Related experiences and tasks of landfill and barge workers: qualitative analysis from the World Trade Center Health Registry. *BMC Public Health*. 11:321. <https://doi.org/10.1186/1471-2458-11-321>
  - Fairclough MA, Miller-Archie SA, Cone JE, Dechen T, Ekenka CC, Osahan S, Perlman SE, Gargano LM, Imasuen J, Farfel MR. 2015. *Relationship between persistent post-traumatic stress disorder and human remains exposure for Staten Island Barge and Landfill recovery and clean-up workers after 9/11*. *Int J Emerg Ment Health*. 17(3): 661-663. <https://dx.doi.org/10.4172/1522-4821.1000261>
  - Autoimmune disease survey: Launched study to assess incidence of physician verified rheumatoid arthritis and other autoimmune diseases among enrollees who reported an autoimmune disease at Wave 3 and to examine potential 9/11-risk factors. A total of 2,042 enrollee surveys completed, for an approximate seventy-three percent RR. Physician verification surveys ongoing. Physician surveys or medical records received to-date for 627 enrollees; about a sixty percent RR of the 1,043 enrollees who provided authorization to contact their physician.
  - Health and Quality of Life (Injury) Study: Completed in 2015 Phase I: qualitative interviews with thirty-nine enrollees who sustained a 9/11 injury (manuscript in prep as 6/30/2016). Analysis underway to inform development of a Phase II quantitative survey to better understand the long-term mental and physical health consequences of 9/11 injuries. Phase II survey to be launched to approximately 6,000 enrollees in early 2017.
- 2e: Conduct and/or facilitate collaborative in-depth studies with researchers at the WTCHP Centers of Excellence and qualified academic researchers on topics of importance to the WTCHP**
- Published twelve manuscripts with WTCHP co-authors
  - Co-authored ten publications with other external researchers to whom we provided de-identified data
  - Co-authored eighteen publications with additional researchers outside of NYC DOHMH
  - At least another twenty-two publications authored by principal investigators from external research studies facilitated by the Registry
  - Responded to nearly 120 data requests from potential external researchers
  - Approved and implemented 25 applications from external researchers (eighteen external studies completed)
  - Facilitated recruitment of thousands of Registry enrollees into nine external research studies
  - Provided de-identified data to fifteen external research studies and will provide to another approved study
  - Worked with nine federally funded WTCHP external studies, including two active studies (Hoven, Marmor)
  - Working with seven active approved external research projects, including two with federal WTCHP funding (Hoven,

Marmor), two other CDC projects (Antao, Pearson), and three others (Bowler, Wyka (n=2)).

- Posted informational brochure for potential external researchers on [www.nyc.gov/9-11HealthInfo](http://www.nyc.gov/9-11HealthInfo)

### **2f and g: Registry education and training**

- Twelve MPH degrees completed using Registry data under the guidance of Registry senior staff in a mentored research environment during this time period
- Eleven medical residents, six medical students, and seventeen graduate/undergraduate interns/college aides or volunteers participated in Registry research in a mentored environment during this time period

**Specific Aims 3 and 4 below are the research translation components of the Registry.**

**Specific Aim 3: Conduct community activities to respond to the physical and mental health concerns and specific health care needs of enrollees and others exposed to 9/11**

### **3a: Disseminate Registry findings and recommendations to enrollees, the public, WTC Health Program leadership and policy makers**

- Employed multiple dissemination channels, including the Registry- 9/11healthinfo website, sixteen YouTube videos, annual reports, press announcements, media interviews;
- Made 147 presentations at scientific conferences; meetings of the WTCHP STAC, Responder and Survivor steering committees, and Outreach committee;

and to community groups, hospitals, and local health departments

### **3b: Develop and provide Registry data resources for enrollees, the public, and researchers**

- Posted Wave 1, 2 and 3 survey materials, including the Data File Users' Manuals (DFUMs), the questionnaires and the public use datasets for each survey on [www.nyc.gov/9/11-HealthInfo](http://www.nyc.gov/9/11-HealthInfo)
- Also posted the Hurricane Sandy, Staten Island landfill and barge worker, and the Wave 4 questionnaires and DFUM. Completed the Wave 4 public use dataset; pending posting.
- Provided an interactive 9/11 Health Online Data Tool to permit users to query de-identified Wave 1 survey data; this tool has been accessed by over 2,140 users outside of NYC DOHMH
- Responded to approximately 329 data requests from advisors, researchers, media and others since May 2007

### **3c: Conduct health promotion activities**

- Completed two smoking cessation projects targeted to all enrollees who reported smoking; Sent no-cost NRT kits or smoking cessation services to over 800 enrollees or their household members
- Created condition-specific physical and mental health fact sheets which represent current scientific information and provides answers to common questions received from enrollees and the public. Current fact sheets include: asthma, bronchiectasis, anxiety, and gastroesophageal reflux disease

- In May 2016, sent asthma fact to approximately 7,000 enrollees who reported asthma on their Wave 4 survey

#### **Specific Aim 4: Develop and maintain the 9/11 Treatment Referral Program (TRP) to help enrollees and others find care for 9/11-related health problems**

##### **4a: Inform enrollees of 9/11-related services and resources**

- Conducted six focus groups with diverse enrollee survivors to identify barriers to 9/11-related health care
- TRP staff trained in motivational interviewing techniques which helps to identify and address barriers to applying to and utilizing 9/11-related health services
- TRP informational brochures sent to all enrollees
- TRP I: In 2009-2011, conducted personalized outreach to approximately 8,500 enrollees (or parents/guardians).
- Personalized communications, including a TRP brochure, sent in English, Spanish and Chinese
- Over 1,100 survivor enrollees in the NYC area scheduled a first-time appointment at the WTC Environmental Health Center at Bellevue Hospital.
- TRP was the largest source of survivor applications.

##### **4b: Expand TRP in collaboration with the WTCHP to offer health care referrals to rescue/recovery workers as well as survivors based on health updates from the Wave 3 survey**

- TRP II: Launched in July 2013 with outreach expanded to rescue/recovery workers and survivors residing in and outside of the NYC area

- Phone outreach expanded to include English, Spanish, Mandarin and Cantonese
- Staff identified approximately 23,000 enrollees for outreach based on Wave 3 symptoms and unmet health care needs
- Outreach conducted to-date to nearly 19,000 enrollees, including groups under-represented in the WTCHP such as NYC Department of Sanitation workers and Chinese language enrollees
- On average, two to three contacts with staff were needed before an enrollee completed the outreach process
- Approximately 6,000 enrollees to-date have requested applications
- Since 2013, over 3,600 Registry-branded applications have been received by the WTCHP, making the Registry the major source of new applications for both rescue/recovery workers and survivors
- Provided over 4,400 enrollees to-date with their Wave 1 survey report as documentation of their presence near the WTC site on 9/11 for their WTCHP application

##### **4c: Conduct qualitative research with healthcare providers to inform future efforts**

- Conducted in-depth telephone interviews with twenty NYC providers to understand how they engage patients in 9/11-related health care. Most were knowledgeable about 9/11-associated respiratory and psychological conditions, but less informed about other 9/11-related health conditions. Most providers were interested in learning more about 9/11-related health programs and conditions.

- Welch AE, Caramanica K, Yip J, Petrsoric LJ, Cone JE. 2015. *A Qualitative Analysis of New York City Based Primary Care and Specialty Providers' Knowledge of 9/11-Related Health Conditions and Health Care Services*. *Austin J Emergency and Crit Care Med.* 2(5):1029. <http://austinpublishinggroup.com/emergency-critical-care-medicine/fulltext/ajeccm-v2-id1029.php>

#### **4d: Evaluate effectiveness of TRP and share findings with the WTCHP**

- TRP-I evaluation completed; TRP shown

to be effective

- Welch AE, Debchoudhury I, Jordan HT, Petrsoric LJ, Farfel MR, Cone JE. 2014. *Translating research into action: An evaluation of the World Trade Center Health Registry's Treatment Referral Program*. *Disaster Health.* 2(1):97-105 <https://doi.org/10.4161/dish.28219>

- TRP-II evaluation is in progress, including analysis on pre- and post-application submission outcomes

## Appendix 1, Section 5 WTC Health Registry Key Accomplishments July 2016–June 2018

### WTC Health Registry Key Accomplishments July 2016–June 2017 NIOSH Grant Years 08

This study is currently supported by Cooperative Agreement U50/OH009739 from the National Institute for Occupational Safety and Health (NIOSH) of the U.S. Centers for Disease Control and Prevention (CDC) and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

Support prior to April 2009 was provided by Cooperative Agreement U50/ATU272750 from the Agency for Toxic Substances and Disease Registry (ATSDR), which included support from the National Center for Environmental Health (NCEH), and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

**Specific Aim 1:** Maintain the Registry as a valuable public health resource to allow health professionals to track and investigate possible trends in illness and recovery

**1a: Maximize the number of enrollees with valid, updated contact information through ongoing communications with enrollees and conduct tracing to locate enrollees with invalid or missing contact information**

- Maintained multiple communication channels (*i.e.*, phone, fax, email, mail, secure web app) for enrollees to use to contact the Registry with questions or to

provide updated contact information

- Obtained consent from new young adults - child enrollees who have aged into adulthood
  - Children: approximately 2,625 children were under age 18 years at time of enrollment in 2003-2004; about 377 enrollees are children as of June 2017
- Among new young adults, approximately 1,192 have consented to remain in the Registry as adults (including 144 in Year 8), sixty-two have withdrawn and approximately nine are deceased. Staff is conducting outreach to the remaining new young adults
- Registry enrollees remain committed and engaged with the Registry nearly sixteen years after 9/11
  - Over 9,700 enrollee contact information updates received in Year 8
  - Few withdrawals (thirty-five in Year 8; a total of 1,059, or about 1.48 percent of all enrollees)
  - LexisNexis used to trace approximately 2,000 to 5,000 enrollees per year with missing or invalid contact information
  - Very few enrollees currently lost to follow-up (about 54)

**1b: Keep enrollees engaged and interested in participating in future research by maintaining timely, accurate and professional communications and providing feedback to address enrollee concerns**

- Responded to approximately 50

incoming communications from enrollees and the public per day

- Prepared all key written communications in English, Spanish, and traditional and simplified Chinese
- Staff available to speak with enrollees and the public in English, Spanish, Mandarin and Cantonese
- Provided core communications to all enrollees, including an Annual Report of findings and Annual Card
- Maintained an active website to report Registry and other 9/11 research findings and resources with approximately three thousand unique visitors per month from about forty-nine countries at: <http://www1.nyc.gov/site/911health/index.page>. The Research Videos page receives nearly eight thousand views per month at: <http://www1.nyc.gov/site/911health/updates/news-videos.page>
- Disseminated quarterly e-newsletter with 9/11-related news to approximately 50,000, including enrollees and the public
- Collaborated with the federal 9/11 Victim's Compensation Fund (VCF) to identify applicants who are enrollees. Provided 1,380 enrollees to-date, including twenty-two in Year 8, with their Wave 1 survey report as supporting eligibility documentation for their VCF application
- High enrollee participation rates in follow-up and in-depth surveys
- In May 2017, conducted 10 focus groups with targeted groups of enrollees including: young adults (four groups); separate groups for Mandarin, Cantonese and Spanish language speakers; a group

of enrollees who completed all W1-4 survey waves; and a group of enrollees who completed only a W1 survey and an external or in-depth survey. A total of seventy-eight enrollees participated in these focus groups. Findings will be used to enhance our communication strategies to better engage and inform enrollees of findings and resources

### **1c: Conduct outreach to boost response to Registry studies, as needed**

- Sent key communications including multiple paper surveys, email invitations with a link to an online survey, and email and postcard reminders
- Conducted social media outreach, door-to-door outreach and telephone reminders

**Specific Aim 2:** Expand knowledge about the long-term health effects of 9/11 by facilitating medical, public health or emergency preparedness research, or other scientific research relevant to the WTC Health Program (WTCHP) – with special emphasis on impacts to those who lived, worked or attended school in the disaster area (i.e., non-“responders”)

### **2a: Assess the contribution of 9/11 exposure and other risk factors to the course of health conditions and unmet health-care needs 15 years post-9/11 by analyzing the 2015-16 Wave 4 survey, other Registry surveys and hospital discharge and other data linked to the Registry**

- Made a substantial scientific contribution to the 9/11 physical and mental health literature

- Twenty-three publications, including fourteen articles, two letters, and two conference abstracts in peer-reviewed journals and five publications in press
- Forty-three presentations at scientific conferences and meetings
- Conducted public health training
  - Two MPH degrees completed using Registry data under the guidance of Registry senior staff
- Conducted periodic multi-mode health surveys
  - See section 2c below

### **2b: Extend assessment of cancer and mortality incidence through 15 years post-9/11**

- Conduct periodic links to NYC Vital Statistics death files, the National Death Index (NDI), NYS SPARCS hospitalization records, and eleven state cancer registries
- Cancer incidence completed through 10 years post-9/11
  - Li J, Brackbill RM, Liao TS, Qiao B, Cone JE, Farfel MR, Hadler JL, Kahn AR, Konty KJ, Stayner LT, Stellman SD. Ten-year cancer incidence in rescue/recovery workers and civilians exposed to the September 11, 2001 terrorist attacks on the World Trade Center. *Am J Ind Med.* 2016 Sep;59(9):709-721. <https://doi.org/10.1002/ajim.22638>
- Mortality incidence through ten years post-9/11 (manuscript under clearance as of 6/30/2017)

### **2c: Conduct independent or collaborative surveillance and in-depth studies to identify and investigate potential emerging health conditions and treatment outcomes on topics important to the WTCHP**

- **Staten Island landfill and barge workers:** Published additional quantitative analysis findings
  - Cone JE, Osahan S, Ekenga CC, Miller-Archie SA, Stellman SD, Fairclough M, Friedman SM, Farfel MR. Asthma among Staten Island fresh kills landfill and barge workers following the September 11, 2001 World Trade Center terrorist attacks. *Am J Ind Med.* 2016 Sep;59(9):795-804. <https://doi.org/10.1002/ajim.22645>
- **Autoimmune disease survey:** (2014-2017)
  - *Phase I:* Assess incidence of physician verified rheumatoid arthritis and other autoimmune diseases (AD) among enrollees who reported post-9/11 autoimmune disease at Wave 3 and examine 9/11-risk factors; 2,042 enrollee surveys completed; with about a seventy-three percent response rate (RR). Physician surveys or medical records received for 732 enrollees, with about a seventy percent RR out of the 1,042 enrollees who provided authorization to contact their physician. Medical record vendor to obtain these remaining medical records.
  - *Phase II:* Assess incidence of physician verified MS and ALS among approximately **580** additional enrollees who reported post-9/11 MS or ALS at Waves 3 or 4 and examine 9/11-risk factors. Received **394** enrollee surveys to-date; for an approximate



sixty-eight percent RR to-date. Physician verification/medical record review pending.

- **Health and quality of life (Injury) study:**

- *Phase I (Qualitative):* In 2015, completed qualitative interviews with thirty-nine enrollees who sustained a 9/11 injury. Findings published in Year 08. Analysis informed development of a *Phase II* survey
  - Gargano LM, Gershon RR, Brackbill RM. Quality of life of persons injured on 9/11: Qualitative analysis from the World Trade Center Health Registry. *PLOS Currents Disasters*. 2016 Oct 27. Edition 1. <http://doi.org/10.1371/currents.dis.7c70f66c1e6c5f41b43c-797cb2a04793>
- *Phase II (Quantitative):* Launched in March 2017 to approximately 8,500 enrollees to better understand the long-term mental and physical health consequences of 9/11 injuries. Data collection to end in mid-July 2017. Preliminary: About 6,000 surveys received to-date; for an approximate seventy-one percent RR.

- **Early Labor Force Exit Study:**

- Analysis of W1-W3 findings (Yu et al., 2016) informed the development of this in-depth study.
  - Yu S, Brackbill RM, Locke S, Stellman SD, Gargano LM. Impact of 9/11-related chronic conditions and PTSD comorbidity on early retirement and job loss among World Trade Center disaster rescue and recovery workers. *Am J Ind Med*. 2016 Sep;59(9):731-741.

<https://doi.org/10.1002/ajim.22640>

- Finalized content and developed paper and web surveys in Year 8. Survey planned to launch August 2017. The study will examine the impact of 9/11-related health on early retirement and job loss among approximately 24,500 responders and survivors and further investigate the interrelationship of income, health, and premature labor force exit

## **2d. Develop and conduct a Wave 5 survey to ascertain cohort health status 18-19 years after 9/11**

- Conducted planning for a Request for Proposal (RFP) to select a Wave 5 survey vendor to be released later in 2017

## **2e. Develop new research resources by assessing the feasibility of matching to additional administrative databases and establishing a sub-cohort of enrollees willing to participate in “rapid research” to provide rapid turnaround of brief, directed surveys implemented with greater frequency**

- We discussed the proposal to establish a sub-cohort of enrollees for rapid research with the NYC DOHMH IRB chair. The IRB chair advised the Registry that she was not receptive to approving this proposal because of potential bias in the research outcomes if enrollees with less rapid survey response times were excluded. No further steps are planned
- Conducted an initial assessment of NYC DOHMH or NYC Dept of Education (DoE) administrative databases that may provide: (1) information about the health effects of 9/11 on children; and/or (2) a sampling frame to establish a new children’s cohort. Registry staff

recommended focus on using administrative databases for expanded research on children because it is likely to be more feasible, timely and cost-effective than establishing a new cohort. Presented to the Survivor Steering Committee and sent NIOSH an initial briefing paper on the assessment. Discussions are ongoing

**Specific Aims 3 and 4 below are the research translation components of the Registry.**

**Specific Aim 3:** Conduct community activities to respond to the physical and mental health concerns and specific health-care needs of enrollees and others exposed to 9/11

**3a: Disseminate Registry findings and recommendations to enrollees, the public, WTCHP leadership and policy makers, using formats such as video, social media, and websites**

- Employed multiple dissemination channels, including the Registry’s 9/11health-info website, annual reports, press announcements, media interviews, and YouTube videos, including ten research videos and nine testimonial videos <http://www1.nyc.gov/site/911health/enrollees/testimonial-videos.page> (five of the videos were posted in Year 8 and two more are in production)
- Made forty-three presentations at scientific conferences; meetings of the WTCHP STAC, Survivor steering committee and Outreach committee meeting; and to community groups, hospitals, and local health departments

- Completed a redesign of the 9/11health-info website to better organize the content with the goal to enhance user engagement and to ensure that it was mobile friendly
- Conducted ten focus groups (see section 1b above)

**3b: Provide Registry data resources and other resources to enrollees, the general public, external researchers and WTCHP entities**

- Posted Wave 4 survey materials, including the Data File Users’ Manual (DFUM) and the questionnaires for the Wave 4 Core and Asthma Surveys. The Wave 4 public use dataset with codebook is complete and pending posting on the 9/11 website <http://www1.nyc.gov/site/911health/researchers/health-data-tools.page>
- Our interactive 9/11 Health Online *Data Tool* that permits users to query de-identified Wave 1 survey data has been accessed by over 800 unique users outside of NYC DOHMH in Year 8
- Responded to approximately sixteen data requests from advisors, researchers, media and others in Year 8

**3c: Continue to conduct health promotion activities, including health education**

- Create condition-specific physical and mental health fact sheets which represent current scientific information and provide answers to common questions received from enrollees and the public. All fact sheets are available in English, Spanish, and traditional and simplified Chinese
  - In April 2017, sent GERD Fact Sheet to nearly 25,000 enrollees who reported GERD on their W4 survey

- Fact sheets in-preparation: sleep apnea, sinusitis, hearing loss, anxiety, PTSD and others
- Posted related health educational materials on [www.nyc.gov/9-11HealthInfo](http://www.nyc.gov/9-11HealthInfo)

**Specific Aim 4:** Maintain the 9/11 Treatment Referral Program (TRP) to help enrollees and others find care for 9/11-related health problems

**4a: Inform enrollees of 9/11-related services and resources**

- TRP staff trained in motivational interviewing techniques which helps to identify and address barriers to applying to and utilizing 9/11-related health service; TRP informational brochures sent to all enrollees
- Personalized communications sent in English, Spanish and traditional and simplified Chinese
- Updated TRP III brochures created and printed in 2017
- Posted TRP, VCF and other resource information on the Registry's 9-11HealthInfo website

**4b: In coordination with the WTCHP, conduct outreach to potentially eligible enrollees in English, Spanish, and Chinese to encourage them to apply to the WTCHP**

- TRP II: Identified approximately 23,000 enrollees for outreach; conducted outreach to nearly all of these enrollees. TRP staff made contact with about 7,417 enrollees with nearly 6,000 requesting a WTCHP application
- TRP II ended on 12/31/2016. By then, approximately 4,351 Registry-branded applications had been received by the

WTCHP, and approximately 5,257 enrollees had been provided with their Wave 1 report as documentation of their presence near the WTC site on 9/11 for their WTCHP application

- On average, three to five contacts with staff were needed before an enrollee completed the outreach process
- TRP III: Launched in January 2017 to enrollees residing in and outside of the NYC area, including English (approximately 15,000), Spanish, Mandarin and Cantonese (together about 500) language speakers
- The outreach sample was drawn from responder and survivor enrollees who reported no prior access to the WTCHP on their Wave 4 survey. Survivors also needed to report least one of the following symptoms (uncontrolled asthma, COPD, RADS, GERS, probable 9/11-related PTSD, or depression on their Wave 4 survey or generalized anxiety disorder on their Wave 3 survey) to be included in the sample targeted for TRP III outreach
- In Year 8, approximately 1,121 enrollees requested a WTCHP application, all under TRP III outreach
- In Year 8, over 880 Registry-branded applications had been received by the WTCHP including 517 under TRP II. In May 2017, TRP received the highest number of applications ever in a month (212), which was 40 percent of all WTCHP applications received that month
- In Year 8, provided approximately 2,235 enrollees with their Wave 1 survey report as documentation of their presence near the WTC site on 9/11 for their WTCHP application, with 1,595 reports provided under TRP III

**4c: Conduct targeted outreach to enrollees with specific conditions or unmet healthcare needs (e.g., poorly controlled asthma, current smokers, or those accepted to the WTCHP but never seen)**

- Targeted outreach based on specific medical conditions is planned to begin with uncontrolled asthma

**4d: Evaluate impact of TRP and share findings with the WTCHP**

- TRP-II evaluation under analysis, including two manuscripts in-prep: analysis on pre- and post-application submission outcomes

**Specific Aim 5:** Collaborate with other WTCHP entities (Data Centers, Clinical Centers of Excellence) to explore surveillance signals and treatment outcomes as follows: 9/11 linkage with uncommon health conditions, such as cancer and autoimmune and neurological disease (including age at diagnosis), and treatment outcomes for selected conditions related to 9/11

**5a. Continue communications and collaborations with WTCHP clinical/data centers, including attending Responder and Survivor Steering Committee, NIOSH scientific advisory and NIOSH PI meetings**

- Published four manuscripts with WTCHP co-authors
- **Respiratory studies** in collaboration with NYU/Bellevue: Completed the follow-up study (2013-14; 545 enrollees completed interviews and PFTs; with about a seventy-four percent RR) to assess longer-term persistent lower respiratory symptoms. Published follow-up findings in Year 8.
  - Jordan HT, Friedman SM, Reibman J,

Goldring RM, Miller-Archie SA, Ortega F, Alper H, Yongzhao S, Maslow CB, Cone JE, Farfel MR, Berger KI. Risk factors for persistence of lower respiratory symptoms among community members exposed to the 2001 World Trade Center terrorist attacks. *Occup Environ Med.* 2017 March; 74(6): 449-455.

<http://doi.org/10.1136/oemed-2016-104157>

- **Hearing loss study in collaboration with FDNY:**
  - Using existing, longitudinal FDNY audiometric surveillance data, we are examining the role of 9/11-related exposures on change in hearing over time among approximately 15,000 FDNY personnel active on 9/11. In collaboration with FDNY, audiometric data has been recovered and cleaned and we are in the process of defining change in hearing status
- **Collaborated or collaborating with FDNY, Einstein and Mount Sinai WTC researchers on WTCHP-funded studies, including:**
  - A review of cancer in WTC rescue/recovery workers from the Registry, FDNY and Mount Sinai cohorts:
    - Boffeta, P, Zeig-Owens R, Wallenstein S, Li J, Brackbill RM, Cone JE, Farfel MR, Holden W, Lucchini R, Webber MP, Prezant D, Stellman SD, Hall CB. Response to Soskolne [2017]. *Am J Ind Med.* 2017 April; 60(5): 512. <https://doi.org/10.1002/ajim.22713> [Letter]
  - A study to conduct a pooled analysis of cancer incidence, latency and survival across three cohorts of WTC rescue/recovery workers from the

Registry, FDNY and Mount Sinai.

- Developed and executed NYC DOHMH Data Use Agreements (DUAs) or a Memo of Understanding (MOU) with study partners (Mount Sinai, FDNY, NYS Cancer Registry) and six of the targeted thirteen state cancer registries (CA,CT,MA,NC,NJ, and NY)
  - Submitted a National Death Index (NDI) application for the joint cancer project. Approval pending
  - Will continue to outreach to the remaining seven state cancer registries to obtain DUAs
- Participated in an application for a WTCHP-funded study to conduct a pooled analysis of overall, cause-specific and occupational-specific mortality in a combined dataset from these three WTC rescue/recovery workers cohorts
- Continued to attend and participate in the WTCHP Responder and Survivor Steering Committee meetings, the NIOSH scientific advisory meeting, the NIOSH PI meetings and the NIOSH Scientific Forum meetings.
- Co-authored another six publications with researchers outside of NYC DOHMH
- At least another four publications authored by principal investigators from external research studies facilitated by the Registry
- Responded to thirteen data requests from potential external researchers
- Reviewed applications from six external researchers; approved five applications and provided de-identified data to four external researchers (one data release pending implementation of a DUA)
- In August 2016, completed facilitated recruitment of Registry enrollees into a WTCHP-funded study of the mental health of children and young adults (Hoven, Columbia)
- Under the guidance of an external researcher using Registry data, one graduate degree (MPH) completed
- Worked with nine active approved external research projects, including two with federal WTCHP funding (Kung, Marmor), one other CDC project (Pallos), and six others (Bowler, Mancini, Shen, Wyka (n=2) and Todd)

**5b. Serve as a platform for external research by providing facilitated recruitment of enrollees and de-identified survey data**

## WTC Health Registry Key Accomplishments July 1, 2017 – June 30, 2018 NIOSH Grant Year 09 Twelve Month Report Under NIOSH Grant #2U500H0

**Specific Aim 1:** Maintain the Registry as a valuable public health resource to allow health professionals to track and investigate possible trends in illness and recovery

### **1a: Maximize the number of enrollees with valid, updated contact information through ongoing communications with enrollees and conduct tracing to locate enrollees with invalid or missing contact information**

- Maintained multiple communication channels (i.e., phone, fax, email, mail, secure web app) for enrollees to use to contact the Registry with questions or to provide updated contact information
- Obtained consent from new young adults - child enrollees who have aged into adulthood
  - Children: about 2,625 children were under age 18 years at time of enrollment in 2003-2004; about 203 enrollees are children as of June 2018.
- Since 2013, 93% of the new adults successfully contacted have consented to remain in the Registry, 97 have withdrawn and nine are deceased. Among new young adults, 1,358 have consented to remain in the Registry as adults (including 152 in Year 09) Staff are conducting outreach to the remaining unconsented new young adults
- Registry enrollees remain committed and engaged with the Registry over sixteen

years after 9/11

- Over 14,315 enrollee contact information updates received in Year 09
- Few withdrawals (39 in Year 09; a total of 1,104, or about 1.55% of all enrollees)
- Traced over 6,000 enrollees with missing or invalid contact information using LexisNexis.
- Very few enrollees currently lost to follow-up (about 49)

### **1b: Keep enrollees engaged and interested in participating in future research by maintaining timely, accurate and professional communications and providing feedback to address enrollee concerns**

- Responded to about 40 incoming communications from enrollees and the public per day
- Prepared all key written communications in English, Spanish, and traditional and simplified Chinese
- Staff available to speak with enrollees and the public in English, Spanish, Mandarin and Cantonese
- Provided core communications to all enrollees, including an Annual Report of findings and Annual Card
- Maintained an active website to report Registry and other 9/11 research findings and resources with an average of over 4,200 unique visitors per month from about 57 countries at: <http://www1.nyc.gov/site/911health/index.page>. The Research Videos Page (with 18 videos posted to-date) receives on average about 167 views per month at: <http://www1.nyc.gov/site/911health/updates/news-vid-eos.page>. The Registry's Research and Testimonial videos have been viewed

over 10,400 times since they were placed on YouTube in May 2014.

- Disseminated quarterly e-newsletter with 9/11-related news to approximately 50,000, including enrollees and the public
- Collaborated with the federal 9/11 Victim's Compensation Fund (VCF) to identify applicants who are enrollees. Provided 1,425 enrollees to-date, including 49 in Year 9, with their Wave 1 survey report as supporting eligibility documentation for their VCF application
- High enrollee participation rates in follow-up and in-depth surveys

### **1c: Conduct outreach to boost response to Registry studies, as needed**

- Sent key communications including multiple paper surveys, email invitations with a link to an online survey, and email and postcard reminders
- Conducted social media outreach, door-to-door outreach and telephone reminders

**Specific Aim 2:** Expand knowledge about the long-term health effects of 9/11 by facilitating medical, public health or emergency preparedness research, or other scientific research relevant to the WTC Health Program (WTCHP) – with special emphasis on impacts to those who lived, worked or attended school in the disaster area (i.e., non-“responders”)

**2a: Assess the contribution of 9/11 exposure and other risk factors to the course of health conditions and unmet health-care needs 16 years post-9/11 by analyzing the 2015-16 Wave 4 survey, other Registry surveys and hospital discharge and other data linked to the Registry**

- Made a substantial scientific contribution to the 9/11 physical and mental health literature
  - 19 publications, including 13 articles, one conference abstract and 5 publications in press.
  - 36 presentations at scientific conferences and meetings
- Conducted periodic multi-mode health surveys
  - See section 2c below
- Conducted public health training
  - One MPH degree completed using Registry data under the guidance of senior staff

### **2b: Extend assessment of cancer and mortality incidence through 16 years post-9/11**

- Conduct periodic links to NYC Vital Statistics death files, the National Death Index (NDI), NYS SPARCS hospitalization records, and eleven state cancer registries
  - Conducted a linkage with NDI for the years 2015 and 2016
  - Conducted a linkage with NYC DOHMH Vital Records for the year of 2016
- Mortality incidence through ten years post-9/11
  - The manuscript titled “Mortality among rescue and recovery workers and community members exposed to the September 11, 2001 World Trade Center terrorist attacks, 2003-2014” has been published in the Journal of “Environmental Research”.

**2c: Conduct independent or collaborative surveillance and in-depth studies to identify and investigate potential emerging health conditions and treatment**

## outcomes on topics important to the WTCHP

- Autoimmune disease survey: (2014-2018)
  - Phase I: Assess incidence of physician verified rheumatoid arthritis and other autoimmune diseases (AD) among enrollees who reported post-9/11 autoimmune disease at Wave 3 and examine 9/11-risk factors; 2,042 enrollee surveys completed; with about a 73% response rate (RR). Physician surveys or medical records received for 817 enrollees, with a 78.4% percent RR out of the 1,042 enrollees who provided authorization to contact their physician. Medical record vendor to obtain these remaining medical records.
  - Phase II: Assess incidence of physician verified MS and ALS among approximately 580 additional enrollees who reported post-9/11 MS or ALS at Waves 3 or 4 and examine 9/11-risk factors. Received 415 enrollee surveys to-date; for a 71.5% response rate. Total of 6 self-reported cases of ALS. Two of these returned signed release of medical information forms. Physician verification/medical record review pending.
- PTSD and Lower Respiratory Symptoms: A qualitative study:
  - We conducted in-depth qualitative interviews to gain an understanding of enrollees' perceptions of how their lower respiratory symptoms and PTSD are related. An IRB application was submitted to DOHMH IRB for approval. Interview questions were developed. Two consultants, a pulmonologist (Dr. de la Hoz, Mt. Sinai), and a psychologist (Dr. Bromet, Stony Brook) were recruited to assist with this project. The services of an expert in conducting interviews for qualitative research studies was procured. In March 2018, interviews with 34 enrollees were completed. All interviews have been transcribed and analysis is currently underway.
- Health and quality of life (Injury) study:
  - Phase I (Qualitative): In 2015, completed qualitative interviews with 39 enrollees who sustained a 9/11 injury. Analysis informed development of a Phase II survey. Findings published in Year 8 (citation below).
    - Gargano LM, Gershon RR, Brackbill RM. Quality of life of persons injured on 9/11: Qualitative analysis from the World Trade Center Health Registry. PLOS Currents Disasters. 2016 Oct 27. Edition 1. <http://doi.org/10.1371/currents.dis.7c70f66c1e6c5f41b43c797cb2a04793>
  - Phase II (Quantitative): Launched in March 2017 to 8,575 enrollees to better understand the long-term mental and physical health consequences of 9/11 injuries. Data collection ended in July 2017 with a final response rate of 76%, and 6,544 surveys received. Posters about the study have been presented at 2 scientific conferences:
    - Brackbill RM, et. al. Quality of Life 15 Years after 9/11 of Persons who Sustained an Injury on the Day of the Attacks who have not Exhibited Symptoms of Post-traumatic Stress Disorder (PTSD). APHA Annual Meeting and Expo, November 4-8, 2017, Atlanta, GA. [Poster]
    - Brackbill R, Gargano L, Jacobson



M, Alper H, Garrey S. Comparison of quality of life 15 years after 9/11 of persons who did or did not sustain an injury on the day of the attacks. Society for Epidemiologic Research, Annual Meeting SER. June 19-22, 2018. Baltimore, MD. [Poster]

- Early Labor Force Exit Study:
  - Analysis of W1-W3 findings informed the development of this in-depth study. The findings were published in Year 8 (citation below).
    - Yu S, Brackbill RM, Locke S, Stellman SD, Gargano LM. Impact of 9/11-related chronic conditions and PTSD comorbidity on early retirement and job loss among World Trade Center disaster rescue and recovery workers. *Am J Ind Med.* 2016 Sep;59(9):731-741. <https://doi.org/10.1002/ajim.22640>
  - The study will examine the impact of 9-11 related health on early retirement and job loss. Paper and web surveys were launched in September 2017 to 23,036 responders and survivors. Data collection for “9/11 Health and Employment Study” ended on March 31 2018. Data cleaning is being completed and the dataset will soon be ready for data analysis. In total, we received 7,406 Web surveys and 7,481 paper surveys, and the response rate is 65%. Multiple research analyses will be conducted using data collected from this survey in the coming year(s).
- A draft Request for Proposal (RFP) for a Wave 5 Survey vendor was completed in October 2017 and submitted to DOHMH Office of the Agency Chief Contracting Officer (ACCO). The RFP is currently at the Mayor’s Office of Contracts (MOCS) for review. The RFP is expected to be released in the summer of 2018, and the survey vendor is expected to be selected in 2019. The Registry research group is proposing topics to cover in the Wave 5 survey and will make decisions on topics and then the actual questions for the survey instrument.

**2e: Develop new research resources by assessing the feasibility of matching to additional administrative databases and establishing a sub-cohort of enrollees willing to participate in “rapid research” to provide rapid turnaround of brief, directed surveys implemented with greater frequency**

- In Year 8, we discussed the proposal to develop a sub-cohort of enrollees for rapid research with the NYC DOHMH IRB chair. The IRB chair advised the Registry that she was not receptive to approving this proposal because of the potential bias in the research outcomes if enrollees with less rapid survey response times were excluded. No further steps are planned.
- Conducted an initial assessment of NYC DOHMH and NYC Department of Education (DoE) administrative databases that may provide: (1) information about the health/educational effects of 9/11 on children; and/or (2) a sampling frame to establish a new children’s cohort. Presented to the Survivor Steering Committee and sent NIOSH an initial briefing paper on the assessment. Submitted a request to DoE in October 2017 for directory

**2d: Develop and conduct a Wave 5 survey to ascertain cohort health status 18-19 years after 9/11**

information on children in exposed and unexposed school districts at the time of 9/11 and their parent/guardians, which includes names and contact information.

- Attended August 2017 meeting with representatives of DoE, NYC DOHMH, NIOSH, City Hall and 9/11 Health Watch to discuss collaboration on establishing a new cohort of children for expanded research.
- DoE confirmed the availability of the requested administrative directory information and has shared some aggregate data with the Registry.
- Met with DoE in March 2018 to discuss potential for matching of directory information with administrative databases.
- Participated in monthly conference calls with representatives of DoE, NYC DOHMH, City Hall and Labor to report on progress and next steps. Participated in several calls with DoE and Registry staff regarding work now underway to: 1) establish a Data Use Agreement between DoE and NYC DOHMH; 2) draft DoE's public notification regarding sharing directory information with NYC DOHMH that will provide people with an opt-out option; 3) prepare a protocol for NYC DOHMH IRB approval related to assessing the feasibility of establishing a new cohort based on the ability to trace and contact a sample of people and their level of interest in participating in a new cohort for research on 9/11-related health outcomes; and 4) have DoE pull electronic directory data requested by NYCDOHMH.
- On a related but separate track, the Registry submitted an on-line application in December 2017, requesting de-identified administrative/testing data for assessing the impact of 9/11 on educational outcomes among children. The Registry

received the DoE data in June 2018 and we are in the process of reviewing and standardizing it.

**Specific Aims 3 and 4 below are the research translation components of the Registry.**

**Specific Aim 3:** Conduct community activities to respond to the physical and mental health concerns and specific healthcare needs of enrollees and others exposed to 9/11

**3a: Disseminate Registry findings and recommendations to enrollees, the public, WTCHP leadership and policy makers, using formats such as video, social media, and websites**

- Employed multiple dissemination channels, including the Registry's 9/11health-info website, annual reports, press announcements, media interviews, and YouTube videos, including 18 research videos (including , a Treatment Referral Program and Victim's Compensation Fund informational video) and nine testimonial videos. <http://www1.nyc.gov/site/911health/enrollees/testimonial-videos.page> (Of the 27 videos, three were posted in Year 09.)
- Made 36 presentations at scientific conferences; meetings of the WTCHP STAC, Survivor steering committee and Outreach committee meeting; and to community groups, hospitals, and local health departments

**3b: Provide Registry data resources and other resources to enrollees, the general public, external researchers and WTCHP entities**

- Our interactive 9/11 Health Online Data

Tool that permits users to query de-identified Wave 1 survey data has been accessed by about 740 unique users outside of NYC DOHMH to-date in Year 09.

- Responded to about 31 data requests from advisors, researchers, media and others in Year 09.

### **3c: Continue to conduct health promotion activities, including health education**

- Create condition-specific physical and mental health fact sheets which represent current scientific information and provide answers to common questions received from enrollees and the public. All fact sheets are available in English, Spanish, and traditional and simplified Chinese.
  - Completed 3 fact sheets in Year 9 that are planned to be mailed in 2018 after translations are completed: obstructive sleep apnea, obstructive sleep apnea treatment and chronic sinusitis
  - Fact sheets in preparation: hearing loss, malignant melanoma, social isolation and others
  - Posted related health educational materials on <http://www.nyc.gov/9-11HealthInfo>

**Specific Aim 4:** Maintain the 9/11 Treatment Referral Program (TRP) to help enrollees and others find care for 9/11-related health problems

### **4a: Inform enrollees of 9/11-related services and resources**

- TRP staff trained in motivational interviewing techniques which helps to identify and address barriers to applying to and utilizing 9/11-related health service.

- Personalized communications sent in English, Spanish and traditional and simplified Chinese
- Updated TRP III informational brochures are sent to enrollees who request a WTCHP application.
- Posted TRP, VCF and other resource information on the Registry's 9-11HealthInfo website

### **4b: In coordination with the WTCHP, conduct outreach to potentially eligible enrollees in English, Spanish, and Chinese to encourage them to apply to the WTCHP**

- TRP III: Launched in February 2017 to enrollees residing in and outside of the NYC area, including English (approximately 15,000), Spanish, Mandarin and Cantonese (together about 500) language speakers. The outreach sample was drawn from responder and survivor enrollees who reported no prior access to the WTCHP on their Wave 4 survey. Survivors also needed to report at least one of the following symptoms (uncontrolled asthma, COPD, RADS, GERS, probable 9/11-related PTSD, or depression on their Wave 4 survey or generalized anxiety disorder on their Wave 3 survey) to be included in the sample targeted for TRP III outreach.
- In Year 09, TRP sent out over 2,400 applications.
- In Year 09, TRP provided 2,942 Registry enrollees with their Wave 1 survey report as documentation of their presence near the WTC site on 9/11 for their WTCHP.
- In Year 09, over 1600 Registry-branded WTCHP applications were received by the WTCHP.

**4c: Conduct targeted outreach to enrollees with specific conditions or unmet healthcare needs (e.g., poorly controlled asthma, current smokers, or those accepted to the WTCHP but never seen)**

- A smoking cessation intervention program is being planned. The sample will include ~1,800 NYC or New York State residents who reported being smokers on the Registry's Wave 4 survey.

**4d: Evaluate impact of TRP and share findings with the WTCHP**

- TRP-II evaluation is under analysis. A manuscript based on the TRP-II process was published in the journal of Disaster Management and Prevention. A second manuscript on post submission outcomes is underway.
  - Petrsoric L, Welch AE, Miller-Archie SA, Cone JE, Farfel MR. Considerations for Future Disaster Registries: Effectiveness of Treatment Referral Outreach in Addressing Long-Term Unmet 9/11 Disaster Needs. *Disaster Prevention and Management*. 2018; 27(3): 321-333. <https://doi.org/10.1108/DPM-01-2018-0026>

**Specific Aim 5:** Collaborate with other WTCHP entities (Data Centers, Clinical Centers of Excellence) to explore surveillance signals and treatment outcomes as follows: 9/11 linkage with uncommon health conditions, such as cancer and autoimmune and neurological disease (including age at diagnosis), and treatment outcomes for selected conditions related to 9/11

**5a: Continue communications and collaborations with WTCHP clinical/data centers, including attending Responder and Survivor Steering Committee, NIOSH scientific advisory and NIOSH PI meetings**

- Published one manuscript with WTCHP co-authors.
- Hearing loss study in collaboration with FDNY:
  - Using existing, longitudinal FDNY audiometric surveillance data, we are examining the role of 9/11-related exposures on change in hearing over time among approximately 15,000 FDNY personnel active on 9/11. In collaboration with FDNY, audiometric data has been recovered and cleaned and we are in the process of analyzing change in hearing status.
- Collaborated or collaborating with FDNY, Einstein and Mount Sinai WTC researchers on WTCHP-funded studies, including:
  - A study to conduct a pooled analysis of cancer incidence, latency and survival across three cohorts of WTC rescue/recovery workers from the Registry, FDNY and Mount Sinai.
    - Developed and executed NYC DOHMH Data Use Agreements (DUAs) or a Memo of Understanding (MOU) with study partners (Mount Sinai, FDNY, NYS Cancer Registry) and 11 of the targeted 13 state cancer registries (AZ, CA, CT, MA, NC, NJ, NY, OH, PA, TX and VA)
    - Submitted a National Death Index (NDI) application for the joint cancer project. Official approval letter pending
    - Will continue to outreach to the remaining 2 state cancer registries (FL, WA) to obtain DUAs
  - A study to conduct a pooled analysis of overall, cause-specific and occupational-specific mortality in a combined dataset of WTC rescue /recovery workers from the Registry, FDNY and Mount Sinai cohort.

- Began work on an amendment to our joint NDI application.
- Evaluated the algorithm used by the State Cancer Registries, for processing NDI return outputs, by comparing it with the Registry's algorithm and determined that the NYS Cancer Registry's algorithm is the best one for the Registry and the WTCHP to use.
- Continued to attend and participate in the WTCHP Responder and Survivor Steering Committee meetings, the NIOSH scientific advisory meeting, the NIOSH PI meetings and the NIOSH Scientific Forum meetings.

**5b: Serve as a platform for external research by providing facilitated recruitment of enrollees and de-identified survey data**

- Co-authored another 4 publications with researchers outside of NYC DOHMH
- At least 5 publication authored by principal investigators from external research studies facilitated by the Registry
- Responded to 11 data requests from potential external researchers
- Reviewed applications from 5 external researchers; approved 3 applications and provided de-identified data to 4 external researchers
- Worked with 10 active approved external research projects, including two with federal WTCHP funding (Feder, Marmor), one other CDC project (Pallos), and seven others (Berger, Bowler, Mancini, Shen, Wyka (n=2) and Todd)

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## Appendix 2, Section 1

### WTC Health Program Research Portfolio Project Publications

#### WTC Health Program Research Portfolio Project Publications

#### 2011 (3)

**Caplan-Shaw CE, Yee H, Rogers L, et al. 2011.** *Lung pathologic findings in a local residential and working community exposed to World Trade Center dust, gas, and fumes.* J Occup Environ Med. 53(9): 981-91.

<https://doi.org/10.1097/JOM.0b013e31822fff60>

**OBJECTIVE:** To describe pathologic findings in symptomatic World Trade Center-exposed local workers, residents, and cleanup workers enrolled in a treatment program. **METHODS:** Twelve patients underwent surgical lung biopsy for suspected interstitial lung disease (group 1, n = 6) or abnormal pulmonary function tests (group 2, n = 6). High-resolution computed axial tomography and pathologic findings were coded. Scanning electron microscopy with energy-dispersive x-ray spectroscopy was performed. **RESULTS:** High-resolution computed axial tomography showed reticular findings (group 1) or normal or airway-related findings (group 2). Pulmonary function tests were predominantly restrictive. Interstitial fibrosis, emphysematous change, and small airway abnormalities were seen. All cases had opaque and birefringent particles within macrophages, and examined particles contained silica, aluminum silicates, titanium dioxide, talc, and metals. **CONCLUSIONS:** In

symptomatic World Trade Center-exposed individuals, pathologic findings suggest a common exposure resulting in alveolar loss and a diverse response to injury.

(C)2011The American College of Occupational and Environmental Medicine

**Friedman SM, Maslow CB, Reibman J, et al. 2011.** *Case-control study of lung function in World Trade Center Health Registry area residents and workers.* Am J Respir Crit Care Med. 184(5):582-9.

<https://doi.org/doi:10.1164/rccm.201011-1909OC>

**RATIONALE:** Residents and area workers who inhaled dust and fumes from the World Trade Center disaster reported lower respiratory symptoms in two World Trade Center Health Registry surveys (2003-2004 and 2006-2007), but lung function data were lacking. **OBJECTIVES:** To examine the relationship between persistent respiratory symptoms and pulmonary function in a nested case-control study of exposed adult residents and area workers 7-8 years after September 11, 2001. **METHODS:** Registrants reporting post September 11th onset of a lower respiratory symptom in the first survey and the same symptom in the second survey were solicited as potential cases. Registrants without lower respiratory symptoms in either Registry survey were solicited as potential control subjects. Final case-control status was determined by lower respiratory symptoms at a third interview (the study), when spirometry and impulse oscillometry were also performed. **MEASUREMENTS AND MAIN RESULTS:** We identified 180 cases



and 473 control subjects. Cases were more likely than control subjects to have abnormal spirometry (19% vs. 11%;  $P < 0.05$ ), and impulse oscillometry measurements of elevated airway resistance ( $R_5$ ; 68% vs. 27%;  $P < 0.0001$ ) and frequency dependence of resistance ( $R_{5-20}$ ; 36% vs. 7%;  $P < 0.0001$ ). When spirometry was normal, cases were more likely than control subjects to have elevated  $R_5$  and  $R_{5-20}$  (62% vs. 25% and 27% vs. 6%, respectively; both  $P < 0.0001$ ). Associations between symptoms and oscillometry held when factors significant in bivariate comparisons (body mass index, spirometry, and exposures) were analyzed using logistic regression. **CONCLUSIONS:** This study links persistent respiratory symptoms and oscillometric abnormalities in World Trade Center-exposed residents and area workers. Elevated  $R_5$  and  $R_{5-20}$  in cases despite normal spirometry suggested distal airway dysfunction as a mechanism for symptoms.

**Zeig-Owens R, Webber M, Hall C, et al. 2011.** *Early assessment of cancer outcomes in New York City firefighters after the 9/11 attacks: An observational cohort study.* *Lancet.* 378(9794):898–905.

[https://doi.org/10.1016/S0140-6736\(11\)60989-6](https://doi.org/10.1016/S0140-6736(11)60989-6)

**BACKGROUND:** The attacks on the WTC on September 11, 2001, created the potential for occupational exposure to known and suspected carcinogens. We examined cancer incidence and its potential association with exposure in the first seven years after 9/11 in firefighters with health information, before 9/11, and minimal loss to follow-up. **METHODS:** We assessed 9853 men who were employed as firefighters on Jan 1, 1996. On and after 9/11, person-time for 8927 firefighters was classified as WTC-exposed; all person-time before 9/11, and person-time after

9/11 for 926 non-WTC-exposed firefighters, was classified as non-WTC-exposed. Cancer cases were confirmed by matches with state tumor registries or through appropriate documentation. We estimated the ratio of incidence rates in WTC-exposed firefighters to non-exposed firefighters, adjusted for age, race and ethnic origin, and secular trends, with the US National Cancer Institute Surveillance Epidemiology and End Results (SEER) reference population. CIs were estimated with over-dispersed Poisson models. Additional analyses included corrections for potential surveillance bias and modified cohort inclusion criteria. **FINDINGS:** Compared with the general male population in the USA with a similar demographic mix, the standardized incidence ratios (SIRs) of the cancer incidence in WTC-exposed firefighters was 1.10 (95% CI 0.98–1.25). When compared with non-exposed firefighters, the SIR of cancer incidence in WTC-exposed firefighters was 1.19 (95% CI 0.96–1.47) corrected for possible surveillance bias and 1.32 (1.07–1.62) without correction for surveillance bias. Secondary analyses showed similar effect sizes. **INTERPRETATION:** We reported a modest excess of cancer cases in the WTC-exposed cohort. We remain cautious in our interpretation of this finding because the time since 9/11 is short for cancer outcomes, and the reported excess of cancers is not limited to specific organ types. As in any observational study, we cannot rule out the possibility that effects in the exposed group might be due to unidentified confounders. Continued follow-up will be important and should include cancer screening and prevention strategies. **FUNDING:** NIOSH.

## 2012 (1)

**Liu M, Qian M, Chen Q, et al. 2012.** *Longitudinal spirometry among patients in a treatment program for community members with World Trade Center-related illness.* *Journal of Occupational and Environmental Medicine.* 54(10):1208–13.

<https://doi.org/10.1097/JOM.0b013e31826bb78e>

**OBJECTIVE:** The course of lung function in community members exposed to WTC dust and fumes remains undefined. We, studied longitudinal spirometry among patients in the WTC EHC treatment program. **METHODS:** Observational study of 946 WTC EHC patients with repeated spirometry measures analyzed on the population as a whole and stratified by smoking status, initial spirometry pattern, and WTC-related exposure category. **RESULTS:** Improvement in forced vital capacity (54.4 mL/yr; 95% confidence interval, 45.0 to 63.8) and forced expiratory volume in 1 second (36.8 mL/yr; 95% confidence interval, 29.3 to 44.3) was noted for the population as a whole. Heavy smokers did not improve. Spirometry changes differed depending on initial spirometry pattern and exposure category. **CONCLUSION:** These data demonstrate spirometry improvement in select populations suggesting reversibility in airway injury and reinforcing the importance of continued treatment.

## 2013 (4)

**Berger K, Reibman J, Oppenheimer B, et al. 2013.** *Lessons from the World Trade Center disaster: Airway disease presenting as restrictive dysfunction.* *Chest.* 144(1):249–257.

<https://doi.org/10.1378/chest.12-1411>

**BACKGROUND:** The present study (1)

characterizes a physiologic phenotype of restrictive dysfunction due to airway injury and (2) compares this phenotype to the phenotype of interstitial lung disease (ILD). **METHODS:** This is a retrospective study of 54 persistently symptomatic subjects following WTC dust exposure. Inclusion criteria were reduced vital capacity (VC), FEV1/VC > 77%, and normal chest roentgenogram. Measurements included spirometry, plethysmography, diffusing capacity of lung for carbon monoxide (Dlco), impulse oscillometry (IOS), inspiratory/expiratory CT scan, and lung compliance (n=16). **RESULTS:** VC was reduced (46% to 83% predicted) because of the reduction of expiratory reserve volume (43% +/- 26% predicted) with preservation of inspiratory capacity (IC) (85% +/- 16% predicted). Total lung capacity (TLC) was reduced, confirming restriction (73% +/- 8% predicted); however, elevated residual volume-to-TLC ratio (0.35 +/- 0.08) suggested air trapping (AT). Dlco was reduced (78% +/- 15% predicted) with elevated Dlco/alveolar volume (5.3 +/- 0.8 [mL/mm Hg/ min]/L). IOS demonstrated abnormalities in resistance and/or reactance in 50 of 54 subjects. CT scan demonstrated bronchial wall thickening and/ or AT in 40 of 54 subjects; parenchymal disease was not evident in any subject. Specific compliance at functional residual capacity (FRC) (0.07 +/- 0.02 [L/cm H2O]/L) and recoil pressure (Pel) at TLC (27 +/- 7 cm H2O) were normal. In contrast to patients with ILD, lung expansion was not limited, since IC, Pel, and inspiratory muscle pressure were normal. Reduced TLC was attributable to reduced FRC, compatible with airway closure in the tidal range. **CONCLUSIONS:** This study describes a distinct physiologic phenotype of restriction due to airway dysfunction. This pattern was observed following WTC dust exposure, has been reported in other clinical settings (e.g.,

BACKGROUND: The present study (1)

asthma), and should be incorporated into the definition of restrictive dysfunction.

**Kazeros A, Maa M, Patrawalla P, et al. 2013.** *Elevated peripheral eosinophils are associated with new-onset and persistent wheeze and airflow obstruction in World Trade Center-exposed individuals.* *Journal of Asthma.*50(1):25–32.

<https://doi.org/10.3109/02770903.2012.743149>

**BACKGROUND:** Exposure to WTC dust and fumes is associated with the onset of asthma-like respiratory symptoms in rescue and recovery workers and exposed community members. Eosinophilic inflammation with increased lung and peripheral eosinophils has been described in subpopulations with asthma. We hypothesized that persistent asthma-like symptoms in WTC-exposed individuals would be associated with systemic inflammation characterized by peripheral eosinophils. **METHODS:** The WTC EHC is a treatment program for local residents, local workers, and cleanup workers with presumed WTC-related symptoms. Patients undergo a standardized evaluation, including questionnaires and complete blood count. Between September 2005 and March 2009, 2462 individuals enrolled in the program and were available for analysis. Individuals with preexisting respiratory symptoms or lung disease diagnoses prior to September 2001, and current or significant tobacco use were excluded. **RESULTS:** One thousand five hundred and seventeen individuals met the inclusion criteria. Patients had a mean age of 47 years, were mostly female (51%), and had a diverse race/ethnicity. Respiratory symptoms that developed after WTC dust/fume exposure and remained persistent included dyspnea on exertion (68%), cough (57%), chest tightness (47%), and wheeze

(33%). A larger percentage of patients with wheeze had elevated peripheral eosinophils compared with those without wheeze (21% vs. 13%,  $p < .0001$ ). Individuals with elevated peripheral eosinophils were more likely to have airflow obstruction on spirometry (16% vs. 7%,  $p = .0003$ ). **CONCLUSION:** Peripheral eosinophils were associated with wheeze and airflow obstruction in a diverse WTC-exposed population. These data suggest that eosinophils may participate in lung inflammation in this population with symptoms consistent with WTC-related asthma.

**Ruggero C, Kotov R, Callahan J, et al. 2013.** *PTSD symptom dimensions and their relationship to functioning in World Trade Center responders.* *Psychiatry Research.*120(3):1049–1055.

<https://doi.org/10.1016/j.psychres.2013.08.052>

PTSD symptoms are common among responders to the 9/11 attacks on the WTC and can lead to impairment, yet it is unclear which symptom dimensions are responsible for poorer functioning. Moreover, how best to classify PTSD symptoms remains a topic of controversy. The present study tested competing models of PTSD dimensions and then assessed which were most strongly associated with social/ occupational impairment, depression, and alcohol abuse. WTC responders ( $n = 954$ ) enrolled in the Long Island site of the WTCHP between 2005 and 2006 were administered standard self-report measures. Confirmatory factor analysis confirmed the superiority of four-factor models of PTSD over the DSM-IV three-factor model. In selecting between four-factor models, evidence was mixed, but some support emerged for a broad dysphoria dimension mapping closely onto depression and contributing strongly to functional impairment.

This study confirmed in a new population the need to revise PTSD symptom classification to reflect four dimensions, but raises questions about how symptoms are categorized. Results suggest that targeted treatment of symptoms may provide the most benefit, and that treatment of dysphoria-related symptoms in disaster relief workers may have the most benefit for social and occupational functioning.

**Solan S, Wallenstein S, Shapiro M, et al. 2013.** *Cancer incidence in World Trade Center rescue and recovery workers, 2001–2008.* Environmental Health Perspectives. 121(6):699–704.

<https://doi.org/10.1289/ehp.1205894>

**BACKGROUND:** WTC rescue and recovery workers were exposed to a complex mix of pollutants and carcinogens. **OBJECTIVE:** The purpose of this investigation was to evaluate cancer incidence in responders during the first seven years after September 11, 2001. **METHODS:** Cancers among 20,984 consented participants in the WTCHP were identified through linkage to state tumor registries in New York, New Jersey, Connecticut, and Pennsylvania. Standardized incidence ratios (SIRs) were calculated to compare cancers diagnosed in responders to predicted numbers for the general population. Multivariate regression models were used to estimate associations with degree of exposure. **RESULTS:** A total of 575 cancers were diagnosed in 552 individuals. Increases above registry-based expectations were noted for all cancer sites combined (SIR=1.15; 95% CI: 1.06, 1.25), thyroid cancer (SIR=2.39; 95% CI: 1.70, 3.27), prostate cancer (SIR=1.21; 95% CI: 1.01, 1.44), combined hematopoietic and lymphoid cancers (SIR=1.36; 95% CI: 1.07, 1.71), and soft tissue

cancers (SIR=2.26; 95% CI: 1.13, 4.05). When restricted to 302 cancers diagnosed  $\geq$  6 months after enrollment, the SIR for all cancers decreased to 1.06 (95% CI: 0.94, 1.18), but thyroid and prostate cancer diagnoses remained greater than expected. All cancers combined were increased in very highly-exposed responders and among those exposed to significant amounts of dust, compared with responders who reported lower levels of exposure. **CONCLUSION:** Estimates should be interpreted with caution, given the short follow-up and long latency period for most cancers, the intensive medical surveillance of this cohort, and the small numbers of cancers at specific sites. However, our findings highlight the need for continued follow-up and surveillance of WTC responders.

## 2014 (5)

**Glaser M, Webber M, Zeig-Owens R, et al. 2014.** *Estimating the time interval between exposure to the World Trade Center disaster and incident diagnoses of obstructive airway disease* American Journal of Epidemiology. 180(3):272–9.

<https://doi.org/10.1093/aje/kwu137>

Respiratory disorders are associated with occupational and environmental exposures. The latency period between exposure and disease onset remains uncertain. The WTC disaster presents a unique opportunity to describe the latency period for OAD diagnoses. This prospective cohort study of NYC firefighters compared the timing and incidence of physician-diagnosed OAD relative to WTC exposure. Exposure was categorized by WTC arrival time as high (on the morning of September 11, 2001), moderate (after noon on September 11, 2001, or on

September 12, 2001), or low (during September 13–24, 2001). We modeled relative rates and 95% confidence intervals of OAD incidence by exposure over the first five years after September 11, 2001, estimating the times of change in the relative rate with change point models. We observed a change point at 15 months after September 11, 2001. Before 15 months, the relative rate for the high versus low-exposure group was 3.96 (95% confidence interval: 2.51, 6.26) and thereafter, it was 1.76 (95% confidence interval: 1.26, 2.46). Incident OAD was associated with WTC exposure for at least five years after September 11, 2001. There were higher rates of new-onset OAD among the high-exposure group during the first 15 months and, to a lesser extent, throughout follow-up. This difference in relative rate by exposure occurred despite full and free access to health care for all WTC-exposed firefighters, demonstrating the persistence of WTC-associated OAD risk.

**Litcher-Kelly L, Lam Y, Broihier J, et al. 2014.** *Longitudinal study of the impact of psychological distress symptoms on new onset upper gastrointestinal symptoms in World Trade Center responders.* *Psychosomatic Medicine.* 76(9):686–693.

<https://doi.org/10.1097/PSY.000000000000116>

**OBJECTIVES:** Research on the health of workers involved in the cleanup after the attack on the WTC on September 11, 2001, has documented high rates of psychological distress and upper gastrointestinal (GI) symptoms. The current article examines the concurrent and longitudinal associations of psychological distress with development of new-onset upper GI symptoms in a large sample of WTC responders. **METHODS:** A cohort of 10,953 WTC responders monitored

by the WTCHP participated in the study. Two occupational groups were examined: police and nontraditional responders. The cohort was free of upper GI symptoms or diagnoses at their first visit (three years after September 11, 2001). Logistic regression was used to analyze the relationships between concurrent and preceding psychological distress symptoms of depression, generalized anxiety, panic, and probable PTSD with the development of new-onset upper GI symptoms at three-year follow-up (six years after September 11, 2001). **RESULTS:** Across both occupation groups, psychological distress symptoms at Visit 1 were significantly related to the development of GI symptoms by Visit 2 (odds ratios ranging from 1.9 to 5.4). The results for the concurrent relationships were similar. In addition, there were significant dose-response relationships between the number of co-occurring psychological distress symptoms at Visits 1 and 2, and increased new-onset upper GI symptoms at Visit 2. **CONCLUSIONS:** In this large sample of WTC responders, psychological distress symptoms assessed at three years after 9/11 are related to reporting upper GI symptoms six years after 9/11.

**Liu B, Tarigan LH, Bromet EJ, Kim H. 2014.** *World Trade Center Disaster Exposure-Related Probable Posttraumatic Stress Disorder among Responders and Civilians: A Meta-Analysis.* *PLoS ONE* 9(7): e101491.

<https://doi.org/10.1371/journal.pone.0101491>

The World Trade Center (WTC) disaster on September 11, 2001 was an unprecedented traumatic event with long-lasting health consequences among the affected populations in the New York metropolitan area. This meta-analysis aimed to estimate the risk of probable posttraumatic stress disorder (PTSD) associated with specific types

of WTC exposures. Meta-analytical findings from 10 studies of 3,271 to 20,294 participants yielded 37 relevant associations. The pooled summary odds ratio (OR) was 2.05 (95% confidence interval (CI): 1.82, 2.32), with substantial heterogeneity linked to exposure classification, cohort type, data source, PTSD assessment instrument/criteria, and lapse time since 9/11. In general, responders (e.g. police, firefighters, rescue/recovery workers and volunteers) had a lower probable PTSD risk (OR=1.61; 95% CI: 1.39, 1.87) compared to civilians (e.g. residents, office workers, and passersby; OR=2.71, 95% CI: 2.35, 3.12). The differences in ORs between responders and civilians were larger for physical compared to psychosocial exposure types. We also found that injury, lost someone, and witnessed horror were the three (out of six) most pernicious exposures. These findings suggest that these three exposures should be a particular focus in psychological evaluation and treatment programs in WTC intervention and future emergency preparedness efforts.

**Pietrzak R, Feder A, Schechter C, et al. 2014.** *Dimensional structure and course of post-traumatic stress symptomatology in World Trade Center responders: An 8-year prospective cohort study.* *Psychological Medicine.* 44(10):2085–2098.

<https://doi.org/10.1017/S0033291713002924>

BACKGROUND: PTSD in response to the WTC disaster of September 11, 2001, is one of the most prevalent and persistent health conditions among both professional (e.g. police) and non-traditional (e.g. construction worker) WTC responders, even several years after 9/11. However, little is known about the dimensionality and natural course of WTC-related PTSD symptomatology in these populations. METHOD: Data were analyzed from

10,835 WTC responders, including 4035 police and 6800 non-traditional responders who were evaluated as part of the WTCHP, a clinic network in the New York area established by the NIOSH. Confirmatory factor analyses (CFAs) were used to evaluate structural models of PTSD symptom dimensionality; and autoregressive cross-lagged (ARCL) panel regressions were used to examine the prospective interrelationships among PTSD symptom clusters at three, six, and eight years after 9/11. RESULTS: CFAs suggested that five stable symptom clusters best represent PTSD symptom dimensionality in both police and non-traditional WTC responders. This five-factor model was also invariant over time with respect to factor loadings and structural parameters, thereby demonstrating its longitudinal stability. ARCL panel regression analyzes revealed that hyperarousal symptoms had a prominent role in predicting other symptom clusters of PTSD, with anxious arousal symptoms primarily driving re-experiencing symptoms, and dysphoric arousal symptoms primarily driving emotional numbing symptoms over time. CONCLUSIONS: Results of this study suggest that disaster-related PTSD symptomatology in WTC responders is best represented by five symptom dimensions. Anxious arousal symptoms, which are characterized by hypervigilance and exaggerated startle, may primarily drive re-experiencing symptoms, while dysphoric arousal symptoms, which are characterized by sleep disturbance, irritability/anger and concentration difficulties, may primarily drive emotional numbing symptoms over time. These results underscore the importance of assessment, monitoring, and early intervention of hyperarousal symptoms in WTC and other disaster responders.

**Pietrzak R, Feder A, Singh R, et al. 2014.** *Trajectories of PTSD risk and resilience in World Trade Center responders: An 8-year prospective cohort study.* *Psychological Medicine.* 44(1):205–219.

<https://doi.org/10.1017/S0033291713000597>

**BACKGROUND:** Longitudinal symptoms of PTSD are often characterized by heterogeneous trajectories, which may have unique pre-, peri-, and post-trauma risk and protective factors. To date, however, no study has evaluated the nature and determinants of predominant trajectories of PTSD symptoms in WTC responders. **METHOD:** A total of 10,835 WTC responders, including 4035 professional police responders and 6800 non-traditional responders (e.g. construction workers), who participated in the WTCHP, were evaluated an average of three, six, and eight years after the WTC attacks. **RESULTS:** Among police responders, longitudinal PTSD symptoms were best characterized by four classes, with the majority (77.8%) in a resistant/resilient trajectory and the remainder exhibiting chronic (5.3%), recovering (8.4%), or delayed-onset (8.5%) symptom trajectories. Among non-traditional responders, a six class solution was optimal, with fewer responders in a resistant/resilient trajectory (58.0%) and the remainder exhibiting recovering (12.3%), severe chronic (9.5%), subsyndromal increasing (7.3%), delayed-onset (6.7%), and moderate chronic (6.2%) trajectories. Prior psychiatric history, Hispanic ethnicity, severity of WTC exposure, and WTC-related medical conditions were most strongly associated with symptomatic trajectories of PTSD symptoms in both groups of responders, whereas greater education and family and work support while working at the WTC site were protective against several of these trajectories. **CONCLUSIONS:** Trajectories of PTSD

symptoms in WTC responders are heterogeneous and associated uniquely with pre-, peri- and post-trauma risk and protective factors. Police responders were more likely than non-traditional responders to exhibit a resistant/resilient trajectory. These results underscore the importance of prevention, screening, and treatment efforts that target high-risk disaster responders, particularly those with prior psychiatric history, high levels of trauma exposure, and work-related medical morbidities.

## 2015 (12)

**Ayappa I, Sunderram J, Black K, et al. 2015.** *A comparison of CPAP and CPAPFLEX in the treatment of obstructive sleep apnea in World Trade Center responders: study protocol for a randomized controlled trial.* *Trials* 16: 403.

<https://doi.org/10.1186/s13063-015-0907-7>

**BACKGROUND:** Following the World Trade Center disaster, a large number of individuals involved in rescue and recovery activity were exposed to significant amounts of dust, and reported symptoms of chronic nasal and sinus inflammation. An unusually high prevalence of obstructive sleep apnea (OSA) has also been observed in this World Trade Center Responder population. This project aims to examine the relationship between nasal pathology and OSA. Our hypothesis is that increased nasal resistance due to nasal inflammation predisposes to OSA in this population. Continuous Positive Airway Pressure (CPAP) is the standard therapy for OSA but despite its efficacy has poor adherence. Subjects with high nasal resistance may have greater difficulty in tolerating this therapy than those who do not have high nasal resistance. Reduction

of excess expiratory positive pressure by the modality known as Cflex() during Continuous Positive Airway Pressure therapy (CPAP(Flex)) has been suggested to improve comfort without compromising efficacy. We will compare CPAP to CPAP(Flex) in subjects with OSA. **STUDY DESIGN:** Subjects with new onset habitual snoring will be screened for OSA using home sleep studies and rhinomanometry will be used to determine nasal resistance. In 400 subjects with OSA we will perform a randomized double blind crossover study comparing CPAP to CPAP(flex), and relate nasal resistance to adherence to CPAP therapy. **DISCUSSION:** This is the first multicenter trial designed to test the hypothesis that adherence to CPAP therapy relates to nasal resistance and CPAP(Flex) will improve adherence to CPAP in those subjects with high nasal resistance. We anticipate the following results from this trial:

1. Increased nasal resistance is associated with decreased adherence to CPAP therapy.
2. Use of CPAP(Flex) improves adherence with CPAP therapy in subjects with high nasal resistance, but not in those with low nasal resistance.
3. The benefit of CPAP(-Flex) on adherence is greatest when offered at CPAP therapy initiation rather than as a “rescue” therapy in subjects with high nasal resistance.

**Berger K, Turetz M, Liu M, et al. 2015.** *Oscillometry complements spirometry in evaluation of subjects following toxic inhalation.* European Respiratory Journal Open Research. 1(2) pii: 00043–2015.

<https://doi.org/10.1183/23120541.00043-2015>

The WTC destruction released dust and fumes into the environment. Although many community members developed respiratory symptoms, screening spirometry was usually normal. We hypothesized that forced

oscillation testing would identify functional abnormalities undetected by spirometry and that symptom severity would relate to magnitude of abnormalities measured by oscillometry. A symptomatic cohort (n=848) from the Bellevue Hospital WTC EHC was evaluated and compared to an asymptomatic cohort (n=475) from the NYC DOHMH WTCHR. Spirometry and oscillometry were performed. Oscillometry measurements included resistance (R5) and frequency dependence of resistance (R5–20). Spirometry was normal for the majority of subjects (73.2% symptomatic versus 87.6% asymptomatic,  $p<0.0001$ ). In subjects with normal spirometry, R5 and R5–20 were higher in symptomatic versus asymptomatic subjects (median (interquartile range) R5 0.436 (0.206) versus 0.314 (0.129) kPa.L-1.s-1,  $p<0.001$ ; R5–20 0.075 (0.085) versus 0.004 (0.042) kPa.L-1.s-1,  $p<0.0001$ ). In symptomatic subjects, R5 and R5–20 increased with increasing severity and frequency of wheeze ( $p<0.05$ ). Measurement of R5–20 correlated with the presence and severity of symptoms even when spirometry was within normal limits. These findings are in accord with small airway abnormalities as a potential explanation of the respiratory symptoms.

**Bromet E, Luft B. 2015.** *Consequences of toxic disasters for rescue, recovery, and clean-up workers require integrated mental and physical health monitoring.* Social Psychiatry and Psychiatric Epidemiology. 50(11):1761–1763. [editorial comment]

<https://doi.org/10.1007/s00127-015-1124-0>

**Farris S, Paulus D, Gonzalez A, et al. 2015.** *Anxiety sensitivity mediates the association between post-traumatic stress symptom severity and interoceptive threat-related smoking abstinence expectancies among World*



*Trade Center disaster-exposed smokers. Addictive Behaviors.* 51: 204–210.

<https://doi.org/10.1016/j.addbeh.2015.07.031>

**INTRODUCTION:** Anxiety sensitivity (fear of internal anxiety-relevant bodily sensations) is an individual difference variable that is associated with the development and maintenance of PTSD and is also involved in the maintenance/relapse of smoking. Abstinence expectancies are crucial to smoking maintenance; yet, past work has not explored how PTSD symptom severity and anxiety sensitivity contribute to them. **METHOD:** Participants were 122 treatment-seeking daily smokers (36.1% female; Mage=49.2, SD=9.7; cigarettes per day: M=18.3, SD=15.2) who were exposed to the WTC disaster on September 11, 2001, and responded to an advertisement for a clinical smoking cessation trial. The indirect effect of anxiety sensitivity was tested in terms of the effect of PTSD symptom severity on smoking abstinence expectancies (i.e., anxiety sensitivity as a statistical mediator). **RESULTS:** PTSD symptom severity was positively associated with interoceptive threat-related smoking abstinence expectancies: expecting harmful consequences ( $\beta=.33$ ,  $p<.001$ ) and somatic symptoms ( $\beta=.26$ ,  $p=.007$ ). PTSD symptom severity was also significantly associated with anxiety sensitivity ( $\beta=.27$ ,  $p=.003$ ). Anxiety sensitivity mediated the association between PTSD symptom severity and expectancies about the harmful consequences ( $\beta=.09$ ,  $CI_{95\%}=.02-.21$ ;  $\Delta R^2=.076$ ) and somatic symptoms ( $\beta=.11$ ,  $CI_{95\%}=.02-.24$ ;  $\Delta R^2=.123$ ) from smoking abstinence, with medium effect sizes ( $Kappa(2)=.08$  and  $.10$ , respectively). **CONCLUSIONS:** These data document the role of PTSD symptoms in threat-based expectancies about smoking abstinence and suggest anxiety sensitivity may underlie

the associations between PTSD symptom severity and abstinence expectancies.

**Hall C, Liu X, Zeig-Owens R, et al. 2015.** *The duration of an exposure response gradient between incident obstructive airways disease and work at the World Trade Center site: 2001–2011.* PLoS Currents. 20:7.

<https://doi.org/10.1371/currents.dis.8a93e7682624698558a76a1fa8c5893f>

**BACKGROUND:** Adverse respiratory effects of WTC exposure have been widely documented, but the length of time that exposure remains associated with disease is uncertain. We estimate the incidence of new cases of physician-diagnosed OAD as a function of time since September 11, 2001, in WTC-exposed firefighters. **METHODS:** Exposure was categorized by first WTC arrival time: high (9/11/2001 AM); moderate (9/11/2001 PM or 9/12/2001); or low (9/13–24). We modeled relative rates (RR) and 95% confidence intervals (CI) of OAD incidence by exposure over the first 10 years post-September 11, 2001, estimating the time(s) of change in the RR with change point models. We further examined the relationship between self-reported LRS and physician diagnoses. **RESULTS:** Change points were observed at 15 and 84 months post-September 11, 2001, with relative incidence rates for the high versus low exposure group of 4.02 (95% CI 2.62–6.16) prior to 15 months, 1.90 (95% CI 1.49–2.44) from months 16 to 84, and 1.20 (95% CI 0.92–1.56) thereafter. Incidence in all exposure groups increased after the WTCHP began to offer free coverage of OAD medications in month 63. Self-reported LRS in the first 15 months had 80.6% sensitivity, but only 35.9% specificity, for eventual OAD diagnoses. **CONCLUSIONS:** New OAD diagnoses are associated with WTC exposure for at least seven years.

Some portion of the extended duration of that association may be due to delayed diagnoses. Nevertheless, our results support recognizing OAD among rescue workers as WTC-related even when diagnosed years after exposure.

**Kazeros A, Zhang E, Cheng X, et al. 2015.** *Systemic inflammation associated with World Trade Center dust exposures and airway abnormalities in the local community.* *Journal of Occupational and Environmental Medicine.* 57(6):610–616.

<https://doi.org/10.1097/JOM.0000000000000458>

**BACKGROUND:** Destruction of the WTC towers on September 11, 2001, released massive dust, gas, and fumes with environmental exposures for community members. Many community members have lower respiratory symptoms (LRSs) that began after September 11, 2001, and remain persistent. We evaluated whether systemic inflammation measured by C-reactive protein was associated with WTC dust exposures, persistent LRS, and lung function. **METHODS:** Community members self-referred for the treatment of symptoms related to September 11, 2001. C-reactive protein and lung function measurements, including spirometry and forced oscillation tests (impulse oscillometry system), were included as routine analyses in patients (2007 to 2012). **RESULTS:** Increased C-reactive protein levels were associated with the type of WTC dust exposure, LRS, reduced spirometry, and increased forced oscillation measurements (n=724). **CONCLUSIONS:** Ongoing systemic inflammation measured years after the event was associated with WTC dust exposures, persistent LRS, and abnormal lung function in a community cohort. These findings have implications for treatment and surveillance.

**Kotov R, Bromet E, Schechter C, et al. 2015.** *Posttraumatic stress disorder and the risk of respiratory symptoms in World Trade Center responders: Longitudinal test of a pathway.* *Psychosomatic Medicine.* 77(4):438–48.

<https://doi.org/10.1097/PSY.0000000000000179>

**OBJECTIVE:** PTSD is associated with high medical morbidity, but the nature of this association remains unclear. Among responders to the WTC disaster, PTSD is highly comorbid with LRS, which cannot be explained by exposure alone. We sought to examine this association longitudinally to establish the direction of the effects and evaluate potential pathways to comorbidity. **METHODS:** Eighteen thousand eight hundred ninety six responders (8466 police and 10,430 nontraditional responders) participating in the WTCHP were first evaluated between 2002 and 2010 and assessed again two and a half years later. Lower respiratory symptoms were ascertained by medical staff, abnormal pulmonary function by spirometry, and probable WTC-related PTSD with a symptom inventory. **RESULTS:** In both groups of responders, initial PTSD (standardized regression coefficient: beta=0.20 and 0.23) and abnormal pulmonary function (beta=0.12 and 0.12) predicted LRS two and a half years later after controlling for initial LRS and covariates. At follow-up, LRS onset was 2.0 times more likely and remission 1.8 times less likely in responders with initial PTSD than in responders without. Moreover, PTSD mediated, in part, the association between WTC exposures and development of LRS (p< .0001). Initial LRS and abnormal pulmonary function did not consistently predict PTSD onset. **CONCLUSIONS:** These analyses provide further evidence that PTSD is a risk factor for respiratory symptoms and are consistent with evidence implicating

physiological dysregulation associated with PTSD in the development of medical conditions. If these effects are verified experimentally, treatment of PTSD may prove helpful in managing physical and mental health of disaster responders.

**Loupasakis K, Berman J, Jaber N, et al. 2015.** *Refractory sarcoid arthritis in World Trade Center-exposed New York City firefighters: A case series.* *Journal of Clinical Rheumatology: Practical Reports on Rheumatic & Musculoskeletal Diseases.* 21(1):19–23.

<https://doi.org/10.1097/RHU.0000000000000185>

**OBJECTIVE:** The objective of this study was to describe cases of sarcoid arthritis in firefighters from the FDNY who worked at the WTC site. **METHODS:** All WTC-exposed FDNY firefighters with sarcoidosis and related chronic inflammatory arthritis (n=11) are followed jointly by the FDNY-WTCHP and the Rheumatology Division at the Hospital for Special Surgery. Diagnoses of sarcoidosis were based on clinical, radiographic, and pathological criteria. Patient characteristics, WTC exposure information, smoking status, date of diagnosis, and pulmonary findings were obtained from FDNY-WTC database. Joint manifestations (symptoms and duration, distribution of joints involved), radiographic findings, and treatment responses were obtained from chart review. **RESULTS:** Nine of sixty FDNY firefighters who developed sarcoidosis since September 11, 2001, presented with polyarticular arthritis. Two others diagnosed pre-September 11, 2001, developed sarcoid arthritis after WTC exposure. All 11 were never cigarette smokers, and all performed rescue/recovery at the WTC site within three days of the attacks. All had biopsy-proven pulmonary sarcoidosis, and all required additional

disease-modifying antirheumatic drugs for adequate control (stepwise progression from hydroxychloroquine to methotrexate to anti-tumor necrosis factor alpha agents) of their joint manifestations. **CONCLUSIONS:** Chronic inflammatory polyarthritis appears to be an important manifestation of sarcoidosis in FDNY firefighters with sarcoidosis and WTC exposure. Their arthritis is chronic and, unlike arthritis in non-WTC-exposed sarcoid patients, inadequately responsive to conventional oral disease-modifying antirheumatic drugs, often requiring anti-tumor necrosis factor alpha agents. Further studies are needed to determine the generalizability of these findings to other groups with varying levels of WTC exposure or with other occupational/environmental exposures.

**Webber M, Moir W, Zeig-Owens R, et al. 2015.** *Nested case-control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers.* *Arthritis & Rheumatology.* 67(5):1369–76.

<https://doi.org/10.1002/art.39059>

**OBJECTIVE:** To test the *a priori* hypothesis that acute and chronic work exposures to the WTC site on or after September 11, 2001, were associated with risk of new-onset systemic autoimmune diseases. **METHODS:** A nested case-control study was performed in WTC rescue/ recovery workers who had received a rheumatologist-confirmed systemic autoimmune disease diagnosis between September 12, 2001, and September 11, 2013 (n=59), each of whom was individually matched to four randomly selected controls (n=236) on the basis of year of hire (+/-1 year), sex, race, and work assignment (firefighter or emergency medical service). Acute exposure was defined according to the earliest time of arrival (morning of 9/11 versus later) at the WTC site, and chronic exposure

was defined as duration (number of months) of WTC site-related work. Rheumatologists were blinded with regard to each subject's exposure status. The conditional odds ratios (CORs) with 95% confidence intervals (95% CIs) for incident autoimmune disease were derived from exact conditional logistic regression models. RESULTS: Rheumatoid arthritis was the most common autoimmune diagnosis (37% of subjects), followed by spondyloarthritis (22%), inflammatory myositis (14%), systemic lupus erythematosus (12%), systemic sclerosis (5%), Sjogren's syndrome (5%), antiphospholipid syndrome (3%), and granulomatosis with polyangiitis (Wegener's) (2%). The COR for incident autoimmune disease increased by 13% (COR 1.13, 95% CI 1.02–1.26) for each additional month worked at the WTC site. These odds were independent of the association between high acute exposure (working during the morning of 9/11) and disease outcome, which conveyed an elevated, but not statistically significant, risk (COR 1.85, 95% CI 0.86–3.89). CONCLUSION: Prolonged work at the WTC site, independent of acute exposure, was an important predictor of post-9/11 systemic autoimmune diseases. The WTCHP should expand surveillance efforts for those with extended exposures, as early detection can facilitate early treatment, which has been shown to minimize organ damage and improve quality of life.

**Zvolensky M, Farris S, Kotov R, et al. 2015.** *Posttraumatic stress symptoms and smoking among World Trade Center disaster responders: A longitudinal investigation.* Comprehensive Psychiatry. 63:46–54.

[doi.org/10.1016/j.comppsy.2015.08.006](https://doi.org/10.1016/j.comppsy.2015.08.006)

PURPOSE: The current longitudinal study examined PTSD symptom severity in relation

to smoking abstinence and reduction over time among responders to the WTC disaster. METHOD: Participants were 763 police and 1881 non-traditional (e.g., construction workers) WTC responders who reported being smokers at an initial examination obtained between July 2002 and July 2011 at the WTCHP. WTC responders were reassessed, on average, two and a half years later. RESULTS: For police WTC responders, higher levels of WTC-related PTSD symptoms at the initial visit were associated with a decreased likelihood of smoking abstinence (OR=0.98, p=.002) and with decreased smoking reduction (beta=-.06, p=.012) at the follow-up visit. WTC-related PTSD symptom severity was not related to likelihood of smoking abstinence or change in number of cigarettes smoked among non-traditional responders. Post hoc analyses suggested that for police, hyperarousal PTSD symptoms were predictive of decreased abstinence likelihood at the follow-up visit (OR=0.56, p=.006). DISCUSSION: The present findings suggest that PTSD symptoms may be differentially related to smoking behavior among police and non-traditional WTC responders in a naturalistic, longitudinal investigation. Future work may benefit from exploring further which aspects of PTSD (as compared to each other and to common variance) explain smoking maintenance.

**Zvolensky M, Farris S, Kotov R, et al. 2015.** *World Trade Center disaster and sensitization to subsequent life stress: A longitudinal study of disaster responders.* Preventive Medicine. 75: 70–74.

<https://doi.org/10.1016/j.ypmed.2015.03.017>

PURPOSE: The current study examined the role of WTC disaster exposure (hours spent working on the site, dust cloud exposure, and losing friend/loved one) in exacerbating

the effects of post-disaster life stress on PTSD symptoms and overall functioning among WTC responders. **METHOD:** Participants were 18,896 responders (8466 police officers and 10,430 non-traditional responders) participating in the WTCHP who completed an initial examination between July 2002 and April 2010, and were reassessed an average of two years later. **RESULTS:** Among police responders, there was a significant interaction, such that the effect of post-disaster life stress on later PTSD symptoms and overall functioning was stronger among police responders who had greater WTC disaster exposure (beta's=.029 and .054, respectively, for PTSD symptoms and overall functioning). This moderating effect was absent in non-traditional responders. Across both groups, post-disaster life stress also consistently was related to the dependent variables in a more robust manner than WTC exposure. **DISCUSSION:** The present findings suggest that WTC exposure may compound post-disaster life stress, thereby resulting in a more chronic course of PTSD symptoms and reduced functioning among police responders.

**Zvolensky M, Kotov R, Schechter C, et al. 2015.** *Post-disaster stressful life events and WTC-related posttraumatic stress, depressive symptoms, and overall functioning among responders to the World Trade Center disaster.* *Journal of Psychiatric Research.* 61: 97–105.

<https://doi.org/10.1016/j.jpsychires.2014.11.010>

**BACKGROUND:** The current study examined contributions of post-disaster stressful life events in relation to the maintenance of WTC-related PTSD, depressive symptoms, and overall functioning among rescue, recovery, and clean-up workers who responded to the September 11, 2001, WTC terrorist attacks. **METHODS:** Participants were 18,896

WTC responders, including 8466 police officers and 10,430 non-traditional responders (85.8% male; 86.4% Caucasian; M(age)=39.5, SD=8.8) participating in the WTCHP who completed an initial examination between July 2002 and April 2010, and who were reassessed, on average, two and a half years later. **RESULTS:** Path analyses were conducted to evaluate contributions of life events to the maintenance of WTC-related PTSD, depressive symptoms, and overall functioning. These analyses were stratified by police and non-traditional responder groups and adjusted for age, sex, time from 9/11 to initial visit, WTC exposures (three WTC contextual exposures: co-worker, friend, or a relative died in the disaster; co-worker, friend, or a relative injured in the disaster; and responder was exposed to the dust cloud on 9/11), and interval from initial to first follow-up visit. In both groups, WTC-related PTSD, depressive symptoms, and overall functioning were stable over the follow-up period. WTC exposures were related to these three outcomes at the initial assessment. WTC-related PTSD, depressive symptoms, and overall functioning, at the initial assessment each predicted the occurrence of post-disaster stressful life events, as measured by Disaster Supplement of the Diagnostic Interview Schedule. Post-disaster stressful life events, in turn, were associated with subsequent mental health, indicating partial mediation of the stability of observed mental health. **CONCLUSIONS:** The present findings suggest a dynamic interplay between exposure, post-disaster stressful life events, and WTC-related PTSD, depressive symptoms, and overall functioning among WTC disaster responders.

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**Aldrich T, Weakley J, Dhar S, et al. 2016.** *Bronchial reactivity and lung function after World Trade Center exposure.* *Chest.* 150(6):1333–1340.

<https://doi.org/10.1016/j.chest.2016.07.005>

**BACKGROUND:** WTC-exposed rescue/recovery workers endured massive respiratory insult from inhalation of particulate matter and gases, resulting in respiratory symptoms, loss of lung function, and, for many, bronchial hyperreactivity (BHR). The persistence of respiratory symptoms and lung function abnormalities has been well-documented, while persistence of BHR has not been investigated. **METHODS:** 173 WTC-exposed firefighters with bronchial reactivity measured within two years after 9/11/2001 (9/11), (baseline methacholine challenge test [MCT]), were re-evaluated in 2013–2014 (follow-up-MCT). FEV1 measurements were obtained from the late pre-9/11, early post-9/11 and late post-9/11 periods. Respiratory symptoms and corticosteroid treatment were recorded. **RESULTS:** Bronchial reactivity remained stable (within one doubling dilution) for most (n=101, 58%). 16 of 28 (57%) with BHR (PC20<8mg/ml) at baseline had BHR at follow up, and an additional 27 of the 145 (19%) without BHR at baseline had BHR at follow-up. In multivariable models, we found that BHR baseline was strongly associated with BHR follow-up (OR=6.46) and that BHR at follow-up was associated with an estimated 15.4 ml/year greater FEV1 decline than experienced by those without BHR at follow-up. Annual FEV1 decline was moderated by corticosteroid use. **CONCLUSIONS:** Persistent BHR and its deleterious influence on lung function suggest a role for airway inflammation in perpetuation of

WTC-associated airway disease. In future massive occupational exposure to inorganic dust/gases, we recommend early and serial pulmonary function testing, including measurements of bronchial reactivity, when possible, and inhaled corticosteroid therapy for those with symptoms or pulmonary function tests consistent with airway disease.

**Berger K, Kalish S, Shao Y, et al. 2016.** *Isolated small airway reactivity during bronchoprovocation as a mechanism for respiratory symptoms in WTC dust exposed community members.* *American Journal of Industrial Medicine.* 59(9):767–776.

<https://doi.org/10.1002/ajim.22639>

**INTRODUCTION:** Small airway dysfunction occurs following WTC dust exposure, but its role in producing symptoms is unclear. **METHODS:** Methacholine challenge (MCT) was used to assess the relationship between onset of respiratory symptoms and small airway abnormalities in 166 symptomatic WTC dust-exposed patients. Forced oscillation testing (FOT) and respiratory symptoms were assessed during MCT. FOT parameters included resistance at 5 and 20 Hz (R5 and R20) and the R5 minus R20 (R5–20). **RESULTS:** Baseline spirometry was normal in all (mean FEV1 100 + 13% predicted, mean FEV1 /FVC 80 + 4%). MCT revealed bronchial hyperreactivity by spirometry in 67 patients. An additional 24 patients became symptomatic despite minimal FEV1 change (<5%); symptom onset coincided with increased R5 and R5–20 (P > 0.001 vs. baseline). The dose-response of FOT (reactivity) was greater compared with subjects that remained asymptomatic (P < 0.05). **CONCLUSIONS:** FOT during MCT uncovered reactivity in small airways as a mechanism for respiratory symptoms in subjects with inhalational lung injury.

**Boffetta P, Zeig-Owens R, Wallenstein S, et al. 2015.** *Cancer in World Trade Center responders: Findings from multiple cohorts and options for future study.* American Journal of Industrial Medicine. 59(2):96–105.

<https://doi.org/10.1002/ajim.22555>

**BACKGROUND:** Three longitudinal studies of cancer incidence in varied populations of World Trade Center responders have been conducted. **METHODS:** We compared the design and results of the three studies. **RESULTS:** Separate analyses of these cohorts revealed excess cancer incidence in responders for all cancers combined and for cancers of the thyroid and prostate. Methodological dissimilarities included recruitment strategies, source of cohort members, demographic characteristics, overlap between cohorts, assessment of WTC and other occupational exposures and confounders, methods and duration of follow-up, approaches for statistical analysis, and latency analyses. **CONCLUSIONS:** The presence of three cohorts strengthens the effort of identifying and quantifying the cancer risk; the heterogeneity in design might increase sensitivity to the identification of cancers potentially associated with exposure. The presence and magnitude of an increased cancer risk remains to be fully elucidated. Continued long-term follow up with minimal longitudinal dropout is crucial to achieve this goal.

**Bromet E, Hobbs M, Clouston S, et al. 2016.** *DSM-IV post-traumatic stress disorder among World Trade Center responders 11–13 years after the disaster of 11 September 2001 (9/11).* Psychological Medicine. 46(4):771–783.

<https://doi.org/10.1017/S0033291715002184>

**BACKGROUND:** Post-traumatic symptomatology is one of the signature effects of the pernicious exposures endured by responders to the WTC disaster of September 11, 2001 (9/11), but the long-term extent of diagnosed Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) PTSD and its impact on quality of life are unknown. This study examines the extent of DSM-IV PTSD 11–13 years after the disaster in WTC responders, its symptom profiles and trajectories, and associations of active, remitted, and partial PTSD with exposures, physical health, and psychosocial well-being. **METHOD:** Master’s-level psychologists administered sections of the Structured Clinical Interview for DSM-IV and the Range of Impaired Functioning Tool to 3231 responders monitored at the Stony Brook University WTCHP. The PCL and current medical symptoms were obtained at each visit. **RESULTS:** In all, 9.7% had current, 7.9% remitted, and 5.9% partial WTC-PTSD. Among those with active PTSD, avoidance and hyperarousal symptoms were most commonly, and flashbacks least commonly, reported. Trajectories of symptom severity across monitoring visits showed a modestly increasing slope for active and decelerating slope for remitted PTSD. WTC exposures, especially death and human remains, were strongly associated with PTSD. After adjusting for exposure and critical risk factors, including hazardous drinking and co-morbid depression, PTSD was strongly associated with health and well-being, especially dissatisfaction with life. **CONCLUSIONS:** This is the first study to demonstrate the extent and correlates of long-term DSM-IV PTSD among responders. Although most proved resilient, there remains a sizable subgroup in need of continued treatment in the second decade after 9/11.

**Caplan-Shaw C, Kazeros A, Pradhan D, et al. 2016.** *Improvement in severe lower respiratory symptoms and small airway function in World Trade Center dust exposed community members.* American Journal of Industrial Medicine. 59(9):777–787.

<https://doi.org/10.1002/ajim.22642>

**OBJECTIVE:** Longitudinal assessment of LRS in community members with WTC exposures. **METHODS:** Adult members of a treatment program with complete standardized visits were evaluated (n=798). Association of demographic characteristics, mental health symptoms, and lung function with trajectory of LRS between initial and monitoring visit was evaluated. **RESULTS:** Severe LRS were present in 70% at initial and 63% at monitoring visit. Initial severe LRS were associated with WTC dust cloud exposure and mental health symptoms. Spirometry measures were not associated with LRS severity or trajectory; improvement in LRS was associated with improved lung function measured with forced oscillometry techniques. **CONCLUSION:** Many community patients in a WTC treatment program had severe LRS associated with exposures and mental health symptoms. Improvement in LRS was associated with improvement in measures of small airway function.

**Clouston S, Kotov R, Pietrzak R, et al. 2016.** *Cognitive impairment among World Trade Center responders: Long-term implications of re-experiencing the 9/11 terrorist attacks.* Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring. 4:67–75.

<https://doi.org/10.1016/j.dadm.2016.08.001>

**INTRODUCTION:** During the WTC attacks, responders who helped in search, rescue, and recovery endured multiple traumatic and

toxic exposures. One-fifth subsequently developed PTSD. PTSD has been linked to dementia in veterans. This study examined the association between WTC-related PTSD and cognitive impairment (CI) in WTC responders. **METHODS:** A one-third sample of responders (N=818) reporting for annual monitoring visits were screened for cognitive impairment and dementia using the MoCA from January 2014–April 2015. Concurrent diagnoses of PTSD and major depressive disorder (MDD), as well as serial PTSD and depressive symptom inventories collected since 2002, were examined in relation to current CI. **RESULTS:** Approximately 12.8% and 1.2% of responders in this sample, respectively, had scores indicative of CI and possible dementia. Current PTSD and MDD were associated with CI. Longitudinal results revealed that re-experiencing symptoms were consistently associated with CI (aRR=2.88, 95% confidence interval=1.35–6.22), whereas longitudinal increases in other PTSD and depressive symptoms in the years before screening were evident only among those with CI. **CONCLUSIONS:** Analyses replicated results from Veterans studies and further highlighted the importance of re-experiencing symptoms, a major component of PTSD that was consistently predictive of CI 14 years later. Clinicians should monitor CI when treating individuals with chronic PTSD.

**de la Hoz R E, Jeon Y, Miller GE, et al. (2016).** *Post-traumatic Stress Disorder, Bronchodilator Response, and Incident Asthma in World Trade Center Rescue and Recovery Workers.* Am J Respir Crit Care Med 194(11): 1383-1391.

<http://www.ncbi.nlm.nih.gov/pubmed/27548615>

**RATIONALE:** Post-traumatic stress disorder



(PTSD) has been associated with asthma in cross-sectional studies. Whether PTSD leads to clinically significant bronchodilator response (BDR) or new-onset asthma is unknown. OBJECTIVES: We sought to determine the relationship between probable PTSD and both BDR and incident asthma in a high-risk cohort of World Trade Center workers in New York (NY). METHODS: This study was conducted on data from a high-risk cohort of 11,481 World Trade Center workers in New York, including 6,133 never smokers without a previous diagnosis of asthma. Of the 6,133 never smokers without asthma, 3,757 (61.3%) completed a follow-up visit several years later (mean = 4.95 yr, interquartile range = 3.74-5.90 yr). At the baseline visit, probable PTSD was defined as a score 44 points or greater in the PTSD Checklist questionnaire, and BDR was defined as both a change of 12% or greater and an increment of 200 ml or greater in FEV1 after bronchodilator administration. Incident asthma was defined as a self-report of new physician-diagnosed asthma after the baseline visit. Multivariable logistic regression was used for the analysis of probable PTSD and baseline BDR or incident asthma. Measurements and Main and Results: At baseline, probable PTSD was associated with BDR among all participants (adjusted odds ratio = 1.43; 95% confidence interval = 1.19-1.72), with similar results among never smokers without asthma. Among 3,757 never smokers, probable PTSD at baseline was associated with incident asthma, even after adjustment for baseline BDR (odds ratio = 2.41; 95% confidence interval = 1.85-3.13). This association remained significant in a confirmatory analysis after excluding 195 subjects with baseline BDR. CONCLUSIONS: In a cohort of adult workers exposed to a severe traumatic event, probable PTSD is significantly associated with BDR at baseline and predicts incident asthma.

**Farris S, Paulus D, Gonzalez A, et al. 2016.** *Posttraumatic stress symptoms and body mass index among World Trade Center disaster-exposed smokers: A preliminary examination of the role of anxiety sensitivity.* *Psychiatry Research.* 241: 135–140.

<https://doi.org/10.1016/j.psychres.2016.04.074>

Among individuals exposed to the WTC disaster on September 11, 2001, PTSD and symptoms are both common and associated with increased cigarette smoking and body mass. However, there is little information on the specific processes underlying the relationship of PTSD symptoms with body mass. The current study is an initial exploratory test of anxiety sensitivity, the fear of internal bodily sensations, as a possible mechanism linking PTSD symptom severity and body mass index (BMI). Participants were 147 adult daily smokers (34.0% female) exposed to the WTC disaster (via rescue/recovery work or direct witness). The direct and indirect associations between PTSD symptom severity and BMI via anxiety sensitivity (total score and subscales of physical, cognitive, and social concerns) were examined. PTSD symptom severity was related to BMI indirectly via anxiety sensitivity; this effect was specific to physical concerns about the meaning of bodily sensations. Interventions focusing on anxiety sensitivity reduction (specifically addressing physical concerns about bodily sensations) may be useful in addressing elevated BMI among trauma-exposed persons.

**Feder A, Mota N, Salim M, et al. 2016.** *Risk, coping and PTSD symptom trajectories in World Trade Center responders.* *Journal of Psychiatric Research.* 82:68–79.

<https://doi.org/10.1016/j.jpsychires.2016.07.003>

Trajectories of disaster-related PTSD symptoms are often heterogeneous, and associated with common and unique risk factors, yet little is known about potentially modifiable psychosocial characteristics associated with low-symptom and recovering trajectories in disaster responders. A total of 4487 rescue and recovery workers (1874 police and 2613 non-traditional responders) involved during and in the aftermath of the unprecedented WTC attacks, were assessed an average of 3, 6, 8, and 12 years post-9/11/2001. Among police responders, WTC-related PTSD symptoms were characterized by four trajectories, including no/low-symptom (76.1%), worsening (12.1%), improving (7.5%), and chronic (4.4%) trajectories. In non-traditional responders, a five-trajectory solution was optimal, with fewer responders in a no/low-symptom trajectory (55.5%), and the remainder in subtly worsening (19.3%), chronic (10.8%), improving (8.5%), and steeply worsening (5.9%) trajectories. Consistent factors associated with symptomatic PTSD trajectories across responder groups included Hispanic ethnicity, pre-9/11 psychiatric history, greater WTC exposure, greater medical illness burden, life stressors and post-9/11 traumas, and maladaptive coping (e.g., substance use, avoidance coping). Higher perceived preparedness, greater sense of purpose in life, and positive emotion-focused coping (e.g., positive reframing, acceptance) were negatively associated with symptomatic trajectories. Findings in this unique cohort indicate considerable heterogeneity in WTC-related PTSD symptom trajectories over 12 years post-9/11/2001, with lower rates of elevated PTSD symptoms in police than in non-traditional responders. They further provide a comprehensive risk prediction model of PTSD symptom trajectories, which can inform prevention,

monitoring, and treatment efforts in WTC and other disaster responders.

**Friedberg F, Adamowicz J, Caikauskaite I, et al. 2016.** *Fatigue severity in World Trade Center (9/11) responders: a preliminary study.* *Fatigue: Biomedicine, Health & Behavior.*4(2):70–79.

<http://dx.doi.org/10.1080/21641846.2016.1169726>

**Purpose:** To assess fatigue severity in WTC (9/11) responders 13 years later. **Methods:** The participant pool consisted of male 9/11 responders enrolled in the Stony Brook WTCHP, one of five centers of excellence established by the CDC. Fatigue severity was assessed with the Fatigue Severity Scale. WTC-related medical conditions were certified by a physician and diagnoses of 9/11-related PTSD and major depressive disorder (MDD) were determined with the Structured Clinical Interview for DSM-IV (SCID). **Results:** High fatigue severity was reported by 20.8% of the sample (N=1079) and was significantly associated with PTSD, major depressive disorder, sleep apnea, gastro-esophageal reflux disease, upper respiratory disease, and lower respiratory disease. These associations remained significant for PTSD, major depressive disorder, and lower respiratory disease when adjusted for medications, age, and BMI. Only 17.3% of the high fatigue subgroup did not have an identified medical or psychiatric diagnosis. Fewer fatigued (21.1%) than non-fatigued (72.0%) responders rated their physical health as ‘good’ or ‘very good.’ Also, fewer fatigued (33.9%) than non-fatigued (54.1%) responders were employed full-time ( $p<.0001$ ). **Conclusions:** This study found clinically elevated fatigue in a high percentage of a male WTC responder cohort that prior to 9/11/2001 would be considered a ‘healthy worker cohort.’ To

better understand the pathophysiology of fatigue, newer methodologies such as symptom provocation (e.g., exercise) designs may be useful.

**Guffanti G, Geronazzo-Alman L, Fan B, et al. 2016.** *Homogeneity of Severe Posttraumatic Stress Disorder Symptom Profiles in Children and Adolescents Across Gender, Age, and Traumatic Experiences Related to 9/11.* *J Trauma Stress* 29(5): 430-439. <https://doi.org/10.1002/jts.22134>

Patients with a posttraumatic stress disorder (PTSD) diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994) will very likely not share all of the same symptoms, a consequence of the polythetic approach used in the DSM. We examined heterogeneity in the latent structure of PTSD symptoms using data from a previously published sample of 8,236 youth a subset of which had been exposed to the September 11, 2001 attacks (N = 6,670; Hoven et al., 2005). Latent class analysis was applied (a) to PTSD symptoms alone, (b) to symptoms in combination with impairment indicators, and (c) to PTSD symptoms when stratified by age and gender, as well as by empirically defined classes of exposure. We identified 4 symptom classes: no disturbance (49.4%), intermediate disturbance (2 classes; 21.5% and 18.6%, respectively), and severe disturbance (10.5%). These classes varied not only in the severity of symptoms, but also in the configuration of symptoms. We observed a high probability of endorsing both PTSD symptoms and indicators of impairment only in the severe disturbance class. A similar 4-class structure was found when the data were stratified by age, gender, and exposure classes. There were no significant differences as a

function of age, gender, or exposure in the presence of severe PTSD. Heterogeneity was observed at intermediate levels of PTSD symptom severity. The specific PTSD symptoms that defined the severe PTSD profile could constitute the pathogenic aspects of a largely invariant and clinically meaningful PTSD syndrome.

**Hashim, D., Boffetta P, Galsky M, et al. 2016.** *Prostate cancer characteristics in the World Trade Center cohort, 2002-2013.* *Eur J Cancer Prev.*

<http://doi.org/10.1097/CEJ.0000000000000315>

An increased incidence of prostate cancer was reported in three cohorts of World Trade Center (WTC) respondents. It is uncertain whether this increase is because of WTC-related exposures or enhanced surveillance. Prostate cancer cases (2002-2013) were obtained from the WTC Health Program. Age, race, and Gleason score distribution were compared with New York State Cancer Registry cases from the same time period. Multivariate models were adjusted for age and race. Analyses of clinical characteristics of prostate cancer cases within the cohort were also carried out, adjusting for age, race, and WTC exposure categories. WTC respondents had a prostate cancer age-standardized rate ratio of 1.65 [95% confidence interval (CI): 1.37-1.93] compared with New York State; age-specific ratios were highest for ages 30-49 (2.28; 95% CI: 1.51-3.43), 70-74 (2.05; 95% CI: 1.03-4.10), and 80-84 years (5.65; 95% CI: 1.41-22.58). High WTC exposure was associated with advanced clinical stage (5.58; 95% CI: 1.05-29.76; Ptrend=0.03). WTC respondents continue to have a higher prostate cancer rate compared with New York State as a whole. Respondents with a higher WTC exposure level may have had more advanced clinical stage of prostate cancer.

**Horn S, Pietrzak R, Schechter C, et al. 2016.** *Latent typologies of posttraumatic stress disorder in World Trade Center responders.* Journal of Psychiatric Research. 83:151–159.

<https://doi.org/10.1016/j.jpsychires.2016.08.018>

PTSD is a debilitating and often chronic psychiatric disorder. Following the September 11, 2001, WTC attacks, thousands of individuals were involved in rescue, recovery, and clean-up efforts. While a growing body of literature has documented the prevalence and correlates of PTSD in WTC responders, no study has evaluated predominant typologies of PTSD in this population. Participants were 4352 WTC responders with probable WTC-related DSMIV PTSD. Latent class analyses were conducted to identify predominant typologies of PTSD symptoms and associated correlates. A 3-class solution provided the optimal representation of latent PTSD symptom typologies. The first class, labeled “High-Symptom (n=1,973, 45.3%),” was characterized by high probabilities of all PTSD symptoms. The second class, “Dysphoric (n=1,371, 31.5%),” exhibited relatively high probabilities of emotional numbing and dysphoric arousal (e.g., sleep disturbance). The third class, “Threat (n=1,008, 23.2%),” was characterized by high probabilities of re-experiencing, avoidance, and anxious arousal (e.g., hypervigilance). Compared to the Threat class, the Dysphoric class reported a greater number of life stressors after 9/11 (OR=1.06). The High-Symptom class was more likely than the Threat class to have a positive psychiatric history before 9/11 (OR=1.7) and reported a greater number of life stressors after 9/11 (OR=1.1). The High-Symptom class was more likely than the Dysphoric class, which was more likely than the Threat class, to

screen positive for depression (83% > 74% > 53%, respectively), and to report greater functional impairment (High-Symptom > Dysphoric [Cohen d=0.19], Dysphoric > Threat [Cohen d=0.24]). These results may help inform assessment, risk stratification, and treatment approaches for PTSD in WTC and disaster responders.

**Jurek A, Maldonado G. 2016.** *Quantitative bias analysis in an asthma study of rescue-recovery workers and volunteers from the 9/11 World Trade Center attacks.* Annals of Epidemiology. 26(11):794–801.

<https://doi.org/10.1016/j.annepidem.2016.09.002>

**PURPOSE:** When learning bias analysis, epidemiologists are taught to quantitatively adjust for multiple biases by correcting study results in the reverse order of the error sequence. To understand the error sequence for a particular study, one must carefully examine the health study’s epidemiologic data-generating process. In this article, we describe the unique data-generating process of a man-made disaster epidemiologic study. **METHODS:** We described the data-generating process and conducted a bias analysis for a study associating September 11, 2001, dust cloud exposure and self-reported newly physician-diagnosed asthma among rescue/recovery workers and volunteers. We adjusted an odds ratio (OR) estimate for the combined effect of missing data, outcome misclassification, and non-participation. **RESULTS:** Under our assumptions about systematic error, the ORs adjusted for all three biases ranged from 1.33 to 3.84. Most of the adjusted estimates were greater than the observed OR of 1.77 and were outside the 95% confidence limits (1.55, 2.01). **CONCLUSIONS:** Man-made disasters present some situations

that are not observed in other areas of epidemiology. Future epidemiologic studies of disasters could benefit from a proactive approach that focuses on the technical aspect of data collection and gathers information on bias parameters to provide more meaningful interpretations of results.

**Kwon S, Putman B, Weakley J, et al. 2016.** *Blood eosinophils and World Trade Center exposure predict surgery in chronic rhinosinusitis. A 13.5-year longitudinal study.* *Annals of the American Thoracic Society.* 13(8):1253–61.

<https://doi.org/10.1513/AnnalsATS.201511-7420C>

**RATIONALE:** The WTC collapse generated caustic airborne particulates that caused chronic rhinosinusitis in exposed FDNY firefighters. Surgery was performed when symptoms remained uncontrolled despite medical management. **OBJECTIVES:** To identify predictors of surgical intervention for chronic rhinosinusitis in firefighters exposed to airborne irritants at the WTC collapse site. **METHODS:** We assessed in 8227 firefighters with WTC exposure between September 11, 2001 (9/11), and September 25, 2001, including WTC-site arrival time, months of rescue and recovery work, and eosinophil concentration measured between September 11, 2001, and March 10, 2003. We assessed the association of serum cytokines and immunoglobulins with eosinophil concentration and surgery for rhinosinusitis in 112 surgical cases and 376 control subjects with serum available from the first 6 months after exposure to the WTC collapse site. **MEASUREMENTS AND MAIN RESULTS:** Between September 11, 2001, and March 10, 2015, the surgery rate was 0.47 cases per 100 person-years. In the first 18 months post-9/11, surgical patients had higher mean blood eosinophil levels than study

cohort patients (219 +/-155 vs. 191 +/-134;  $P < 0.0001$ ). Increased surgery risk was associated with increasing blood eosinophil counts (hazard ratio [HR], 1.12 per 100 cells/mul; 95% confidence interval [CI], 1.07–1.17;  $P < 0.001$ ); arriving at the WTC site on September 11, 2001, or September 12, 2001 (HR, 1.43; 95% CI, 1.04–1.99;  $P=0.03$ ); and working six months or longer at the WTC site (HR, 1.48; 95% CI, 1.14–1.93;  $P < 0.01$ ). Median blood eosinophil levels for surgical patients were above levels for the cohort in all 18-month intervals March 11, 2000, through March 10, 2015, using 51,163 measurements representing 97,733 person-years of observation. Increasing age, increasing IL-17A, and low IgA in serum from 2001 to 2002 predicted blood eosinophil concentration in surgical patients but not in control subjects ( $R(2)= 0.26$ ,  $P < 0.0001$ ; vs.  $R(2)=0.008$ ,  $P =0.56$ ). **CONCLUSIONS:** Increasing blood eosinophil concentration predicts surgical intervention for chronic rhinosinusitis, particularly in those with intense acute and prolonged exposure to airborne irritants. WTC-exposed FDNY firefighters who underwent irritant-associated sinus surgery are immunologically different from the cohort. Surgical patients have a higher blood eosinophil levels that is associated with mediators of mucosal immunity.

**Mahaffey B, Gonzalez A, Farris S, et al. 2016.** *Smoking to regulate negative affect: Disentangling the relationship between post-traumatic stress and emotional disorder symptoms, nicotine dependence, and cessation-related problems.* *Nicotine & Tobacco Research.* 18(6):1471–1478.

<https://doi.org/10.1093/ntr/ntv175>

**INTRODUCTION:** PTSD is associated with various aspects of cigarette smoking, including

higher levels of nicotine dependence and cessation difficulties. Affect-regulatory smoking motives are thought to, in part, underlie the association between emotional disorders such as PTSD and smoking maintenance, although few studies have empirically tested this possibility. **METHODS:** Data were analyzed from 135 treatment-seeking smokers who were directly exposed to the WTC disaster on September 11, 2001. We modeled the direct effect of 9/11 PTSD symptom severity on nicotine dependence, perceived barriers to smoking cessation, and severity of problematicsymptoms experienced during prior cessation attempts. We also examined the indirect effect of PTSD on these outcomes via negative affect reduction smoking motives. Parallel models were constructed for additional emotional disorder symptoms, including panic and depressive symptoms. **RESULTS:** PTSD symptom severity was associated with nicotine dependence and perceived barriers to cessation, but not problems during prior quit attempts indirectly via negative affect reduction smoking motives. Panic and depressive symptoms both had significant indirect effects, via negative affect reduction smoking motives, on all three criterion variables. **CONCLUSIONS:** Affect-regulatory smoking motives appear to underlie associations between the symptoms of emotional disorders such as PTSD, panic, and depression in terms of smoking dependence and certain cessation-related criterion variables. **IMPLICATIONS:** Overall, this investigation suggests negative affect reduction smoking motives help to explain the relationship of PTSD, depression, and panic symptoms to nicotine dependence, severity of problems experienced during prior quit attempts, and perceived barriers to cessation. These results highlight the importance of assessing motivations for smoking in the context of cessation treatment,

especially among those with emotional disorder symptoms. Future interventions might seek to utilize motivational interviewing and cognitive restructuring techniques to address coping-oriented motives for smoking, in addition to skills for managing negative affect, as a means of improving quit outcomes.

**Moir W, Zeig-Owens R, Daniels R, et al. 2016.** *Post-9/11 cancer incidence in World Trade Center-exposed New York City firefighters as compared to a pooled cohort of firefighters from San Francisco, Chicago and Philadelphia (9/11/2001–2009).* American Journal of Industrial Medicine. 59(9):722–30.

<https://doi.org/10.1002/ajim.22635>

**BACKGROUND:** We previously reported a modest excess of cancer in WTC-exposed firefighters versus the general population. This study aimed to separate the potential carcinogenic effects of firefighting and WTC exposure by comparing to a cohort of non-WTC-exposed firefighters. **METHODS:** Relative rates (RRs) for all cancers combined and individual cancer subtypes from 9/11/2001 to 12/31/2009 were modeled using Poisson regression comparing 11,457 WTC-exposed firefighters to 8,220 urban non-WTC-exposed firefighters. **RESULTS:** Compared with non-WTC-exposed firefighters, there was no difference in the RR of all cancers combined for WTC-exposed firefighters (RR=0.96, 95% CI: 0.83–1.12). Thyroid cancer was significantly elevated (RR=3.82, 95% CI: 1.0720.81) from 2001 to 2009; this was attenuated (RR=3.43, 95% CI: 0.94–18.94) and nonsignificant when controlling for possible surveillance bias. Prostate cancer was elevated during the latter half (2005–2009; RR=1.38, 95% CI: 1.01–1.88). **CONCLUSIONS:** Further follow-up is needed to assess the relationship

between WTC exposure and cancers with longer latency periods.

**Reibman J, Levi-Carrick N, Miles T, et al. (2016).** *Destruction of the World Trade Center Towers. Lessons Learned from an Environmental Health Disaster.* *Ann Am Thorac Soc* 13(5): 577-583.

<https://doi.org/10.1513/AnnalsATS.201509-572PS>

The assault and subsequent collapse of the World Trade Center towers in New York City on September 11, 2001 (9/11), released more than a million tons of debris and dust into the surrounding area, engulfing rescue workers as they rushed to aid those who worked in the towers, and the thousands of nearby civilians and children who were forced to flee. In December 2015, almost 15 years after the attack, and 5 years after first enactment, Congress reauthorized the James Zadroga 9/11 Health and Compensation Act, a law designed to respond to the adverse health effects of the disaster. This reauthorization affords an opportunity to review human inhalation exposure science in relation to the World Trade Center collapse. In this Special Article, we compile observations regarding the collective medical response to the environmental health disaster with a focus on efforts to address the adverse health effects experienced by nearby community members including local residents and workers. We also analyze approaches to understanding the potential for health risk, characterization of hazardous materials, identification of populations at risk, and shortfalls in the medical response on behalf of the local community. Our overarching goal is to communicate lessons learned from the World Trade Center experience that may be applicable to communities affected by future environmental health disasters. The World Trade Center

story demonstrates that communities lacking advocacy and preexisting health infrastructures are uniquely vulnerable to health disasters. Medical and public health personnel need to compensate for these vulnerabilities to mitigate long-term illness and suffering.

**Weakley J, Hall C, Liu X, et al. 2016.** *The effect of World Trade Center exposure on the latency of chronic rhinosinusitis diagnoses in New York City firefighters: 2001–2011.* *Occupational and Environmental Medicine.* 73(4):280–3.

<https://doi.org/10.1136/oemed-2015-103094>

**OBJECTIVE:** To assess how the effect of WTC exposure on physician-diagnosed chronic rhinosinusitis (CRS) in firefighters changed during the decade following the attack on 9/11 (11 September 2001 to 10 September 2011). **METHODS:** We examined temporal effects on the relation between WTC exposure and the incidence of physician diagnosed CRS in firefighters changed during the decade following the attack on 9/11 (11 September 2001 to 10 September 2011). Exposure was grouped by time of arrival at the WTC site as follows: (high) morning 11 September 2001 (n=1623);(moderate) afternoon 11 September 2001 or 12 September 2001 (n=7025); or (low) 13–24 September 2001 (n=1200). Piecewise exponential survival models were used to estimate incidences by exposure group, with change point in the relative incidences estimated by maximum likelihood. **RESULTS:** Incidences dramatically increased after 2007 due to a programmatic change that provided free medical treatment, but increases were similar in all exposure groups. For this reason, we observed no change point during the study period, meaning the relative incidence by exposure group (high vs moderate vs low)

of CRS disease did not significantly change over the study period. The relative rate of developing CRS was 1.99 (95% CI=1.64 to 2.41) for high versus low exposure, and 1.52 (95% CI=1.28 to 1.80) for moderate versus low exposure during the 10-year follow-up period. CONCLUSIONS: The risk of CRS in FDNY firefighters appears increased with WTC-exposure, and has not diminished by time since exposure.

**Webber M, Moir W, Crowson C, et al. 2016.** *Post-September 11, 2001, incidence of systemic autoimmune diseases in World Trade Center-exposed firefighters and emergency medical service workers.* Mayo Clinic Proceedings. 91(1):23–32.

<https://doi.org/10.1016/j.mayocp.2015.09.019>

**OBJECTIVE:** To estimate the incidence of selected systemic autoimmune diseases (SAIDs) in approximately 14,000 male rescue/recovery workers enrolled in the Fire Department of the City of New York (FDNY) WTC Health Program and to compare FDNY incidence to rates from demographically similar men in the Rochester Epidemiology Project (REP), a population-based database in Olmsted County, Minnesota. **PATIENTS AND METHODS:** We calculated incidence for specific SAIDs (rheumatoid arthritis, psoriatic arthritis, systemic lupus erythematosus, and others) and combined SAIDs diagnosed from September 12, 2001, through September 11, 2014, and generated expected sex and age-specific rates based on REP rates. Rates were stratified by level of WTC exposure (higher vs lower). Standardized incidence ratios (SIRs), which are the ratios of the observed number of cases in the FDNY group to the expected number of cases based on REP rates, and 95% CIs were calculated. **RESULTS:** We identified 97 SAID cases. Overall, FDNY rates were not

significantly different from expected rates (SIR, 0.97; 95% CI, 0.77–1.21). However, the lower WTC exposure group had 9.9 fewer cases than expected, whereas the higher WTC exposure group had 7.7 excess cases. **CONCLUSION:** Most studies indicate that the healthy worker effect reduces the association between exposure and outcome by about 20%, which we observed in the lower WTC exposure group. Overall rates masked differences in incidence by level of WTC exposure, especially because the higher WTC exposure group was relatively small. Continued surveillance for early detection of SAIDs in high WTC exposure populations is required to identify and treat exposure-related adverse effects.

**Weiden M, Kwon S, Caraher E, et al. 2016.** *Biomarkers of World Trade Center particulate matter exposure: Physiology of distal airway and blood biomarkers that predict FEV(1) decline.* Seminars in Respiratory and Critical Care Medicine. 36(3):323–333.

<https://dx.doi.org/10.1055%2Fs-0035-1547349>

Biomarkers can be important predictors of disease severity and progression. The intense exposure to particulates and other toxins from the destruction of the WTC overwhelmed the lung's normal protective barriers. The Fire Department of New York (FDNY) cohort not only had baseline pre-exposure lung function measures but also had serum samples banked soon after their WTC exposure. This well-phenotyped group of highly exposed first responders is an ideal cohort for biomarker discovery and eventual validation. Disease progression was heterogeneous in this group in that some individuals subsequently developed abnormal lung function while others recovered. Airflow obstruction predominated in WTC-exposed patients who were symptomatic. Multiple



independent disease pathways may cause this abnormal FEV1 after irritant exposure. WTC exposure activates one or more of these pathways causing abnormal FEV1 in an individual. Our hypothesis was that serum biomarkers expressed within 6 months after WTC exposure reflect active disease pathways and predict subsequent development or protection from abnormal FEV1 below the lower limit of normal known as WTC-Lung Injury (WTC-LI). We utilized a nested case-cohort control design of previously healthy never smokers who sought subspecialty pulmonary evaluation to explore predictive biomarkers of WTC-LI. We have identified biomarkers of inflammation, metabolic derangement, protease/antiprotease balance, and vascular injury expressed in serum within 6 months of WTC exposure that were predictive of their FEV1 up to 7 years after their WTC exposure. Predicting future risk of airway injury after particulate exposures can focus monitoring and early treatment on a subset of patients in greatest need of these services.

**Xu K, Goodman E, Goswami R, et al. 2016.** *Determinants of asthma morbidity in World Trade Center rescue and recovery workers.* *Annals of Allergy, Asthma & Immunology.* 117(5):568–570. [Letter]

<https://doi.org/10.1016/j.anai.2016.08.033>

No Abstract

**Zeig-Owens R, Kablanian A, Webber M, et al. 2016.** *Agreement between self-reported and confirmed cancer diagnoses in New York City firefighters and EMS workers, 2001–2011.* *Public Health Reports.* 131(1):153–9.

<https://doi.org/10.1177/003335491613100122>

**OBJECTIVES:** Because of the delay in availability of cancer diagnoses from state cancer

registries, self-reported diagnoses may be valuable in assessing the current cancer burden in many populations. We evaluated agreement between self-reported cancer diagnoses and state cancer registry-confirmed diagnoses among 21,437 firefighters and emergency medical service workers from the Fire Department of the City of New York. We also investigated the association between WTC exposure and other characteristics in relation to accurate reporting of cancer diagnoses. **METHODS:** Participants self-reported cancer status in questionnaires from October 2, 2001, to December 31, 2011. We obtained data on confirmed cancer diagnoses from nine state cancer registries, which we used as our gold standard. We calculated sensitivity, specificity, PPV, and negative predictive value (NPV), comparing self-reported cancer diagnoses with confirmed cancer diagnoses. We used multivariable logistic regression models to assess the association between WTC exposure and correct self-report of cancer status, false-positive cancer reports, and false-negative cancer reports. **RESULTS:** Sensitivity and specificity for all cancers combined were 90.3% and 98.7%, respectively. Specificities and NPVs remained high in different cancer types, while sensitivities and PPVs varied considerably. WTC exposure was not associated with accurate reporting. **CONCLUSION:** We found high specificities, NPVs, and general concordance between self-reported cancer diagnoses and registry-confirmed diagnoses. Given the low population prevalence of cancer, self-reported cancer diagnoses may be useful for determining non-cancer cases. Because of the low sensitivities and PPVs for some individual cancers, however, case confirmation with state cancer registries or medical records remains critically important.

**Zeig-Owens R, Nolan A, Putman B, et al. 2016.** *Biomarkers of patient intrinsic risk for upper and lower airway injury after exposure to the World Trade Center atrocity.* American Journal of Industrial Medicine. 59(9):788–894. [Review]

<https://doi.org/10.1002/ajim.22643>

**BACKGROUND:** High rates of upper and lower airways disease have occurred in Fire Department of the City of New York (FDNY) workers exposed to the WTC disaster site. Most experienced acute declines in pulmonary function, and some continued to experience decline over 14 years of follow-up. Similarly, some with rhinosinusitis had symptoms requiring sinus surgery. **AIM:** To increase generalizability of biomarker investigation, we describe biomarkers of risk for upper and lower airway injury that do not require stored serum. **METHODS:** We review WTC biomarker literature. **RESULTS:** Cytokines expressed in stored serum from the first 6 months post-9/11 can identify individuals at higher risk for future abnormal pulmonary function. **CONCLUSION:** This research will help identify individuals at high risk of lung and sinus disease that develop after these, or future, irritant exposures for intensive monitoring and treatment. It may also identify targets for effective therapeutic interventions.

## 2017 (18)

**Bromet EJ, Clopusten S, Gonzalez A, et al. 2017.** *Hurricane Sandy Exposure and the Mental Health of World Trade Center Responders.* Journal of Traumatic Stress. 30(2):107–114.

<https://dx.doi.org/10.1002/jts.22178>

**ABSTRACT:** The psychological consequences of a second disaster on populations

exposed to an earlier disaster have rarely been studied prospectively. Using a pre- and post-design, we examined the effects of Hurricane Sandy on possible World Trade Center (WTC) related PTSD (PCL score of  $\geq 50$ ) and overall depression (major depressive disorder [MDD]; Patient Health Questionnaire depression score of  $\geq 10$ ) among 870 WTC responders with a follow-up monitoring visit at the Long Island WTC Health Program during the 6 months post-Hurricane Sandy. The Hurricane Sandy exposures evaluated were damage to home (8.3%) and to possessions (7.8%), gasoline shortage (24.1%), prolonged power outage (42.7%), and filing a Federal Emergency Management Agency claim (11.3%). A composite exposure score also was constructed. In unadjusted analyses, Hurricane Sandy exposures were associated with 1.77 to 5.38 increased likelihood of PTSD and 1.58 to 4.13 likelihood of MDD; odds ratios for  $\geq 3$  exposures were 6.47 for PTSD and 6.45 for MDD. After adjusting for demographic characteristics, WTC exposure, pre-Hurricane Sandy mental health status, and time between assessments, reporting  $\geq 3$  Hurricane Sandy exposures was associated with a 3.29 and 3.71 increased likelihood of PTSD and MDD, respectively. These findings underscore the importance of assessing the impact of a subsequent disaster in ongoing responder health surveillance programs.

**Geronazzo-Alman L, Guffanti G, Eisenberg R, et al. 2017.** *Comorbidity classes and associated impairment, demographics and 9/11-exposures in 8,236 children and adolescents.* Journal of Psychiatric Research. 2017;96:171–7.

<http://doi.org/10.1016/j.jpsychires.2017.10.012>

The extensive comorbidity of psychiatric disorders in children and adolescents

leads to clinical heterogeneity, and is an often-overlooked issue in etiopathogenic and treatment studies in developmental psychopathology. In a representative sample (N=8236) of New York City public school students assessed six months after 9/11, latent class analysis was applied to 48 symptoms across seven disorders: post-traumatic stress, agoraphobia, separation anxiety, panic disorder, generalized anxiety (GAD), major depression (MDD) and conduct disorder (CD). Our objective was to identify classes defined by homogenous symptom profiles, and to examine the association between class membership and gender, age, race, different types of exposure to 9/11, and impairment. Eight homogenous comorbidity patterns were identified, including four severe disturbance classes: a multimorbid internalizing class (INT), a class with a high probability of CD, MDD, and GAD symptoms (Distress/EXT), a non-comorbid externalizing class, and a non-comorbid MDD class. Demographic and 9/11-related exposures showed some degree of specificity in their association with severe symptom profiles. Impairment was particularly high in the INT and Distress/EXT classes. A better characterization of phenomic data, that takes comorbidity into account, is essential to understand etiopathogenic processes, and to move psychiatric research forward towards personalized medicine. The high probability of endorsing symptoms of multiple disorders in the INT and Distress/EXT classes supports the use of treatments focusing on multimorbidity. Clinical trials should evaluate the effectiveness of disorder-specific versus transdiagnostic interventions. The association between class membership and demographic and exposure variables suggests that interventions may be improved by considering specific predictors of class membership.

**Gonzalez A, Friedberg F, Li X, et al. 2016.** *Trauma-focused smoking cessation for smokers exposed to the World Trade Center disaster: A randomized clinical trial.* *Nicotine & Tobacco Research.* 19(8):968–975.

<https://doi.org/10.1093/ntr/ntw384>

**INTRODUCTION:** The main objective was to evaluate the efficacy of an 8-session, group-based comprehensive smoking cessation and trauma management (CSC-T) treatment among daily smokers ( $\geq 5$  cigarettes/day) exposed to the WTC disaster with elevated WTC-related PTSD symptoms. **METHODS:** Participants (N=90) were randomly assigned to CSC-T (N=44; 63.6% White; 27.3% female; mean age=51.32 $\pm$ 7.87) or comprehensive smoking cessation (CSC) alone (N=46; 71.7% White; 28.3% female; mean age=48.74 $\pm$ 10.66), which was comparable in length and time. Assessments included a diagnostic clinical interview and self-report measures of PTSD and respiratory symptoms, and smoking behavior, and biologically confirmed smoking abstinence. Evaluations occurred at a baseline visit, each treatment session, and at 1-, 2-, 4-, 12-, and 26-weeks post-treatment. **RESULTS:** The two treatments did not differ in regard to PTSD symptom improvement. After quit day (week 6), the two groups had similar 7-day (~15%) and 6 month (~20%) abstinence rates as well as average number of cigarettes smoked, and PTSD and respiratory symptoms. **CONCLUSIONS:** It is possible that the CBT skills specific to quitting smoking, group-based support, and degree of therapist contact, that were available in both treatments may have played a role in equalizing the abstinence rates between the two conditions. Although the current study found no evidence that the CSC-T was superior to the CSC alone treatment, the

abstinence rates observed were high relative to previous trials of smokers with diagnosed PTSD. Further development of smoking cessation programs tailored to the needs of smokers with PTSD symptoms continues to be needed.

**Gumb T, Twumasi A, Alimokhtari S, et al. 2017.** *Comparison of two home sleep testing devices with different strategies for diagnosis of OSA.* Sleep Breath. 22(1): 139–147.

<http://doi.org/10.1007/s11325-017-1547-9>

**PURPOSE:** Home sleep testing devices are being widely used in diagnosis/screening for obstructive sleep apnea (OSA). We examined differences in OSA metrics obtained from two devices with divergent home monitoring strategies, the Apnea Risk Evaluation System (ARES, multiple signals plus forehead reflectance oximetry) and the Nonin WristOx2 (single channel finger transmission pulse oximeter), compared to differences from night-night variability of OSA. **METHODS:** One hundred fifty-two male/26 female subjects (BMI = 30.3 +/- 5.6 kg/m<sup>2</sup>, age = 52.5 +/- 8.9 years) were recruited without regard to OSA symptoms and simultaneously wore both ARES and Nonin WristOx2 for two nights (n = 351 nights). Automated analysis of the WristOx2 yielded oxygen desaturation index (ODIOx2, >=4% O2 dips/h), and automated analysis with manual editing of ARES yielded AHI4ARES (apneas + hypopneas with >=4% O2 dips/h) and RDIARES (apneas + hypopneas with >=4% O2 dips/h or arousal surrogates). Baseline awake oxygen saturation, percent time < 90% O2 saturation (%time < 90%O2Sat), and O2 signal loss were compared between the two methods. **RESULTS:** Correlation between AHI4ARES and ODIOx2 was high (ICC = 0.9, 95% CI = 0.87-0.92, p < 0.001, bias +/- SD = 0.7 +/- 6.1

events/h). Agreement values for OSA diagnosis (77-85%) between devices were similar to those seen from night-to-night variability of OSA using a single device. Awake baseline O2 saturation was significantly higher in the ARES (96.2 +/- 1.6%) than WristOx2 (92.2 +/- 2.1%, p < 0.01). There was a significantly lower %time < 90%O2Sat reported by the ARES compared to WristOx2 (median (IQR) 0.5 (0.0, 2.6) vs. 2.1 (0.3, 9.7), p < 0.001), and the correlation was low (ICC = 0.2). **CONCLUSIONS:** OSA severity metrics predominantly dependent on change in oxygen saturation and metrics used in diagnosis of OSA (AHI4 and ODI) correlated well across devices tested. However, differences in cumulative oxygen desaturation measures (i.e., %time < 90%O2Sat) between the devices suggest that caution is needed when interpreting this metric particularly in populations likely to have significant hypoxia.

**Kim H, Barron S, Baidwan NK, et al. 2017.** *New onset of asthma and job status change among world trade center responders and workers.* American Journal of Industrial Medicine. 19(12): 1039–1048.

<http://doi.org/10.1002/ajim.22774>

**Background:** Despite the high rates, the consequences of new onset asthma among the World Trade Center (WTC) responders in terms of the change in job status have not been studied. **Methods:** This study consists of a cohort of 8132 WTC responders out of the total 25787 responders who held a full-time job at the baseline visit, and participated in at least one follow-up visit. **Results:** Overall, 34% of the study cohort changed their job status from full-time at a follow-up visit. Multivariable models showed that asthmatics were respectively 27% and 47% more likely to have any job status change and get retired, and twice as likely to become

disabled as compared to non-asthmatics. Conclusions: With asthma incidence from WTC exposure, negative job status change should be considered as a potential long-term consequence of WTC exposure.

**Koshy TT, Attina TM, Ghassabian A, et al. (2017).** *Serum perfluoroalkyl substances and cardiometabolic consequences in adolescents exposed to the World Trade Center disaster and a matched comparison group.* Environ Int. 109: 128–135.

<http://www.ncbi.nlm.nih.gov/pubmed/28890218>

**BACKGROUND:** Large amounts of various chemical contaminants, including perfluoroalkyl substances (PFASs), were released at the time of the World Trade Center (WTC) disaster. Thousands of children who lived and/or attended school near the disaster site were exposed to these substances but few studies have examined the possible consequences related to these exposures. **OBJECTIVES:** To examine the relationship of PFASs serum levels with cardiometabolic profile in children and adolescents enrolled in the World Trade Center Health Registry (WTCHR) and a matched comparison group. **METHODS:** We evaluated WTCHR enrollees who resided in New York City and were born between September 11, 1993 and September 10, 2001, and a matched comparison group consisting of individuals who were ineligible for WTCHR participation upon distance of their home, school or work from the WTC and lack of participation in rescue and recovery activities. Matching was based on date of birth, sex, race, ethnicity, and income. We assessed exposure to PFASs, as measured by serum levels and association with cardiometabolic profile as measured by arterial wall stiffness, body mass index, insulin resistance, fasting total cholesterol,

HDL, LDL and triglycerides. **RESULTS:** A total of 402 participants completed the study and serum samples were analyzed from 308 participants, 123 in the WTCHR group and 185 in the comparison group. In multivariable regression analysis, after adjusting for relevant confounders, we observed a significant, positive association of perfluorooctanoic acid (PFOA) with triglycerides (beta coefficient=0.14, 95% CI: 0.02, 0.27, 15.1% change), total cholesterol (beta coefficient=0.09, 95% CI: 0.04, 0.14, 9.2% change), and LDL cholesterol (beta coefficient=0.11, 95% CI: 0.03, 0.19, 11.5% change). Perfluorohexanesulfonic acid levels were associated with decreased insulin resistance (beta coefficient=-0.09, 95% CI: -0.18, -0.003, -8.6% change); PFOA and perfluorononanoic acid were associated with increased brachial artery distensibility. **CONCLUSIONS:** This research adds to our knowledge of the physical health impacts in a large group of children exposed to the WTC disaster. Abnormal lipid levels in young adults might be an early marker of atherosclerosis and cardiovascular diseases and our findings highlight the importance of conducting longitudinal studies in this population.

**Kuan PF, Waszczuk MA, Kotov R, et al. 2017.** *Gene expression associated with PTSD in World Trade Center responders: An RNA sequencing study.* Transl Psychiatry 7(12): 1297.

<https://doi.org/10.1038/s41398-017-0050-1>

The gene expression approach has provided promising insights into the pathophysiology of posttraumatic stress disorder (PTSD). However, few studies used hypothesis-free transcriptome-wide approach to comprehensively understand gene expression underpinning PTSD. A transcriptome-wide expression study using RNA sequencing of

whole blood was conducted in 324 World Trade Center responders (201 with never, 81 current, 42 past PTSD). Samples from current and never PTSD responders were randomly split to form discovery (N = 195) and replication (N = 87) cohorts. Differentially expressed genes were used in pathway analysis and to create a polygenic expression score. There were 448 differentially expressed genes in the discovery cohort, of which 99 remained significant in the replication cohort, including FKBP5, which was found to be up-regulated in current PTSD regardless of the genotypes. Several enriched biological pathways were found, including glucocorticoid receptor signaling and immunity-related pathways, but these pathways did not survive FDR correction. The polygenic expression score computed by aggregating 30 differentially expressed genes using the elastic net algorithm achieved sensitivity/specificity of 0.917/0.508, respectively for identifying current PTSD in the replication cohort. Polygenic scores were similar in current and past PTSD, with both groups scoring higher than trauma-exposed controls without any history of PTSD. Together with the pathway analysis results, these findings point to HPA-axis and immune dysregulation as key biological processes underpinning PTSD. A novel polygenic expression aggregate that differentiates PTSD patients from trauma-exposed controls might be a useful screening tool for research and clinical practice, if replicated in other populations.

**Kuan P, Waszcuk M, Kotov R, et al. 2017.** *An epigenome-wide DNA methylation study of PTSD and depression in World Trade Center responders.* *Translational Psychiatry.* 7(6):e1158.

<https://doi.org/10.1038/tp.2017.130>

ABSTRACT: Previous epigenome-wide

association studies (EWAS) of PTSD and major depressive disorder (MDD) have been inconsistent. This may be due to small sample sizes, and measurement and tissue differences. The current two EWA analyses of 473 World Trade Center responders are the largest to date for both PTSD and MDD. These analyses investigated DNA methylation patterns and biological pathways influenced by differentially methylated genes associated with each disorder. Methylation was profiled on blood samples using Illumina 450 K Beadchip. Two EWA analyses compared current versus never PTSD, and current versus never MDD, adjusting for cell types and demographic confounders. Pathway and gene set enrichment analyses were performed to understand the complex biological systems of PTSD and MDD. No significant epigenome-wide associations were found for PTSD or MDD at an FDR  $P < 0.05$ . The majority of genes with differential methylation at a suggestive threshold did not overlap between the two disorders. Pathways significant in PTSD included a regulator of synaptic plasticity, oxytocin signaling, cholinergic synapse and inflammatory disease pathways, while only phosphatidylinositol signaling and cell cycle pathways emerged in MDD. The failure of the current EWA analyses to detect significant epigenome-wide associations is in contrast with disparate findings from previous, smaller EWA and candidate gene studies of PTSD and MDD. Enriched gene sets involved in several biological pathways, including stress response, inflammation and physical health, were identified in PTSD, supporting the view that multiple genes play a role in this complex disorder.

**Lin I. 2017.** *Associations of major and trace elements in lung tissues with World Trade Center exposures and subsequent respiratory*

*symptoms*. Dissertation Abstracts International. Section B: The Sciences and Engineering. 77(7-B(E)):No Pagination Specified.

<https://search.proquest.com/openview/6fd6b451817e3e521e5cff6201d15447/1?pq-origsite=gscholar&cbl=18750&diss=y>

**ABSTRACT:** To investigate associations of major and trace elements in lung tissues with self-reported WTC exposures, and with respiratory symptoms developed after September 11th, 2001, in order to evaluate whether elements characteristic of WTC exposure have been retained and might be constituents of biomarkers of WTC exposures. **Methods:** Study Subjects. Study subjects (n=130) were decedents autopsied by the Office of Chief Medical Examiner (OCME) of the City of New York during 2007–2011. Among 71,437 members of WTCHR, we obtained 75 peripheral lung and 61 central lung tissue samples from 75 decedent enrollees. We also obtained 55 peripheral lung and 43 central lung tissue samples from 55 decedent NYC reference individuals. **Materials Assessed.** Tissue samples were dried, weighed, homogenized, and acid-digested. Inductively-coupled magnetic sector plasma mass spectrometry (ICP-MS) was performed to measure levels (ppm; microg/g) of 34 major and trace elements known to be enriched in WTC dust. We excluded 7 elements from the final analyses due to poor recovery percentages or concentrations under the limits of detection. WTC exposure histories (rescue/recovery exposure and non-rescue/recovery exposure) were assessed at Wave 1 of WTCHR enrollment (2003–2004). Respiratory symptoms (wheezing, shortness of breath, persistent cough, and throat irritation) were assessed at Wave 1 and Wave 2 (2006–2008). **Statistical Methods.** We used the Mann-Whitney-Wilcoxon test to evaluate differences in elemental

concentrations between the WTCHR enrollees and NYC reference individuals after creating a merged estimate of both rescue/recovery and non-rescue/recovery exposures. The chi-square test or Fisher's exact test was used to compare the frequencies of categorical variables, including demographic characteristics, disease, and symptom status between autopsied WTCHR enrollees and all other enrollees in the original WTCHR cohort; elemental concentrations in lung tissues dichotomized at  $\geq$  median vs.  $<$  median among WTCHR enrollees and NYC reference individuals; and among WTCHR enrollees who reported post 9/11 respiratory symptoms (wheezing, shortness of breath, persistent cough, and throat irritations) and those who did not. We used multivariable logistic regression analysis to assess the associations of elemental concentrations in lung tissues with WTCHR membership compared to memberships in the NYC reference group after controlling for age, gender, race/ethnicity, and year of death. We also used unconditional logistic regression analysis to evaluate the associations of major and trace elements in lung tissues with both self-reported WTC exposure histories and post-9/11 respiratory symptoms, after adjusting for race/ethnicity, smoking status, and year of death. **Results:** With the exception of smoking status, place of residence on September 11th, 2001, and race/ethnicity, all other demographic variables, post-9/11 diseases, and symptoms were similar between the autopsied WTCHR enrollees in the present study and all other enrollees in the original WTCHR cohort. The distribution of gender, race/ethnicity, education, marital status, borough of residence, lung diseases, chronic diseases, substances abuse, and metal concentrations in lung tissues also were similar in the WTCHR enrollee group and the NYC reference group. After adjusting

for age, gender, race/ethnicity, and year of death, the majority of elemental concentrations in lung tissue did not differ between the WTCHR enrollee groups. However, significant differences were found for Ag and U. Aluminum in central lung was associated with rescue/recovery exposure among all WTCHR enrollees [adjusted OR=4.78 (95% C.I.= 1.01–29.27)] after adjustment for age on September 11th, 2001, gender, race/ethnicity, smoking, and year of death.

**Liu X, Yip J, Zeig-Owens R, et al. 2017.** *The effect of World Trade Center exposure on the timing of diagnoses of obstructive airway disease, chronic rhinosinusitis, and gastroesophageal reflux disease.* *Front Public Health.* 5: 2.

<https://doi.org/10.3389/fpubh.2017.00002>

**OBJECTIVES:** In a cohort of rescue/recovery workers exposed to the dust that resulted from the collapse of the WTC, we assessed how a diagnosis of obstructive airways disease (OAD) affected the likelihood of a subsequent diagnosis of chronic rhinosinusitis (CRS) or gastroesophageal reflux disease (GERD). We also assessed whether OAD acted as a mediator of the association between exposure to the WTC rescue/ recovery effort and CRS and GERD diagnoses. **Methods:** In this prospective cohort study, we analyzed Fire Department of the City of New York physician diagnoses of OAD, CRS, and GERD that were first documented between September 11, 2001, and September 10, 2011, among 8,968 WTC-exposed firefighters. We used piecewise exponential survival models to evaluate whether OAD was a risk factor for either CRS or GERD and to assess OAD as a possible mediator. **RESULTS:** An OAD diagnosis significantly increased the risks for subsequent CRS [relative rate (RR), 4.24; 95% CI, 3.78–4.76] and GERD (RR, 3.21; 95%

CI, and 2.93–3.52) diagnoses. Further, 21% of the WTC exposure effect (high vs. low intensity) on GERD and 13% of the effect (high vs. low intensity) on CRS were mediated by a prior OAD diagnosis. **Conclusion:** Individuals with an OAD diagnosis had elevated risks for subsequent diagnoses of CRS or GERD. Part of the effect of WTC exposure on CRS and GERD diagnoses is mediated by prior diagnoses of OAD; this mediation effect of OAD may reflect biological pathways or healthcare utilization practices.

**Mahaffey B, Gonzalez A, Farris S, et al. 2017.** *Understanding the connection between posttraumatic stress symptoms and respiratory problems: Contributions of anxiety sensitivity.* *Journal of Traumatic Stress.* 30(1):71–79.

<http://dx.doi.org/10.1002/jts.22159>

**OBJECTIVES:** Respiratory problems and PTSD are the signature health consequences associated with the September 11, 2001 (9/11), WTC disaster and frequently co-occur. The reasons for this comorbidity, however, remain unknown. Anxiety sensitivity is a trans-diagnostic trait that is associated with both PTSD and respiratory symptoms. The present study explored whether anxiety sensitivity could explain the experience of respiratory symptoms in trauma-exposed smokers with PTSD symptoms. Participants (N=135; Mage=49.18 years, SD=10.01) were 9/11-exposed daily smokers. Cross-sectional self-report measures were used to assess PTSD symptoms, anxiety sensitivity, and respiratory symptoms. After controlling for co-variables and PTSD symptoms, anxiety sensitivity accounted for significant additional variance in respiratory symptoms (DELTA R<sup>2</sup>= .04 to .08). This effect was specific to the somatic concerns dimension (beta=.29, p=.020); somatic concerns



contributed significantly to accounting for the overlap between PTSD and respiratory symptoms ( $b=0.03$ , 95% CI [0.01, 0.07]). These findings suggest that the somatic dimension of anxiety sensitivity is important in understanding respiratory symptoms in individuals with PTSD symptoms. These findings also suggest that it may be critical to address anxiety sensitivity when treating patients with comorbid respiratory problems and PTSD.

**Marmor M, Shao Y, Bhatt H, Stecker M, Berger K, et al. (2017).** *Paresthesias among Community Members Exposed to the World Trade Center Disaster.* *Journal of Occupational and Environmental Medicine.* 59(4):389–396.

<https://doi.org/10.1097/JOM.0000000000000966>

**OBJECTIVES:** Paresthesias can result from metabolic disorders, nerve entrapment following repetitive motions, hyperventilation pursuant to anxiety, or exposure to neurotoxins. We analyzed data from community members exposed to the WTC disaster of September 11, 2001, to evaluate whether exposure to the disaster was associated with paresthesias. **METHODS:** Analysis of data from 3141 patients of the WTC EHC. **Results:** Fifty-six percent reported paresthesias at enrollment 7–15 years following the WTC disaster. After controlling for potential confounders, paresthesias were associated with severity of exposure to the WTC dust cloud and working in a job requiring cleaning of WTC dust. **Conclusions:** This study suggests that paresthesias were commonly associated with WTC-related exposures or post-WTC cleaning work. Further studies should objectively characterize these paresthesias and seek to identify relevant neurotoxins or paresthesia-inducing activities.

**Mindlis I, Morales-Raveendran E, Goodman E, et al. 2017.** *Post-traumatic stress disorder dimensions and asthma morbidity in WTC rescue and recovery workers.* *Journal of Asthma.* 54 (7): 723–731

<https://doi.org/10.1080/02770903.2016.1263650>

**OBJECTIVE:** Using data from a cohort of WTC rescue and recovery workers with asthma, we assessed whether meeting criteria for PTSD, sub-threshold PTSD, and for specific PTSD symptom dimensions are associated with increased asthma morbidity. **METHODS:** Participants underwent a Structured Clinical Interview for Diagnostic and Statistical Manual to assess the presence of PTSD following DSM-IV criteria during in-person interviews between December 2013 and April 2015. We defined sub-threshold PTSD as meeting criteria for two of three symptom dimensions: re-experiencing, avoidance, or hyper-arousal. Asthma control, acute asthma-related healthcare utilization, and asthma-related quality of life data were collected using validated scales. Unadjusted and multiple regression analyses were performed to assess the relationship between sub-threshold PTSD and PTSD symptom domains with asthma morbidity measures. **RESULTS:** Of the 181 WTC workers with asthma recruited into the study, 28% had PTSD and 25% had sub-threshold PTSD. Patients with PTSD showed worse asthma control, higher rates of inpatient healthcare utilization, and poorer asthma quality of life than those with sub-threshold or no PTSD. After adjusting for potential confounders, among patients not meeting the criteria for full PTSD, those presenting symptoms of re-experiencing exhibited poorer quality of life ( $p=0.003$ ). Avoidance was associated with increased acute healthcare use ( $p=0.05$ ). Sub-threshold PTSD was not associated with

asthma morbidity ( $p > 0.05$  for all comparisons). **CONCLUSIONS:** There may be benefit in assessing asthma control in patients with sub-threshold PTSD symptoms as well as those with full PTSD to more effectively identify ongoing asthma symptoms and target management strategies.

**Rosen R, Levy-Carrick N, Reibman J, et al. 2017.** *Elevated C-reactive protein and post-traumatic stress pathology among survivors of the 9/11 World Trade Center attacks.* Journal of Psychiatric Research. 89:1421.

<https://doi.org/10.1016/j.jpsychires.2017.01.007>

**BACKGROUND:** Systemic inflammation has emerged as a promising marker and potential mechanism underlying PTSD. The relationship between posttraumatic stress pathology and systemic inflammation has not, however, been consistently replicated and is potentially confounded by comorbid illness or injury, common complications of trauma exposure. **METHODS:** We analyzed a large naturalistic cohort sharing a discrete physical and mental health trauma from the destruction of the WTC towers on September 11, 2001 ( $n=641$ ). We evaluated the relationship between multiple physical and mental health-related indices collected through routine evaluations at the WTC EHC, a treatment program for community members exposed to the disaster. C-Reactive Protein (CRP), a marker of systemic inflammation, was examined in relation to scores for PTSD, PTSD symptom clusters (re-experiencing, avoidance, negative cognitions/mood, arousal), depression, and anxiety, while controlling for WTC exposures, lower respiratory symptoms, age, sex, BMI, and smoking as potential risks or confounders. **RESULTS:** CRP was positively associated with PTSD severity ( $p < 0.001$ ),

trending toward association with depression ( $p=0.06$ ), but not with anxiety ( $p=0.27$ ). CRP was positively associated with re-experiencing ( $p < 0.001$ ) and avoidance ( $p < 0.05$ ) symptom clusters, and trended toward associations with negative cognitions/ mood ( $p=0.06$ ) and arousal ( $p=0.08$ ). **CONCLUSIONS:** In this large study of the relationship between CRP and posttraumatic stress pathology, we demonstrated an association between systemic inflammation and stress pathology (PTSD; trending with depression), which remained after adjusting for potentially confounding variables. These results contribute to research findings suggesting a salient relationship between inflammation and posttraumatic stress pathology.

**Trasande L, Koshya T, Gilberta J, et al. 2017.** *Serum perfluoroalkyl substances in children exposed to the World Trade Center disaster.* Environmental Research. 154: 212–221.

<https://doi.org/10.1016/j.envres.2017.01.008>

The WTC disaster released large amounts of various chemical substances into the environment, including perfluoroalkyl substances (PFASs). Yet, no studies have examined exposures in children living or attending schools near the disaster site. We measured serum PFASs in WTCHR respondents who were  $\leq 8$  years of age on September 11, 2001, and a sociodemographically-matched comparison group. We also examined the relationship of PFASs levels with dust cloud exposure, home dust exposure, and with traumatic exposure, the latter to take into account differences related to possible mental health consequences and associated behavioral problems. Serum samples, collected between 2014 and 2016, were analyzed from 123 WTCHR participants and from 185 participants in the comparison

group. In the WTCHR group, median perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) levels were 1.81ng/mL and 3.72ng/mL, respectively. Controlling for sex, caloric intake, race/ethnicity, and date of birth, significant increases among WTCHR participants compared with the matched comparison group were detected for perfluorohexanesulfonate (0.23ng/mL increase or 0.24log unit increase,  $p=0.006$ ); PFOS (0.86ng/mL increase or 0.16log unit increase,  $p=0.011$ ); PFOA (0.35ng/mL increase or 0.18log unit increase,  $p<0.001$ ); perfluorononanoic acid (0.12ng/mL increase or 0.17log unit increase,  $p=0.003$ ); perfluorodecanoic acid (0.06ng/mL increase or 0.42log unit increase,  $p<0.001$ ); and perfluoroundecanoic acid (0.03ng/mL increase or 0.32log unit increase,  $p=0.019$ ). Stronger associations were identified for home dust exposures and traumatic exposures than dust cloud. These findings highlight the importance of conducting longitudinal studies in this population to assess possible cardiometabolic and renal consequences related to these exposures.

**Trasande L, Koshy TT, Gilbert J, et al. (2017).** *Cardiometabolic profiles of adolescents and young adults exposed to the World Trade Center Disaster.* *Environ Res.* 160: 107–114.

<https://doi.org/10.1016/j.envres.2017.09.026>

**BACKGROUND AND OBJECTIVE:** Few studies have examined the possible cardiometabolic consequences of World Trade Center-related exposures on children who lived and/or attended school near the disaster site. Our objective was to compare cardiometabolic profiles of participants in the World Trade Center Health Registry (WTCHR) with a matched comparison group. **METHODS:** We evaluated WTCHR enrollees who resided

in New York City and were born between September 11, 1993 and September 10, 2001, and a matched comparison group. We assessed exposure to dust cloud, home dust, as well as traumatic exposure, and associations with blood pressure, arterial wall stiffness, body mass index (BMI), total cholesterol, triglycerides, HDL, and LDL. **RESULTS:** A total of 402 participants completed the study, 222 in the comparison group and 180 in the WTCHR group. In multivariable regression analysis, after adjusting for relevant confounders we detected a weak association between participation in the WTCHR group and lower BMI (-1.12kg/m<sup>2</sup>, 95% CI -2.11, -0.12;  $p = 0.03$ ), which became non-significant after adjusting for multiple comparisons. With respect to traumatic and psychosocial exposures, the only association that persisted in our multivariable model, below our predefined level of significance, was between post-traumatic stress disorder and higher BMI (2.06kg/m<sup>2</sup>, 95% CI 0.37, 3.74;  $p = 0.02$ ). **CONCLUSIONS:** Our findings do not support an association between self-reported exposures to the WTC disaster and adverse cardiometabolic profile. However, further longitudinal studies may better inform the full extent of WTC-related conditions associated with exposure to the disaster.

**Waszczuk M, Li X, Bromet E, et al. 2017.** *Pathway from PTSD to respiratory health: Longitudinal evidence from a psychosocial intervention.* *Health Psychology.* 36(5):429–437.

<http://dx.doi.org/10.1037/hea0000472>

**OBJECTIVE:** Respiratory illness and PTSD are common, debilitating conditions that frequently co-occur. Observational studies indicate that PTSD, independently of smoking, is a major risk and maintenance factor

for LRS. The current study experimentally tested this etiologic pathway by investigating whether LRS can be reduced by treating PTSD symptoms. **METHOD:** Ninety daily smokers exposed to the WTC disaster (mean age 50 years; 28% female, 68% White) completed 8-session group-based weekly comprehensive trauma management and smoking cessation treatments that focused on skills to alleviate PTSD symptoms. LRS, PTSD symptoms, and smoking were assessed weekly. Data was analyzed using multilevel models of within-person associations between LRS, PTSD symptoms, smoking, and treatment dose across eight weekly sessions with concurrent and lagged outcomes. **RESULTS:** LRS improved significantly with treatment (reduction of .50 standard deviations). Reduction in PTSD symptoms uniquely predicted improvement in LRS at consecutive sessions one week apart and fully accounted for the treatment effect on LRS. The effect of PTSD symptoms was stronger than that of smoking, and the only effect to remain significant when both entered the model. Notably, reduction in LRS did not predict future improvement in PTSD symptoms. **CONCLUSIONS:** The results are in line with the etiologic pathway suggesting that PTSD symptoms are a risk and maintenance factor for chronic LRS and that treatment of PTSD can help to alleviate LRS in trauma-exposed populations. PTSD is emerging as a novel and important treatment target for chronic respiratory problems.

**Zvolensky M, Rodriguez-Cano R, Paulus D, et al. 2017.** *Respiratory problems and anxiety sensitivity in smoking lapse among treatment seeking smokers.* *Addictive Behaviors.* 75: 25–29.

<https://doi.org/10.1016/j.addbeh.2017.06.015>

**PURPOSE:** The current study examined whether the interaction of lower respiratory symptoms and anxiety sensitivity is related to smoking lapse in the context of smoking cessation. **METHOD:** Participants were adult daily smokers (N=60) exposed to the World Trade Center (WTC) disaster who were in a smoking cessation treatment program (75.0% male, 50.6years old [SD=9.2], and current smoking rate was 17.6 cigarettes per day (SD=10.6)). **RESULTS:** Results indicated that the interaction between lower respiratory symptoms and anxiety sensitivity was a significant predictor of greater risk for lapse (i.e., lower survival time; B=0.005, OR=1.01, p=0.039). Follow-up analysis showed that greater respiratory symptoms were a significant predictor of lapse risk among those with high (B=0.116, OR=1.12, p=0.025), but not those with low (B=-0.048, OR=0.95, p=0.322), levels of anxiety sensitivity. **DISCUSSION:** The findings from the current study suggest that smokers with greater respiratory symptoms and higher levels of anxiety sensitivity may be associated with early lapse to smoking following smoking cessation treatment. Future work has the potential to inform the development of tailored cessation interventions for smokers who experience varying levels of lower respiratory symptoms and anxiety sensitivity.

## 2018 (22)

**Crowley G, Kwon S, Haider SH, et al. 2018.** *Metabolomics of World Trade Center-Lung Injury: a machine learning approach.* *BMJ Open Respiratory Research.* 5(1):e000274.

<https://doi.org/10.1136/bmjresp-2017-000274>

Introduction: Biomarkers of metabolic syndrome expressed soon after World Trade Center (WTC) exposure predict develop-

ment of WTC Lung Injury (WTC-LI). The metabolome remains an untapped resource with potential to comprehensively characterize many aspects of WTC-LI. This case-control study identified a clinically relevant, robust subset of metabolic contributors of WTC-LI through comprehensive high-dimensional metabolic profiling and integration of machine learning techniques. Methods: Never-smoking, male, WTC-exposed firefighters with normal pre-9/11 lung function were segregated by post-9/11 lung function. Cases of WTC-LI (forced expiratory volume in 1s <lower limit of normal, n=15) and controls (n=15) were identified from previous cohorts. The metabolome of serum drawn within 6 months of 9/11 was quantified. Machine learning was used for dimension reduction to identify metabolites associated with WTC-LI. Results: 580 metabolites qualified for random forests (RF) analysis to identify a refined metabolite profile that yielded maximal class separation. RF of the refined profile correctly classified subjects with a 93.3% estimated success rate. 5 clusters of metabolites emerged within the refined profile. Prominent subpathways include known mediators of lung disease such as sphingolipids (elevated in cases of WTC-LI), and branched-chain amino acids (reduced in cases of WTC-LI). Principal component analysis of the refined profile explained 68.3% of variance in five components, demonstrating class separation. Conclusion: Analysis of the metabolome of WTC-exposed 9/11 rescue workers has identified biologically plausible pathways associated with loss of lung function. Since metabolites are proximal markers of disease processes, metabolites could capture

the complexity of past exposures and better inform treatment. These pathways warrant further mechanistic research.

**de la Hoz RE, Liu X, Doucette JT et al. 2018.** *Increased Airway Wall Thickness is Associated with Adverse Longitudinal First-Second Forced Expiratory Volume Trajectories of Former World Trade Center workers.* *Lung.* 196(4):481-489.

<https://doi.org/10.1007/s00408-018-0125-7>.

**RATIONALE:** Occupational exposures at the WTC site after September 11, 2001 have been associated with several presumably inflammatory lower airway diseases. In this study, we describe the trajectories of expiratory air flow decline, identify subgroups with adverse progression, and investigate the association of a quantitative computed tomography (QCT) imaging measurement of airway wall thickness, and other risk factors for adverse progression. **METHODS:** We examined the trajectories of expiratory air flow decline in a group of 799 former WTC workers and volunteers with QCT-measured (with two independent systems) wall area percent (WAP) and at least 3 periodic spirometries. We calculated individual regression lines for first-second forced expiratory volume (FEV1), identified subjects with rapidly declining and increasing (“gainers”), and compared them to subjects with normal and “stable” FEV1 decline. We used multivariate logistic regression to model decliner vs. stable trajectories. **RESULTS:** The mean longitudinal FEV1 slopes for the entire study population, and its stable, decliner, and gainer subgroups were, respectively, - 35.8, - 8, - 157.6, and + 173.62 ml/year. WAP was associated with “decliner” status (ORadj 1.08, 95% CI 1.02, 1.14, per 5% increment) compared to stable. Age, weight gain, base-

line FEV1 percent predicted, bronchodilator response, and pre-WTC occupational exposures were also significantly associated with accelerated FEV1 decline. Analyses of gainers vs. stable subgroup showed WAP as a significant predictor in unadjusted but not consistently in adjusted analyses. CONCLUSIONS: The apparent normal age-related rate of FEV1 decline results from averaging widely divergent trajectories. WAP is significantly associated with accelerated air flow decline in WTC workers.

**de la Hoz RE, Weber J, Xu D, et al. 2018.** *Chest CT scan findings in World Trade Center workers.* Archives of Environmental & Occupational Health. 12: 1–20.

<https://doi.org/10.1080/19338244.2018.1452712>

We examined the chest CT scans of 1,453 WTC responders using the International Classification of High-resolution CT for Occupational and Environmental Respiratory Diseases. Univariate and bivariate analyses of potential work-related pleural abnormalities were performed with pre-WTC and WTC-related occupational exposure data, spirometry, demographics and quantitative CT measurements. Logistic regression was used to evaluate occupational predictors of those abnormalities. Chest CT scans were performed first at a median of 6.8 years after 9/11/2001. Pleural abnormalities were the most frequent (21.1%) across all occupational groups. In multivariable analyses, significant pre-WTC occupational asbestos exposure, and work as laborer/cleaner were predictive of pleural abnormalities, with prevalence being highest for the Polish subgroup (n = 237) of our population. Continued occupational lung disease surveillance is warranted in this cohort.

**Graber J M, Chuang CT, Ward CL, et al. 2018.** *Head and Neck Cancer in World Trade Center Responders: A Case Series.* J Occup Environ Med. (web doc ahead of print) June 2018.

<https://doi.org/10.1097/JOM.0000000000001386>

OBJECTIVE: To report on cases of head and neck cancer (HNC) among World Trade Center (WTC) responders participating in the WTC Health Program and seen at Rutgers WTC Center of Clinical Excellence. METHODS: Medical records were abstracted by two clinical reviewers and discrepancies resolved. Cases were defined as WTC responders diagnosed with HNC between 9/12/2005 and 12/31/2016. RESULTS: Sixteen HNC patients met the case definition, most (13) arrived at the WTC location on 9/11 or within the following 2 days and half worked in law enforcement during the 9/11 response. CONCLUSIONS: An association between HNC and WTC exposure is biologically plausible and should be further investigated. Research to enumerate the risk factor profile for these cancers may contribute to understanding mechanisms by which WTC exposure can contribute to carcinogenesis and to prevention and early detection strategies.

**Haider SH, Kwon S, Lam R, et al. 2018.** *Predictive biomarkers of gastroesophageal reflux disease and Barrett's esophagus in World Trade Center exposed firefighters: A 15 year longitudinal study.* Scientific Reports 18(1): 3106.

<https://doi.org/10.1038/s41598-018-21334-9>

Gastroesophageal reflux disease (GERD) and Barrett's Esophagus (BE), which are prevalent in the World Trade Center (WTC) ex-

posed and general populations, negatively impact quality of life and cost of healthcare. GERD, a risk factor of BE, is linked to obstructive airways disease (OAD). We aim to identify serum biomarkers of GERD/BE, and assess the respiratory and clinical phenotype of a longitudinal cohort of never-smoking, male, WTC-exposed rescue workers presenting with pulmonary symptoms. Biomarkers collected soon after WTC-exposure were evaluated in optimized predictive models of GERD/BE. In the WTC-exposed cohort, the prevalence of BE is at least 6 times higher than in the general population. GERD/BE cases had similar lung function, D LCO, bronchodilator response and long-acting  $\beta$ -agonist use compared to controls. In confounder-adjusted regression models, TNF- $\alpha$   $\geq$  6 pg/mL predicted both GERD and BE. GERD was also predicted by C-peptide  $\geq$  360 pg/mL, while BE was predicted by fractalkine  $\geq$  250 pg/mL and IP-10  $\geq$  290 pg/mL. Finally, participants with GERD had significantly increased use of short-acting  $\beta$ -agonist compared to controls. Overall, biomarkers sampled prior to GERD/BE presentation showed strong predictive abilities of disease development. This study frames future investigations to further our understanding of aerodigestive pathology due to particulate matter exposure.

**Hena KM, Yip J, Jaber N, et al. 2018.** *Clinical course of sarcoidosis in World Trade Center-exposed firefighters.* Chest 153: 114–123.

<https://doi.org/10.1016/j.chest.2017.10.014>

**BACKGROUND:** Sarcoidosis is believed to represent a genetically primed, abnormal immune response to an antigen exposure or inflammatory trigger, with both genetic

and environmental factors playing a role in disease onset and phenotypic expression. In a population of firefighters with post-World Trade Center (WTC) 9/11/2001 (9/11) sarcoidosis, we have a unique opportunity to describe the clinical course of incident sarcoidosis during the 15 years postexposure and, on average, 8 years following diagnosis. **METHODS:** Among the WTC-exposed cohort, 74 firefighters with post-9/11 sarcoidosis were identified through medical records review. A total of 59 were enrolled in follow-up studies. For each participant, the World Association of Sarcoidosis and Other Granulomatous Diseases organ assessment tool was used to categorize the sarcoidosis involvement of each organ system at time of diagnosis and at follow-up. **RESULTS:** The incidence of sarcoidosis post-9/11 was 25 per 100,000. Radiographic resolution of intrathoracic involvement occurred in 24 (45%) subjects. Lung function for nearly all subjects was within normal limits. Extrathoracic involvement increased, most prominently joints (15%) and cardiac (16%) involvement. There was no evidence of calcium dysmetabolism. Few subjects had ocular (5%) or skin (2%) involvement, and none had beryllium sensitization. Most (76%) subjects did not receive any treatment. **CONCLUSIONS:** Extrathoracic disease was more prevalent in WTC-related sarcoidosis than reported for patients with sarcoidosis without WTC exposure or for other exposure-related granulomatous diseases (beryllium disease and hypersensitivity pneumonitis). Cardiac involvement would have been missed if evaluation stopped after ECG, 48-h recordings, and echocardiogram. Our results also support the need for advanced cardiac screening in asymptomatic patients with strenuous, stressful, public safety occupations, given the potential fatality of a missed diagnosis.

**Kahn LG, Han X, Koshy TT, et al. 2018.** *Adolescents exposed to the World Trade Center collapse have elevated serum dioxin and furan concentrations more than 12 years later.* *Environ Int* 111: 267–268.

<https://doi.org/10.1016/j.envint.2017.11.026>

**BACKGROUND:** The collapse of the World Trade Center (WTC) on September 11, 2001 released a dust cloud containing numerous environmental contaminants, including polychlorinated dibenzo-para-dioxins and polychlorinated dibenzofurans (PCDD/Fs). PCDD/Fs are toxic and are associated with numerous adverse health outcomes including cancer, diabetes, and impaired reproductive and immunologic function. Prior studies have found adults exposed to the WTC disaster to have elevated levels of PCDD/Fs. This is the first study to assess PCDD/F levels in WTC-exposed children. **METHODS:** This analysis includes 110 participants, a subset of the 2014–2016 WTC Adolescent Health Study, a group of both exposed youths who lived, attended school, or were present in lower Manhattan on 9/11 recruited from the WTC Health Registry (WTCHR) and unexposed youths frequency matched on age, sex, race, ethnicity, and income. Our sample was selected to maximize the contrast in their exposure to dust from the WTC collapse. Questionnaire data, including items about chronic home dust and acute dust cloud exposure, anthropometric measures, and biologic specimens were collected during a clinic visit. Serum PCDD/F concentrations were measured according to a standardized procedure at the New York State Department of Health Organic Analytical Laboratory. We used multivariable linear regression to assess differences in PCDD/Fs between WTCHR and non-WTCHR partici-

pants. We also compared mean and median PCDD/F and toxic equivalency (TEQ) concentrations in our cohort to 2003–4 National Health and Nutrition Examination Survey (NHANES) levels for youths age 12–19. **RESULTS:** Median PCDD/F levels were statistically significantly higher among WTCHR participants compared to non-WTCHR participants for 16 out of 17 congeners. Mean and median TEQ concentrations in WTCHR participants were >7 times those in non-WTCHR participants (72.5 vs. 10.1 and 25.3 vs. 3.39pg/g lipid, respectively). Among WTCHR participants, median concentrations of several PCDD/Fs were higher than the NHANES 95th percentiles. After controlling for dust cloud exposure, home dust exposure was significantly associated with higher PCDD/F level. **CONCLUSIONS:** Adolescents in lower Manhattan on the day of the WTC attack and exposed to particulate contamination from the WTC collapse had significantly elevated PCDD/F levels >12years later compared to a matched comparison group, driven by chronic home dust exposure rather than acute dust cloud exposure. PCDD/F and TEQ levels substantially exceeded those in similar-aged NHANES participants. Future studies are warranted to explore associations of PCDD/Fs with health and developmental outcomes among individuals exposed to the WTC disaster as children.

**Kim H, Kriebel D, Liu B, et al. 2018.** *Standardized morbidity ratios of four chronic health conditions among World Trade Center responders: Comparison to the national health interview survey.* *American Journal of Industrial Medicine.* [online article ahead of publication].

<https://doi.org/10.1002/ajim.22825>



**PURPOSE:** We conducted external comparisons for the prevalence of asthma, hypertension, diabetes, and cancer among World Trade Center (WTC) general responders using the National Health Interview Survey (NHIS) as the reference, along with internal comparisons for the incidence of asthma. **METHODS:** Standardized Morbidity Ratios (SMRs) were calculated for the prevalence of the health conditions, and risk ratios (RRs) for asthma incidence. **RESULTS:** Relative to the NHIS, asthma prevalence was in excess in responders over the study years (age-adjusted SMRs=1.3–2.8). Hypertension prevalence began to exceed expected from 2006 while diabetes was lower than expected. An upward trend towards excess cancer prevalence was observed. Internal comparisons showed elevated asthma incidence among protective service and utility workers compared to construction workers; while those who arrived at the WTC site in the morning of 9/11 had a lower asthma risk than those who arrived in the afternoon. **CONCLUSIONS:** The use of NHIS data as a reference population demonstrates and reconfirms several important patterns of excess risk in WTC responders. External comparisons are an alternative for disaster cohorts without an established comparison group.

**Kuan, PF, Mi Z, Georgopoulos P, et al. 2018.** *Enhanced exposure assessment and genome-wide DNA methylation in World Trade Center disaster responders.* *Eur J Cancer Prev.* [epub ahead of print] July 11, 2018.

<https://doi.org/10.1097/CEJ.0000000000000460>

DNA methylation has emerged as a promising target linking environmental exposures and cancer. The World Trade Center (WTC) responders sustained exposures to poten-

tial carcinogens, resulting in an increased risk of cancer. Previous studies of cancer risk in WTC-exposed responders were limited by the deficiency in quantitative and individual information on exposure to carcinogens. The current study introduces a new exposure-ranking index (ERI) for estimating cancer-related acute and chronic exposures, which aimed to improve the ability of future analyses to estimate cancer risk. An epigenome-wide association study based on DNA methylation and a weighted gene co-expression network analysis were carried out to identify cytosine-phosphate-guanosine (CpG) sites, modules of correlated CpG sites, and biological pathways associated with the new ERI. Methylation was profiled on blood samples using Illumina 450K Beadchip. No significant epigenome-wide association was found for ERI at a false discovery rate of 0.05. Several cancer-related pathways emerged in pathway analyses for the top ranking genes from epigenome-wide association study as well as enriched module from the weighted gene co-expression network analysis. The current study was the first DNA methylation study that aimed to identify methylation signature for cancer-related exposure in the WTC population. No CpG sites survived multiple testings adjustment. However, enriched gene sets involved in cancer, were identified in both acute and chronic ERIs, supporting the view that multiple genes play a role in this complex exposure.

**Kung WW, Liu X, Goldmann E, et al. 2018.** *Posttraumatic stress disorder in the short and medium term following the world trade center attack among asian americans.* *Journal of Community Psychology: No Pagination Specified.* [epub ahead of print] June 9, 2018.

<https://doi.org/10.1002/jcop.22092>

This study investigated patterns of probable posttraumatic stress disorder (PTSD) and their predictors among 2,431 Asian American and 31,455 non-Hispanic White World Trade Center (WTC) Registry participants 2-3 years and 5-6 years after the WTC attack. Participants were divided into four PTSD pattern groups: resilient, remitted, delayed onset, and chronic. Asians had a lower proportion in the resilient group (76.5% vs. 79.8%), a higher proportion in the chronic (8.6% vs. 7.4%) and remitted (5.9% vs. 3.4%) groups, and a similar proportion in the delayed onset group (about 9%) compared to Whites. In multinomial logistic regression analyses, disaster exposure, immigrant status, lower income, pre-attack depression/anxiety, and lower respiratory symptoms were associated with increased odds of chronic and delayed onset PTSD (vs. resilience) among both races. Education and employment were protective against chronic and delayed onset PTSD among Whites only. These results can inform targeted outreach efforts to enhance prevention and treatment for Asians affected by future events.

**Kung WW, Liu X, Huang D, et al. 2018.** *Factors related to the probable PTSD after the 9/11 World Trade Center attack among Asian Americans.* Journal of Urban Health: Bulletin of the New York Academy of Medicine

<https://doi.org/10.1007/s11524-017-0223-5>

**Abstract:** Despite the fact that Asians constituted a sizeable proportion of those exposed to the World Trade Center attack on September 11, 2001 due to its proximity to Chinatown and many South Asians working in the nearby buildings, no study had focused on examining the mental health impact of

the attack in this group. Based on data collected by the World Trade Center Health Registry from a sample of 4721 Asians 2–3 years after the disaster, this study provides a baseline investigation for the prevalence and the risk and protective factors for PTSD among Asian Americans directly exposed to the attack and compared this population against 42,862 non-Hispanic Whites. We found that Asians had a higher prevalence of PTSD compared to Whites (14.6 vs 11.7%). “Race-specific factors” significantly associated to PTSD in the multivariate analyses were noted among sociodemographics: higher education was protective for Whites but a risk factor for Asians; being employed was protective for Whites but had no effect for Asians; and being an immigrant was a risk factor for Whites but had no effect for Asians. However, income was a protective factor for both races. Other “universal factors” significantly increased the odds of PTSD symptoms but showed no racial differences, including exposure to the disaster and the presence of lower respiratory symptoms which intensified odds of PTSD by the greatest magnitude (3.6–3.9 times). Targeted effort to reach out to Asians is essential for prevention and follow up treatment given this group’s striking history of underutilization of mental health services.

**Landgren O, Zeig-Owens R, Giricz O, et al. 2018.** *Multiple Myeloma and Its Precursor Disease Among Firefighters Exposed to the World Trade Center Disaster.* JAMA Oncol. [epub ahead of print] May 2, 2018.

<https://doi.org/10.1001/jamaoncol.2018.0509>

**Importance:** The World Trade Center (WTC) attacks on September 11, 2001, created an unprecedented environmental exposure to known and suspected carcinogens suggest-

ed to increase the risk of multiple myeloma. Multiple myeloma is consistently preceded by the precursor states of monoclonal gammopathy of undetermined significance (MGUS) and light-chain MGUS, detectable in peripheral blood. Objective: To characterize WTC-exposed firefighters with a diagnosis of multiple myeloma and to conduct a screening study for MGUS and light-chain MGUS. Design, Setting, and Participants: Case series of multiple myeloma in firefighters diagnosed between September 11, 2001, and July 1, 2017, together with a seroprevalence study of MGUS in serum samples collected from Fire Department of the City of New York (FDNY) firefighters between December 2013 and October 2015. Participants included all WTC-exposed FDNY white, male firefighters with a confirmed physician diagnosis of multiple myeloma (n = 16) and WTC-exposed FDNY white male firefighters older than 50 years with available serum samples (n = 781). Exposures: WTC exposure defined as rescue and/or recovery work at the WTC site between September 11, 2001, and July 25, 2002. Main Outcomes and Measures: Multiple myeloma case information, and age-adjusted and age-specific prevalence rates for overall MGUS (ie, MGUS and light-chain MGUS), MGUS, and light-chain MGUS. Results: Sixteen WTC-exposed white male firefighters received a diagnosis of multiple myeloma after September 11, 2001; median age at diagnosis was 57 years (interquartile range, 50-68 years). Serum/urine monoclonal protein isotype/free light-chain data were available for 14 cases; 7 (50%) had light-chain multiple myeloma. In a subset of 7 patients, myeloma cells were assessed for CD20 expression; 5 (71%) were CD20 positive. In the screening study, we assayed peripheral blood from 781 WTC-exposed firefighters. The age-standardized prevalence rate of MGUS and light-chain MGUS

combined was 7.63 per 100 persons (95% CI, 5.45-9.81), 1.8-fold higher than rates from the Olmsted County, Minnesota, white male reference population (relative rate, 1.76; 95% CI, 1.34-2.29). The age-standardized prevalence rate of light-chain MGUS was more than 3-fold higher than in the same reference population (relative rate, 3.13; 95% CI, 1.99-4.93). Conclusions and Relevance: Environmental exposure to the WTC disaster site is associated with myeloma precursor disease (MGUS and light-chain MGUS) and may be a risk factor for the development of multiple myeloma at an earlier age, particularly the light-chain subtype.

**Lieberman-Cribbin W, Tuminello S, Gillezeau C, et al 2018.** The development of a bi-obank of cancer tissue samples from World Trade Center responders. *J Transl Med.* 16(280).

<https://doi.org/10.1186/s12967-018-1661-x>

Background: World Trade Center (WTC) responders were exposed to mixture of dust, smoke, chemicals and carcinogens. Studies of cancer incidence in this population have reported elevated risks of cancer compared to the general population. There is a need to supplement current epidemiologic cancer follow-up with a cancer tissue bank in order to better elucidate a possible connection between each cancer and past WTC exposure. This work describes the implementation of a tissue bank system for the WTC newly diagnosed cancers, focused on advancing the understanding of the biology of these tumors. This will ultimately impact the modalities of treatment, and the probability of success and survival of these patients. Methods: WTC Responders who participated (as employees or volunteers) in the rescue, recovery and clean-up ef-

forts at the WTC sites have been enrolled at Mount Sinai in the World Trade Center Health Program. Responders with cancer identified and validated through linkages with New York, New Jersey, Pennsylvania, and Connecticut cancer registries were eligible to participate in this biobank. Potential participants were contacted through letters, phone calls, and emails to explain the research study, consent process, and to obtain the location where their cancer procedure was performed. Pathology departments were contacted to identify and request tissue samples. Results: All the 866 solid cancer cases confirmed by the Data Center at Mount Sinai have been contacted and consent was requested for retrieval and storage of the tissue samples from their cancer. Hospitals and doctors' offices were then contacted to locate and identify the correct tissue block for each patient. The majority of these cases consist of archival paraffin blocks from surgical patients treated from 2002 to 2015. At the time of manuscript writing, this resulted in 280 cancer samples stored in the biobank.

Conclusions: A biobank of cancer tissue from WTC responders has been compiled with 280 specimens in storage to date. This tissue bank represents an important resource for the scientific community allowing for high impact studies on environmental exposures and cancer etiology, cancer outcome, and gene-environment interaction in the unique population of WTC responders.

**Remch M, Laskaris Z, Flory J, et al. 2018.** *Post-Traumatic Stress Disorder and Cardiovascular Diseases: A Cohort Study of Men and Women Involved in Cleaning the Debris of the World Trade Center Complex.* *Circ Cardiovasc Qual Outcomes* 11(7): e004572.

<https://doi.org/10.1161/CIRCOUTCOMES.117.004572>

**BACKGROUND:** We sought to determine whether post-traumatic stress disorder (PTSD) is a risk factor for myocardial infarction (MI) and stroke, beyond the expected effects from recognized cardiovascular risk factors and depression. **METHODS AND RESULTS:** World Trade Center-Heart is an observational prospective cohort study of 6481 blue-collar first responders nested within the World Trade Center Health Program in New York City. Baseline measures in 2012 and 2013 included blood pressure, weight and height, and blood lipids. PTSD, depression, smoking, and dust exposure during the 2001 cleanup were self-reported. During the 4-year follow-up, outcomes were assessed through (1) interview-based incident, nonfatal MI, and stroke, validated in medical charts (n=118); and (2) hospitalizations for MI and stroke for New York city and state residents (n=180). Prevalence of PTSD was 19.9% in men and 25.9% in women, that is, at least twice that of the general population. Cumulative incidence of MI or stroke was consistently larger for men or women with PTSD across follow-up. Adjusted hazard ratios (HRs) were 2.22 (95% confidence interval [CI], 1.30-3.82) for MI and 2.51 (95% CI, 1.39-4.57) for stroke. For pooled MI and stroke, adjusted HRs were 2.35 (95% CI, 1.57-3.52) in all and 1.88 (95% CI, 1.01-3.49) in men free of depression. Using hospitalization registry data, adjusted HRs were 2.17 (95% CI, 1.41-3.32) for MI; 3.01 (95% CI, 1.84-4.93) for stroke; and for pooled MI and stroke, the adjusted HR was 2.40 (95% CI, 1.73-3.34) in all, HR was 2.44 (95% CI, 1.05-5.55) in women, and adjusted HR was 2.27 (95% CI, 1.41-3.67) in men free of depression. World Trade Center dust exposure had no effect. **CONCLUSIONS:** This cohort study

confirms that PTSD is a risk factor for MI and stroke of similar magnitude in men and women, independent of depression.

**Rojano B, West E, Goodman E, et al. 2018.** *Self-management behaviors in World Trade Center rescue and recovery workers with asthma.* *J Asthma*: 1-11. [epub ahead of print] July 9, 2018.

<https://doi.org/10.1080/02770903.2018.1462377>

**BACKGROUND:** Asthma is a major source of morbidity among World Trade Center (WTC) rescue and recovery workers. While physical and mental health comorbidities have been associated with poor asthma control, the potential role and determinants of adherence to self-management behaviors (SMB) among WTC rescue and recovery workers is unknown. **OBJECTIVES:** To identify modifiable determinants of adherence to asthma self-management behaviors in WTC rescue and recovery worker that could be potential targets for future interventions. **METHODS:** We enrolled a cohort of 381 WTC rescue and recovery workers with asthma. Sociodemographic data and asthma history were collected during in-person interviews. Based on the framework of the Model of Self-regulation, we measured beliefs about asthma and controller medications. Outcomes included medication adherence, inhaler technique, use of action plans, and trigger avoidance. **RESULTS:** Medication adherence, adequate inhaler technique, use of action plans, and trigger avoidance were reported by 44%, 78%, 83%, and 47% of participants, respectively. Adjusted analyses showed that WTC rescue and recovery workers who believe that they had asthma all the time (odds ratio [OR]: 2.37; 95% confidence interval [CI]: 1.38-4.08), that WTC-related asthma is more severe (OR: 1.73; 95% CI: 1.02-2.93),

that medications are important (OR: 12.76; 95% CI: 5.51-29.53), and that present health depends on medications (OR: 2.39; 95% CI: 1.39-4.13) were more likely to be adherent to their asthma medications. Illness beliefs were also associated with higher adherence to other SMB. **CONCLUSIONS:** Low adherence to SMB likely contributes to uncontrolled asthma in WTC rescue and recovery workers. Specific modifiable beliefs about asthma chronicity, the importance of controller medications, and the severity of WTC-related asthma are independent predictors of SMB in this population. Cognitive behavioral interventions targeting these beliefs may improve asthma self-management and outcomes in WTC rescue and recovery workers. **Key message:** This study identified modifiable beliefs associated with low adherence to self-management behaviors among World Trade Center rescue and recovery rescue and recovery workers with asthma which could be the target for future interventions. **CAPSULE SUMMARY:** Improving World Trade Center-related asthma outcomes will require multifactorial approaches such as supporting adherence to controller medications and other self-management behaviors. This study identified several modifiable beliefs that may be the target of future efforts to support self-management in this patient population.

**Singh A, Liu C, Putnam B, et al. 2018.** *Predictors of asthma/COPD overlap in FDNY firefighters with World Trade Center dust exposure: a longitudinal study.* *Chest*. [epub ahead of print July 17, 2018].

<https://doi.org/10.1016/j.chest.2018.07.002>

**BACKGROUND:** Previously healthy firefighters with World Trade Center (WTC) dust exposure developed airway disease. Risk fac-

tors for irritant-associated asthma/COPD overlap are poorly defined. METHODS: The study included 2,137 WTC-exposed firefighters who received a clinically-indicated bronchodilator pulmonary function test (BD-PFT) between 9/11/2001-9/10/2017. A post-BD FEV1 increase of >12% and 200 ml from baseline defined asthma, and post-BD FEV1/FVC ratio<0.7 identified COPD cases. Participants who met both criteria had asthma/COPD overlap. Eosinophil levels were measured on screening blood tests performed shortly after 9/11/2001 and prior to BD-PFT; a subgroup of participants also had serum IgE and 21 cytokines measured (N=215). Marginal Cox regression models for multiple events assessed the associations of eosinophil levels or serum biomarkers with subsequent diagnosis, with age, race, smoking, WTC-exposure, first post-9/11 FEV1/FVC ratio, and BMI included as covariates. RESULTS: BD-PFT diagnosed asthma/COPD overlap in 99 individuals (4.6%), isolated-asthma in 202 (9.5%), and isolated-COPD in 215 (10.1%). Eosinophil concentration  $\geq 300$  cells/ $\mu$ l was associated with increased risk of asthma/COPD overlap (HR: 1.85, 95% CI: 1.16-2.95), but not with isolated-asthma or isolated-COPD. Serum IL-4 also predicted asthma/COPD overlap (HR: 1.51 per doubling of cytokine concentration, 95% CI: 1.17-1.95). Greater IL-21 concentration was associated with both isolated-asthma and isolated-COPD (HR: 1.73, 95% CI: 1.27-2.35 and HR: 2.06, 95% CI: 1.31-3.23, respectively). CONCLUSIONS: In WTC-exposed firefighters, elevated blood eosinophils and IL-4 levels are associated with subsequent asthma/COPD overlap. Disease-specific Th-2 biomarkers present years before diagnosis suggest patient-intrinsic predisposition to irritant-associated asthma/COPD overlap.

**Singh A, Zeig-Owens R, Moir W, et al. 2018.** *Estimation of Future Cancer Burden Among Rescue and Recovery Workers Exposed to the World Trade Center Disaster.* JAMA Oncol. [epub ahead of print] June 2018.

<https://doi.org/10.1001/jamaoncol.2018.0504>

Importance: Elevated rates of cancer have been reported in individuals exposed to the World Trade Center (WTC) disaster, including Fire Department of the City of New York (FDNY) rescue and recovery workers. Objective: To project the future burden of cancer in WTC-exposed FDNY rescue and recovery workers by estimating the 20-year cancer incidence. Design, Setting, and Participants: A total of 14474 WTC-exposed FDNY employees who were cancer-free on January 1, 2012; subgroup analyses were conducted of the cohort's white male population (n = 12374). In this closed-cohort study, we projected cancer incidence for the January 1, 2012, to December 31, 2031, period. Simulations were run using demographic-specific New York City (NYC) cancer and national mortality rates for each individual, summed for the whole cohort, and performed 1000 times to produce mean estimates. Additional analyses in the subgroup of white men compared case counts produced by using 2007-2011 FDNY WTC Health Program (FDNY-WTCHP) cancer rates vs NYC rates. Average and 20-year aggregate costs of first-year cancer care were estimated using claims data. Exposures: World Trade Center disaster exposure defined as rescue and recovery work at the WTC site at any time from September 11, 2001, to July 25, 2002. Main Outcomes and Measures: (1) Projected number of incident cancers in the full cohort, based on NYC cancer rates; (2) cancer incidence estimates in the subgroup projected using FDNY-WTCHP

vs NYC rates; and (3) estimated first-year treatment costs of incident cancers. Results: On January 1, 2012, the cohort was 96.8% male, 87.1% white, and had a mean (SD) age of 50.2 (9.2) years. The projected number of incident cancer cases was 2960 (95% CI, 2883-3037). In our subgroup analyses using FDNY-WTCHP vs NYC cancer rates, the projected number of new cases in white men was elevated (2714 [95% CI, 2638-2786] vs 2596 [95% CI, 2524-2668]). Accordingly, we expect more prostate (1437 [95% CI, 1383-1495] vs 863 [95% CI, 816-910]), thyroid (73 [95% CI, 60-86] vs 57 [95% CI, 44-69]), and melanoma cases (201 [95% CI, 179-223] vs 131 [95% CI, 112-150]), but fewer lung (237 [95% CI, 212-262] vs 373 [95% CI, 343-405]), colorectal (172 [95% CI, 152-191] vs 267 [95% CI, 241-292]), and kidney cancers (66 [95% CI, 54-80] vs 132 [95% CI, 114-152]) ( $P < .001$  for all comparisons). The estimated 20-year cost of first-year treatment was \$235835412 (95% CI, \$187582227-\$284088597). Conclusions and Relevance: We project that the FDNY-WTCHP cohort will experience a greater cancer burden than would be expected from a demographically similar population. This underscores the importance of cancer prevention efforts and routine screening in WTC-exposed rescue and recovery workers.

**Trye A, Berger KI, Naidu M, et al. 2018.** *Respiratory Health and Lung Function in Children Exposed to the World Trade Center Disaster.* J Pediatr. [epub ahead of print] July 18, 2018.

<https://doi.org/10.1016/j.jpeds.2018.06.009>

**OBJECTIVES:** To compare lung function in a representative sample of World Trade Center (WTC)-exposed children with matched comparisons, and examine relationships with reported exposures. **STUDY DESIGN:** Study

population consisted of 402 participants. Oscillometry, spirometry, and plethysmography were performed on WTC Health Registry (WTCHR) respondents who were  $\leq 8$  years of age on September 11, 2001 ( $n = 180$ ) and a sociodemographically matched group of New York City residents ( $n = 222$ ). We compared lung function by study arm (WTCHR and comparison group) as well as dust cloud (acute); home dust (subchronic); and other traumatic, nondust exposures. **RESULTS:** In multivariable models, post-9/11 risk of incident asthma was higher in the WTCHR participants than in the comparison group (OR 1.109, 95% CI 1.021, 1.206;  $P = .015$ ). Comparing by exposure rather than by group, dust cloud (OR 1.223, 95% CI 1.095, 1.365;  $P < .001$ ) and home dust (OR 1.123, 95% CI 1.029, 1.226;  $P = .009$ ) exposures were also associated with a greater risk of incidence of post-9/11 asthma. No differences were identified for lung function measures. **CONCLUSIONS:** Although we cannot exclude an alternative explanation to the null findings, these results may provide some measure of reassurance to exposed children and their families regarding long-term consequences. Further study with bronchodilation and/or methacholine challenge may be needed to identify and further evaluate effects of WTC exposure. Biomarker studies may also be more informative in delineating exposure-outcome relationships. **TRIAL REGISTRATION:** ClinicalTrials.gov: NCT02068183.

**Uchida M, Feng H, Feder A, et al. 2018.** *Parental posttraumatic stress and child behavioral problems in world trade center responders.* American Journal of Industrial Medicine. 61(6): 504-514.

<https://doi.org/10.1002/ajim.22838>

**Background:** We investigated trans-genera-

tional associations between Post Traumatic Stress Disorder (PTSD) symptoms in World Trade Center (WTC) responders and behavioral problems in their children. Methods: Participants were WTC responders—8034 police and 8352 non-traditional (eg, construction workers)—with one or more children at the time of their first visit to the World Trade Center Health Program (WTC-HP). Self-report questionnaires were administered approximately 4 years after the 9/11 WTC attack. Results: A total of 31.4% of non-traditional and 20.0% of police responders reported behavioral problems in their children. Non-traditional responder status, female sex, Hispanic ethnicity, more life stressors, more WTC-related PTSD symptoms, and dysphoric arousal symptoms were significant correlates of behavioral problems in responders' children. Conclusions: Specific parental sociodemographic, psychosocial and clinical characteristics, as well as PTSD symptom severity, were significant correlates of child behavior problems. Findings encourage monitoring and early intervention for children of disaster responders, particularly those at highest risk.

**Waszczuk MA, Li K, Ruggero CJ, et al 2018.** *Maladaptive Personality Traits and 10-Year Course of Psychiatric and Medical Symptoms and Functional Impairment Following Trauma.* *Annals of Behavioral Medicine.* 52(8): 697–712.

<https://doi.org/10.1093/abm/kax030>

Background: Personality is a major predictor of many mental and physical disorders, but its contributions to illness course are understudied Purpose The current study aimed to explore whether personality is associated with a course of psychiatric and

medical illness over 10 years following trauma. Methods: World Trade Center (WTC) responders (N = 532) completed the personality inventory for DSM-5, which measures both broad domains and narrow facets. Responders' mental and physical health was assessed in the decade following the WTC disaster during annual monitoring visits at a WTC Health Program clinic. Multilevel modeling was used in an exploratory manner to chart the course of health and functioning, and examine associations of maladaptive personality domains and facets with intercepts (initial illness) and slopes (course) of illness trajectories. Results: Three maladaptive personality domains—negative affectivity, detachment and psychoticism—were uniquely associated with initial posttraumatic stress disorder (PTSD); detachment and psychoticism were also associated with initial functional impairment. Five facets—emotional lability, anhedonia, callousness, distractibility and perceptual dysregulation—were uniquely associated with initial mental and physical health and functional impairment. Anxiousness and depressivity facets were associated with worse initial levels of psychiatric outcomes only. With regard to illness trajectory, callousness and perceptual dysregulation were associated with the increase in PTSD symptoms. Anxiousness was associated with greater persistence of respiratory symptoms. Conclusions Several personality domains and facets were associated with initial levels and long-term course of illness and functional impairment in a traumatized population. Results inform the role of maladaptive personality in the development and maintenance of chronic mental-physical comorbidity. Personality might constitute a transdiagnostic prognostic and treatment target.



**Wu BG, Sulaiman I, Wang J, et al. 2018.** *Severe Obstructive Sleep Apnea is Associated with Alterations in the Nasal Microbiome and Increase in Inflammation.* American Journal of Respiratory and Critical Care Medicine. [Epub ahead of print]

<https://www.ncbi.nlm.nih.gov/pubmed/29969291>

**RATIONALE:** Obstructive Sleep Apnea (OSA) is associated with recurrent obstruction, sub-epithelial edema, and airway inflammation. The resultant inflammation may influence or be influenced by the nasal microbiome. **OBJECTIVES:** To evaluate whether the composition of the nasal microbiota is associated with obstructive sleep apnea and inflammatory biomarkers. **METHODS:** Two large cohorts were utilized: 1) a discovery cohort of 472 subjects from the WTCSNORE cohort; and 2) a validation cohort of 93 subjects from the Zaragoza Sleep cohort. Sleep apnea was diagnosed using home sleep tests. Nasal lavages were obtained from cohort subjects to measure: 1) microbiome composition (based on 16S rRNA gene sequencing); 2) biomarkers for inflammation (inflammatory cells, IL-8, and IL-6). Longitudinal 3 months samples were obtained in the validation cohort including post-CPAP treatment when indicated. **RESULTS:** In both cohorts, we identified that: 1) severity of OSA correlated with differences in microbiome diversity and composition; 2) the nasal microbiome of subjects with severe OSA were enriched with *Streptococcus*, *Prevotella*, and *Veillonella*; 3) the nasal microbiome differences were associated with inflammatory biomarkers. Network analysis identified clusters of co-occurring microbes that defined communities. Several common oral commensals (e.g., *Streptococcus*, *Rothia*, *Veillonella*, and *Fusobacterium*) cor-

related with apnea-hypopnea index. Three months of treatment with CPAP did not change the composition of the nasal microbiota. **CONCLUSIONS:** We demonstrate that the presence of an altered microbiome in severe OSA is associated with inflammatory markers. Further experimental approaches to explore causal links are needed.

**Zeig-Owens R, Singh A, Aldrich TK, et al 2018.** *Blood Leukocyte Concentrations, FEV<sub>1</sub> Decline, and Airflow Limitation. A 15-Year Longitudinal Study of World Trade Center-exposed Firefighters.* Annals of the American Thoracic Society. 15(2):173–183.

<https://doi.org/10.1513/AnnalsATS.201703-276OC>

**RATIONALE:** Rescue/recovery work at the World Trade Center disaster site (WTC) caused a proximate decline in lung function in Fire Department of the City of New York firefighters. A subset of this cohort experienced an accelerated rate of lung function decline over 15 years of post-September 11, 2001 (9/11) follow-up. **OBJECTIVES:** To determine if early postexposure blood leukocyte concentrations are biomarkers for subsequent FEV<sub>1</sub> decline and incident airflow limitation. **METHODS:** Individual rates of forced expiratory volume in 1 second (FEV<sub>1</sub>) change were calculated for 9,434 firefighters using 88,709 spirometric measurements taken between September 11, 2001, and September 10, 2016. We categorized FEV<sub>1</sub> change rates into three trajectories: accelerated FEV<sub>1</sub> decline (FEV<sub>1</sub> loss >64 ml/yr), expected FEV<sub>1</sub> decline (FEV<sub>1</sub> loss between 0 and 64 ml/yr), and improved FEV<sub>1</sub> (positive rate of change >0 ml/yr). Occurrence of FEV<sub>1</sub>/FVC less than 0.70 after 9/11 defined incident airflow limitation. Using regression models, we assessed associations of post-9/11 blood eosinophil and

neutrophil concentrations with subsequent FEV<sub>1</sub> decline and airflow limitation, adjusted for age, race, smoking, height, WTC exposure level, weight change, and baseline lung function. RESULTS: Accelerated FEV<sub>1</sub> decline occurred in 12.7% of participants (1,199 of 9,434), whereas post-9/11 FEV<sub>1</sub> improvement occurred in 8.3% (780 of 9,434). Higher blood eosinophil and neutrophil concentrations were each associated with accelerated FEV<sub>1</sub> decline after adjustment for covariates (odds ratio [OR], 1.10 per 100 eosinophils/mm<sup>3</sup>; 95% confidence interval [CI], 1.05-1.15; and OR, 1.10 per 1,000 neutrophils/mm<sup>3</sup>; 95% CI, 1.05-1.15, respectively). Multivariable-adjusted linear regression models showed that a higher blood neutrophil concentration was associated with a faster rate of FEV<sub>1</sub> decline (1.14 ml/yr decline per 1,000 neutrophils/mm<sup>3</sup>; 95% CI, 0.69-1.60 ml/yr; P<0.001). Higher blood eosinophil

concentrations were associated with a faster rate of FEV<sub>1</sub> decline in ever-smokers (1.46 ml/yr decline per 100 eosinophils/mm<sup>3</sup>; 95% CI, 0.65-2.26 ml/yr; P<0.001) but not in never-smokers (P for interaction=0.004). Higher eosinophil concentrations were also associated with incident airflow limitation (adjusted hazard ratio, 1.10 per 100 eosinophils/mm<sup>3</sup>; 95% CI, 1.04-1.15). Compared with the expected FEV<sub>1</sub> decline group, individuals experiencing accelerated FEV<sub>1</sub> decline were more likely to have incident airflow limitation (adjusted OR, 4.12; 95% CI, 3.30-5.14). CONCLUSIONS: Higher post-9/11 blood neutrophil and eosinophil concentrations were associated with subsequent accelerated FEV<sub>1</sub> decline in WTC-exposed firefighters. Both higher blood eosinophil concentrations and accelerated FEV<sub>1</sub> decline were associated with incident airflow limitation in WTC-exposed firefighters.

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## Appendix 2, Section 2

### WTC Health Registry Research Publications

#### WTC Health Registry Research Publications

(Excludes published conference abstracts, letters to the editor, book chapters and publications in press)

#### 2006 (1)

**Brackbill R, Thorpe L, DiGrande, et al. 2006.** *Surveillance for World Trade Center disaster health effects among survivors of collapsed and damaged buildings.* Morbidity and Mortality Weekly Report Surveillance Summaries. 55(S2): 1–18.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5502a1.htm>

**PROBLEM/CONDITION:** Survivors of collapsed or damaged buildings from the attack on the WTC were among those most exposed to injury hazards, air pollution, and traumatic events. **REPORTING PERIOD:** This report summarizes data from health outcomes collected during interviews conducted from September 5, 2003, to the close of the WTCHR enrollment on November 20, 2004. **DESCRIPTION OF SYSTEM:** WTCHR will be used to monitor periodically the mental and physical health of 71,437 enrollees for 20 years. The analysis is limited to 8418 adult survivors of collapsed buildings (n=5095) and buildings with major or moderate damage (n=3323), excluding those who were involved in rescue and recovery. **RESULTS:** A total of 62.4% of survivors of collapsed or damaged buildings were caught in the dust and debris cloud that resulted from

the collapse of the WTC towers, and 63.8% experienced three or more potentially psychologically traumatizing events. Injuries were common (43.6%), but few survivors reported injuries that would have required extensive treatment. More than half (56.6%) of survivors reported experiencing new or worsening respiratory symptoms after the attacks, 23.9% had heartburn/reflux, and 21.0% had severe headaches. At the time of the interview, 10.7% of building survivors screened positive for serious psychological distress (SPD) using the K6 instrument. After multiple adjustments, data indicated that survivors caught in the dust and debris cloud were more likely to report any injuries (adjusted odds ratio [AOR]=3.9;  $p < 0.05$ ); any respiratory symptom (AOR=2.7;  $p < 0.05$ ); severe headaches (AOR=2.0;  $p < 0.05$ ); skin rash/irritation (AOR=1.7;  $p < 0.05$ ); hearing problems or loss (AOR=1.7;  $p < 0.05$ ); heartburn (AOR=1.7;  $p < 0.05$ ); diagnosed stroke (AOR=5.6;  $p < 0.05$ ); self-reported depression, anxiety, or other emotional problem (AOR=1.4;  $p < 0.05$ ); and current SPD (AOR=2.2;  $p < 0.05$ ). Adjustment for SPD did not diminish the observed associations between dust cloud exposure and physical health outcomes. Building type and time of evacuation were associated with injuries on September 11, 2001, and reported symptoms; building type (collapsed versus damaged) also was associated with mental distress. **INTERPRETATION:** Two to three years after September 11, survivors of buildings that collapsed or that were damaged as a result of the WTC attack reported substantial physical and mental health problems. The

long-term ramifications of these effects are unknown. Many survivors were caught directly in the dust and debris of collapsing towers, a dense cloud of particulate matter that might have produced or exacerbated these health effects. PUBLIC HEALTH ACTION RECOMMENDED: Long-term follow-up of building survivors and all other persons enrolled in WTCHR should be maintained, with particular attention to those persons exposed to the dust cloud. Some of these findings might lead to building designs that can minimize injury hazards.

### 2007 (3)

**Murphy J, Brackbill R, Thalji L, et al. 2007.** *Measuring and maximizing coverage in the World Trade Center Health Registry.* *Statistics in Medicine.* 26:1688–1701.

<https://doi.org/10.1002/sim.2806>

The WTCHR is a database for following people who were exposed to the disaster of 11 September 2001. Hundreds of thousands of people were exposed to the immense cloud of dust and debris, the indoor dust, the fumes from persistent fires, and the mental trauma of the terrorist attacks on the WTC on 9/11. The purpose of the WTCHR is to evaluate the potential short and long-term physical and mental health effects of the disaster. The definitions of the exposed groups are broad and defined based on an understanding of which groups had the highest exposures to the WTC disaster and its aftermath. The four exposure groups include rescue and recovery workers, residents, students and school staff, and building occupants and passersby in Lower Manhattan. While one goal of the WTCHR was to maximize coverage overall and for each exposure group, another was to ensure equal representation within exposure groups. Because of the multiple sample

types pursued, several approaches were required to determine eligibility. Estimates of the number of eligible persons in each of the exposed populations were based on the best available information including Census, entity-specific employment figures, and public and private school enrollment data, among other publicly available sources. To address issues of under coverage and over coverage a variety of methods were assessed or applied, including a capture-recapture analyses test of overlapping sample building list sources and automated deduplication of sample records. Estimates of the true eligible population indicate that over 400,000 unique individuals were eligible for the baseline health survey. Interviewer-administered surveys were completed with more than 71,000 persons, resulting in an overall enrollment rate of approximately 17 per cent. Coverage was highest among rescue and recovery workers, followed by residents, students and school staff, and building occupants. Both the accuracy of coverage estimates and the raw number and representativeness of enrollees were maximized by our approach to coverage. In designing a registry which relies on multiple pathways and sources of data to build the sample, it is important to develop a comprehensive approach that considers all sources of error and minimizes bias that may be introduced through the methodology.

**Perrin M, DiGrande L, Wheeler K, et al. 2007.** *Differences in PTSD prevalence and associated risk factors among World Trade Center disaster rescue and recovery workers.* *American Journal of Psychiatry.* 164(9):1385–1394.

<https://doi.org/10.1176/appi.ajp.2007.06101645>

OBJECTIVE: This study compared the prevalence and risk factors of current probable PTSD across different occupations involved

in rescue/recovery work at the WTC site. **METHOD:** Rescue and recovery workers enrolled in the WTCHR who reported working at the WTC site (N=28,962) were included in the analysis. Interviews conducted 2–3 years after the disaster included assessments of demographic characteristics, within-disaster and work experiences related to the WTC, and current probable PTSD. **RESULTS:** The overall prevalence of PTSD among rescue/recovery workers was 12.4%, ranging from 6.2% for police to 21.2% for unaffiliated volunteers. After adjustments, the greatest risk of developing PTSD was seen among construction/engineering workers, sanitation workers, and unaffiliated volunteers. Earlier start date and longer duration of time worked at the WTC site were significant risk factors for current probable PTSD for all occupations except police, and the association between duration of time worked and current probable PTSD was strongest for those who started earlier. The prevalence of PTSD was significantly higher among those who performed tasks not common for their occupation. **CONCLUSIONS:** Workers and volunteers in occupations least likely to have had prior disaster training or experience were at greatest risk of PTSD. Disaster preparedness training and shift rotations to enable shorter duration of service at the site may reduce PTSD among workers and volunteers in future disasters.

**Wheeler K, McKelvey W, Thorpe L, et al. 2007.** *Asthma diagnosed after 11 September 2001 among rescue and recovery workers: findings from the World Trade Center Health Registry.* *Environmental Health Perspectives.* 115:1584–1590.

<https://doi.org/10.1289/ehp.10248>

**BACKGROUND:** Studies have consistently documented declines in respiratory health

after 11 September 2001 (9/11) among surviving first responders and other WTC rescue, recovery, and clean-up workers. **OBJECTIVES:** The goal of this study was to describe the risk of newly diagnosed asthma among WTC site workers and volunteers and to characterize its association with WTC site exposures. **METHODS:** We analyzed 2003–2004 interview data from the WTCHR for workers who did not have asthma before 9/11 (n=25,748), estimating the risk of newly diagnosed asthma and its associations with WTC work history, including mask or respirator use. **RESULTS:** Newly diagnosed asthma was reported by 926 workers (3.6%). Earlier arrival and longer duration of work were significant risk factors, with independent dose responses ( $p < 0.001$ ), as were exposure to the dust cloud and pile work. Among workers who arrived on 11 September, longer delays in the initial use of masks or respirators were associated with increased risk of asthma; adjusted odds ratios ranged from 1.63 [95% confidence interval (CI), 1.03–2.56] for one day of delay to 3.44 (95% CI, 1.43–8.25) for 16–40 weeks delay. **CONCLUSIONS:** The rate of self-reported newly diagnosed asthma was high in the study population and significantly associated with increased exposure to the WTC disaster site. Although we could not distinguish appropriate respiratory protection from inappropriate, we observed a moderate protective effect of mask or respirator use. The findings underscore the need for adequate and timely distribution of appropriate protective equipment and the enforcement of its use when other methods of controlling respiratory exposures are not feasible.

**2008 (3)**

**DiGrande L, Perrin M, Thorpe L, et al. 2008.** *Posttraumatic stress symptoms, PTSD, and risk factors among lower Manhattan residents 2–3 years after the September 11, 2001 terrorist attacks.* *Journal of Traumatic Stress.* 21:264–273.

<https://doi.org/10.1002/jts.20345>

Manhattan residents living near the World Trade Center may have been particularly vulnerable to PTSD after the September 11, 2001 (9/11), terrorist attacks. In 2003–2004, the authors administered the PCL to 11037 adults who lived south of Canal Street in New York City on 9/11. The prevalence of probable PTSD was 12.6% and associated with older age, female gender, Hispanic ethnicity, low education and income, and divorce. Injury, witnessing horror, and dust cloud exposure on 9/11 increased risk for chronic PTSD. Post-disaster risk factors included evacuation and rescue and recovery work. The results indicate that PTSD is a continued health problem in the local community. The relationship between socioeconomic status and PTSD suggests services must target marginalized populations. Follow-up is necessary on the course and long-term consequences of PTSD.

**Farfel M, DiGrande L, Brackbill R, et al. 2008.** *An overview of 9/11 experiences and respiratory and mental health conditions among World Trade Center Health Registry enrollees.* *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* 85:880–909. [Review Article]

<https://doi.org/10.1007/s11524-008-9317-4>

To date, health effects of exposure to the September 11, 2001 disaster in New York City have been studied in specific groups,

but no studies have estimated its impact across the different exposed populations. This report provides an overview of the WTCHR enrollees, their exposures, and their respiratory and mental health outcomes 2–3 years post-9/11. Results are extrapolated to the estimated universe of people eligible to enroll in the WTCHR to determine magnitude of impact. Building occupants, persons on the street or in transit in lower Manhattan on 9/11, local residents, rescue and recovery workers/volunteers, and area school children and staff were interviewed and enrolled in the WTCHR between September 2003 and November 2004. A total of 71,437 people enrolled in the WTCHR, for 17.4% coverage of the estimated eligible exposed population (nearly 410,000); 30% were recruited from lists, and 70% were self-identified. Many reported being in the dust cloud from the collapsing WTC Towers (51%), witnessing traumatic events (70%), or sustaining an injury (13%). After 9/11, 67% of adult enrollees reported new or worsening respiratory symptoms, 3% reported newly diagnosed asthma, 16% screened positive for probable PTSD, and 8% for serious psychological distress (SPD). Newly diagnosed asthma was most common among rescue and recovery workers who worked on the debris pile (4.1%). PTSD was higher among those who reported Hispanic ethnicity (30%), household income < \$25,000 (31%), or being injured (35%). Using previously published estimates of the total number of exposed people per WTCHR eligibility criteria, we estimate between 3,800 and 12,600 adults experienced newly diagnosed asthma and 34,600–70,200 adults experienced PTSD following the attacks, suggesting extensive adverse health impacts beyond the immediate deaths and injuries from the acute event.

**Thomas P, Brackbill R, Thalji L, et al. 2008.** *Respiratory and other health effects reported in children exposed to the World Trade Center disaster of 11 September 2001.* Environmental Health Perspectives. 116:1383–1390.

<https://doi.org/10.1289/ehp.11205>

BACKGROUND: Effects of the WTC disaster on children's respiratory health have not been definitively established. OBJECTIVE: This report describes respiratory health findings among children who were <18 years of age on 11 September 2001 (9/11) and examine associations between disaster-related exposures and respiratory health. METHODS: Children recruited for the WTCHR included child residents and students (kindergarten through 12th grade) in Manhattan south of Canal Street, children who were south of Chambers Street on 9/11, and adolescent disaster-related workers or volunteers. We collected data via computer-assisted telephone interviews in 2003–2004, with interview by adult proxy for children still < 18 years of age at that time. We compared age-specific asthma prevalence with National Health Interview Survey estimates. RESULTS: Among 3,184 children enrolled, 28% were < 5 years of age on 9/11; 34%, 5–11 years; and 39%, 12– 17 years. Forty-five percent had a report of dust cloud exposure on 9/11. Half (53%) reported at least one new or worsened respiratory symptom, and 5.7% reported new asthma diagnoses. Before 9/11, age-specific asthma prevalence in enrolled children was similar to national estimates, but prevalence at interview was elevated among enrollees < 5 years of age. Dust cloud exposure was associated with new asthma diagnosis (adjusted odds ratio=2.3; 95% confidence interval, 1.5–3.5). CONCLUSIONS: Asthma prevalence after 9/11 among WTCHR enrollees < 5 years of age was higher than national estimates, and new asthma diagnosis was

associated with dust cloud exposure in all age groups. We will determine severity of asthma and persistence of other respiratory symptoms on follow-up surveys.

## 2009 (2)

**Murphy J. 2009.** *Estimating the World Trade Center Tower Population on September 11, 2001: A Capture-Recapture Approach.* American Journal of Public Health. 99:65–67.

<https://doi.org/10.2105/AJPH.2007.124768>

I applied the capture-recapture method to estimate the WTC tower population at the time of the September 11, 2001, terrorist attacks. Available lists helped identify 8965 survivors and 2152 confirmed casualties. The capture-recapture model suggested that an additional 4435 survivors were present, putting the total count of all present at 15,552 (95% confidence interval=15,216, 15,897). An accurate estimate represents the potential number at risk for trauma as a result of direct exposure to the events of the day.

**Brackbill R, Hadler J, DiGrande L, et al. 2009.** *Asthma and posttraumatic stress symptoms 5 to 6 years following exposure to the World Trade Center terrorist attack.* Journal of the American Medical Association. 302:502–516. [Nominated for the CDC/ATSDR, Charles C. Shepard Science Award]

<https://doi.org/10.1001/jama.2009.1121>

CONTEXT: The WTCHR provides a unique opportunity to examine long-term health effects of a large-scale disaster. OBJECTIVE: To examine risk factors for new asthma diagnoses and event-related posttraumatic stress (PTS) symptoms among exposed adults 5 to 6 years following exposure to the September 11, 2001, WTC terrorist attack. DESIGN, SETTING, AND PARTICIPANTS:



Longitudinal cohort study with wave 1 (W1) enrollment of 71,437 adults in 2003–2004, including rescue/recovery worker, lower Manhattan resident, lower Manhattan office worker, and passersby eligibility groups; 46,322 adults (68%) completed the wave 2 (W2) survey in 2006–2007. MAIN OUTCOME MEASURES: Self-reported diagnosed asthma following September 11; event-related current PTS symptoms indicative of probable PTSD, assessed using the PCL (cutoff score  $> \text{or} = 44$ ). RESULTS: Of W2 participants with no stated asthma history, 10.2% (95% confidence interval [CI], 9.9%–10.5%) reported new asthma diagnoses postevent. Intense dust cloud exposure on September 11 was a major contributor to new asthma diagnoses for all eligibility groups: for example, 19.1% vs 9.6% in those without exposure among rescue/recovery workers (adjusted odds ratio, 1.5 [95% CI, 1.4–1.7]). Asthma risk was highest among rescue/recovery workers on the WTC pile on September 11 (20.5% [95% CI, 19.0%–22.0%]). Persistent risks included working longer at the WTC site, not evacuating homes, and experiencing a heavy layer of dust in home or office. Of participants with no PTSD history, 23.8% (95% CI, 23.4%–24.2%) reported PTS symptoms at either W1 (14.3%) or W2 (19.1%). Nearly 10% (9.6% [95% CI, 9.3%–9.8%]) had PTS symptoms at both surveys, 4.7% (95% CI, 4.5%–4.9%) had PTS symptoms at W1 only, and 9.5% (95% CI, 9.3%–9.8%) had PTS symptoms at W2 only. At W2, passersby had the highest rate of PTS symptoms (23.2% [95% CI, 21.4%–25.0%]). Event-related loss of spouse or job was associated with PTS symptoms at W2. CONCLUSION: Acute and prolonged exposures were both associated with a large burden of asthma and PTS symptoms 5 to 6 years after the September 11 WTC attack.

## 2010 (2)

**Bowler R, Han H, Gocheva V, et al. 2010.**

*Gender differences in probable posttraumatic stress disorder among police responders to the 2001 World Trade Center terrorist attack.* American Journal of Industrial Medicine. 53:1186–1196.

<https://doi.org/10.1002/ajim.20876>

BACKGROUND: Police responders to the 2001 WTC disaster were previously reported to have an increased prevalence of probable PTSD. METHODS: Four thousand seventeen police responders (3,435 men and 582 women) were interviewed 2–3 years after 9/11/01 as part of the WTCHR. Demographic, occupational, and event-specific risk factors were evaluated for probable PTSD, determined by DSM-IV criteria using the PCL. RESULTS: Overall prevalence of probable PTSD was 8.3% (women: 13.9%; men: 7.4%,  $P < 0.001$ ). Risk factors for both genders included 9/11-related injury and older age. For men, specific risk factors were: presence in WTC Towers on 9/11 and Hispanic ethnicity; and for women, witnessing horror and education less than a college degree. CONCLUSIONS: Significantly higher prevalence of probable PTSD was found for female police responders. Although consistent with civilian populations, this finding contrasts with other studies of PTSD and WTC rescue and recovery workers, and police prior to 9/11.

**Lipkind H, Curry A, Huynh M, et al. 2010.**

*Birth outcomes among offspring of women exposed to the September 11, 2001, terrorist attacks.* Obstetrics and Gynecology. 116:917–925.

<https://doi.org/10.1097/AOG.0b013e3181f2f6a2>

**OBJECTIVE:** To evaluate the effects of the September 11, 2001, WTC attacks on birth outcomes. **METHODS:** Live singleton births between September 11, 2001, and October 31, 2002, to women enrolled in a WTCHR (the Registry, n=446) were compared with births to women residing more than 5 miles from the World Trade Center (n=49,616). Birth weight, gestational age, low birth weight, and preterm delivery were evaluated using linear and logistic regression. Births before September 11, 2001, were analyzed to assess possible seasonal biases of associations with pregnancy trimester on September 11. Associations of birth outcomes with September 11-related psychologic stress and physical exposures were assessed among births to women within the Registry (n=499). **RESULTS:** Birth weight and gestational age distributions were similar for births to women enrolled in the Registry and comparison births. Although mean gestational age and birth weight varied with trimester on September 11, a similar association was found among births in previous years, consistent with a seasonal effect not related to exposure. Registry-linked births to mothers with probable PTSD (n=61) had a higher odds of low birth weight (adjusted odds ratio [OR] 2.49, 95% confidence interval [CI] 1.02–6.08) and preterm delivery (adjusted OR 2.48, 95% CI 1.05–5.84) compared with births to women without PTSD. **CONCLUSION:** Women who lived, worked, or were near the WTC on or soon after September 11 had pregnancy outcomes similar to women residing more than 5 miles away. However, among exposed women, probable PTSD was associated with low birth weight and preterm delivery. **LEVEL OF EVIDENCE:** II.

## 2011 (12)

**Antao V, Pallos L, Shim Y, et al. 2011.** *Respiratory protective equipment, mask use, and respiratory outcomes among World Trade Center rescue and recovery workers.* American Journal of Industrial Medicine. 54:897–905. [Nominated for the CDC/ATSDR, Charles C. Shepard Science Award]

<https://doi.org/10.1002/ajim.21009>

**BACKGROUND:** Serious respiratory illnesses have been reported among rescue/recovery workers (RRW) following the WTC attacks. **METHODS:** We studied RRW enrolled in the WTCHR to assess the effects of different respiratory protection equipment (RPE) types on respiratory outcomes, such as recurrent respiratory symptoms and diseases possibly associated with 9/11 exposures. We performed descriptive and multivariate analyses adjusting for demographics and exposure variables. **RESULTS:** A total of 9,296 RRW met inclusion criteria. The strongest predictors of using adequate RPE were being affiliated with construction, utilities or environmental remediation organizations and having received RPE training. Workers who used respirators were less likely to report adverse respiratory outcomes compared to those who reported no/lower levels of respiratory protection. **CONCLUSIONS:** Level of respiratory protection was associated with the odds of reporting respiratory symptoms and diseases. Training, selection, fit testing, and consistent use of RPE should be emphasized among emergency responders.

**Cone J, Farfel M. 2011.** *World Trade Center Health Registry--a model for a nanomaterials exposure registry.* Journal of Occupational and Environmental Medicine. 53(S6):S48–51.

<https://doi.org/10.1097/JOM.0b013e31821b177a>

**OBJECTIVE:** To describe the development of and some of the early results from the WTCHR. Is the WTCHR a model for a nanomaterials exposure registry? What lessons may be learned from the WTCHR? **METHODS:** We describe the steps involved in creation of the WTCHR, from design through implementation. **RESULTS:** The lessons learned from the WTCHR include thorough documentation of exposure early in the registry, using multimode surveys to maximize response rate, establishing an institutional home with sufficient resources for core as well as in-depth longitudinal and intervention studies, meeting with stakeholders regularly, making data accessible, and timely publication of findings, including wide dissemination of clinical guidelines. **CONCLUSIONS:** The process of creating and maintaining the WTCHR provides important lessons for the possible creation of a nanomaterials exposure registry.

**Debchoudhury I, Welch A, Fairclough M, et al. 2011.** *Comparison of health outcomes among affiliated and lay disaster volunteers enrolled in the World Trade Center Health Registry.* Preventive Medicine 53:359–363.

<https://doi.org/10.1016/j.ypmed.2011.08.03>

**BACKGROUND:** Volunteers (non-professional rescue/ recovery workers) are universally present at man-made and natural disasters and share experiences and exposures with victims. Little is known of their disaster-related health outcomes. **METHODS:** We studied 4974 adult volunteers who completed the WTCHR 2006–07 survey to examine associations between volunteer type (affiliated vs. lay) and probable PTSD; new or worsening respiratory symptoms; post-9/11 first

diagnosis of anxiety disorder, depression, and/or PTSD; and asthma or reactive airway dysfunction syndrome (RADS). Affiliated volunteers reported membership in a recognized organization. Lay volunteers reported no organizational affiliation and occupations unrelated to rescue/recovery work. Adjusted odds ratios (OR(adj)) were calculated using multinomial regression. **RESULTS:** Lay volunteers were more likely than affiliated volunteers to have been present in lower Manhattan, experience the dust cloud, horrific events and injury on 9/11 and subsequently to report unmet healthcare needs. They had greater odds of early post-9/11 mental health diagnosis (OR(adj) 1.6; 95% CI:1.4–2.0) and Asthma/RADS (1.8; 1.2–2.7), chronic PTSD (2.2; 1.7–2.8), late-onset PTSD (1.9; 1.5–2.5), and new or worsening lower respiratory symptoms (2.0; 1.8–2.4). **CONCLUSIONS:** Lay volunteers' poorer health outcomes reflect earlier, more intense exposure to and lack of protection from physical and psychological hazards. There is a need to limit volunteers' exposures during and after disasters, as well as to provide timely screening and health care post-disaster.

**DiGrande L, Neria Y, Brackbill R, et al. 2011.** *Long-term posttraumatic stress symptoms among 3,271 civilian survivors of the September 11, 2001, terrorist attacks on the World Trade Center.* American Journal of Epidemiology. 173:271–281.

<https://doi.org/10.1093/aje/kwq372>

Although the September 11, 2001, terrorist attacks were the largest human-made disaster in US history, there is little extant research documenting the attacks' consequences among those most directly affected, that is, persons who were in the WTC towers. Data from a cross-sectional survey conducted 2–3 years after the attacks

ascertained the prevalence of long-term, disaster-related posttraumatic stress symptoms and probable PTSD in 3,271 civilians who evacuated WTC towers 1 and 2. Overall, 95.6% of survivors reported at least 1 current posttraumatic stress symptom. The authors estimated the probable rate of PTSD at 15.0% by using the PCL. Women and minorities were at an increased risk of PTSD. A strong inverse relation with annual income was observed. Five characteristics of direct exposure to the terrorist attacks independently predicted PTSD: being on a high floor in the towers, initiating evacuation late, being caught in the dust cloud that resulted from the tower collapses, personally witnessing horror, and sustaining an injury. Working for an employer that sustained fatalities also increased risk. Each addition of an experience of direct exposure resulted in a 2-fold increase in the risk of PTSD (odds ratio=2.09, 95% confidence interval: 1.84, 2.36). Identification of these risk factors may be useful when screening survivors of large-scale terrorist events for long-term psychological sequelae.

**Ekenka C, Scheu K, Cone J, et al. 2011.** *9/11-Related experiences and tasks of landfill and barge workers: qualitative analysis from the World Trade Center Health Registry.* *BioMed Central Public Health.* 11:321.

<https://doi.org/10.1186/1471-2458-11-321>

**BACKGROUND:** Few studies have documented the experiences of individuals who participated in the recovery and cleanup efforts at the World Trade Center Recovery Operation at Fresh Kills Landfill, on debris loading piers, and on transport barges after the September 11, 2001 terrorist attack. **METHODS:** Semi-structured telephone interviews were conducted with a purposive sample of workers and volunteers from the WTCHR.

Qualitative methods were used to analyze the narratives. **RESULTS:** Twenty workers and volunteers were interviewed. They described the transport of debris to the Landfill via barges, the tasks and responsibilities associated with their post-9/11 work at the Landfill, and their reflections on their post-9/11 experiences. Tasks included sorting through debris, recovering human remains, searching for evidence from the terrorist attacks, and providing food and counseling services. Exposures mentioned included dust, fumes, and odors. Eight years after the WTC disaster, workers expressed frustration about poor risk communication during recovery and cleanup work. Though proud of their contributions in the months after 9/11, some participants were concerned about long-term health outcomes. **CONCLUSIONS:** This qualitative study provided unique insight into the experiences, exposures, and concerns of understudied groups of 9/11 recovery and cleanup workers. The findings are being used to inform the development of subsequent WTCHR exposure and health assessments.

**Friedman S, Maslow C, Reibman J, et al. 2011.** *Case-control study of lung function in World Trade Center Health Registry area residents and workers.* *American Journal of Respiratory and Critical Care Medicine.* 184(5):582–589.

<https://doi.org/10.1164/rccm.201011-1909OC>

**RATIONALE:** Residents and area workers who inhaled dust and fumes from the WTC disaster reported lower respiratory symptoms in two WTCHR surveys (2003–2004 and 2006–2007), but lung function data were lacking. **OBJECTIVES:** To examine the relationship between persistent respiratory symptoms and pulmonary function

in a nested case-control study of exposed adult residents and area workers 7–8 years after September 11, 2001. METHODS: Registrants reporting post September 11th onset of a lower respiratory symptom in the first survey and the same symptom in the second survey were solicited as potential cases. Registrants without lower respiratory symptoms in either Registry survey were solicited as potential control subjects. Final case-control status was determined by lower respiratory symptoms at a third interview (the study), when spirometry and impulse oscillometry were also performed. MEASUREMENTS AND MAIN RESULTS: We identified 180 cases and 473 control subjects. Cases were more likely than control subjects to have abnormal spirometry (19% vs. 11%;  $P < 0.05$ ), and impulse oscillometry measurements of elevated airway resistance (R5; 68% vs. 27%;  $P < 0.0001$ ) and frequency dependence of resistance (R(5)(-)(2)(0); 36% vs. 7%;  $P < 0.0001$ ). When spirometry was normal, cases were more likely than control subjects to have elevated R(5) and R(5)(-)(2)(0) (62% vs. 25% and 27% vs. 6%, respectively; both  $P < 0.0001$ ). Associations between symptoms and oscillometry held when factors significant in bivariate comparisons (body mass index, spirometry, and exposures) were analyzed using logistic regression. CONCLUSIONS: This study links persistent respiratory symptoms and oscillometric abnormalities in WTC-exposed residents and area workers. Elevated R(5) and R(5)(-)(2)(0) in cases despite normal spirometry suggested distal airway dysfunction as a mechanism for symptoms.

**Jordan H, Brackbill R, Cone J, et al. 2011.** *Mortality among survivors of the Sept 11, 2001, World Trade Center disaster: Results from the World Trade Center Health Registry cohort.* *Lancet.* 378:879–887.

[https://doi.org/10.1016/S0140-6736\(11\)60966-5](https://doi.org/10.1016/S0140-6736(11)60966-5)

BACKGROUND: The Sept 11, 2001 (9/11) WTC disaster has been associated with several subacute and chronic health effects, but whether excess mortality after 9/11 has occurred is unknown. We tested whether excess mortality has occurred in people exposed to the WTC disaster. METHODS: In this observational cohort study, deaths occurring in 2003–09 in WTCR participants residing in New York City were identified through linkage to New York City vital records and the National Death Index. Eligible participants were rescue and recovery workers and volunteers; lower Manhattan area residents, workers, school staff and students; and commuters and passers-by on 9/11. Study participants were categorized as rescue and recovery workers (including volunteers), or non-rescue and non-recovery participants. Standardized mortality ratios (SMR) were calculated with New York City rates from 2000–09 as the reference. Within the cohort, proportional hazards were used to examine the relation between a three-tiered WTC-related exposure level (high, intermediate, or low) and total mortality. FINDINGS: We identified 156 deaths in 13,337 rescue and recovery workers and 634 deaths in 28,593 non-rescue and non-recovery participants. All-cause SMRs were significantly lower than that expected for rescue and recovery participants (SMR 0.45, 95% CI 0.38–0.53) and non-rescue and non-recovery participants (0.61, 0.56–0.66). No significantly increased SMRs for diseases of the respiratory system or heart, or for hematological malignancies were found. In non-rescue and non-recovery participants, both intermediate and high levels of WTC-related exposure were significantly associated with mortality when compared with low exposure (adjusted

hazard ratio 1.22, 95% CI 1.01–1.48, for intermediate exposure and 1.56, 1.15–2.12, for high exposure). High levels of exposure in non-rescue and non-recovery individuals, when compared with low exposed non-rescue and non-recovery individuals, were associated with heart-disease-related mortality (adjusted hazard ratio 2.06, 1.10–3.86). In rescue and recovery participants, level of WTC-related exposure was not significantly associated with all-cause mortality (adjusted hazard ratio 1.25, 95% CI 0.56–2.78, for high exposure and 1.03, 0.52–2.06, for intermediate exposure when compared with low exposure). INTERPRETATION: This exploratory study of mortality in a well-defined cohort of 9/11 survivors provides a baseline for continued surveillance. Additional follow-up is needed to establish whether these associations persist and whether a similar association over time will occur in rescue and recovery participants. FUNDING: US Centers for Disease Control and Prevention (National Institute for Occupational Safety and Health, Agency for Toxic Substances and Disease Registry, and National Center for Environmental Health); New York City Department of Health and Mental Hygiene.

**Jordan H, Miller-Archie S, Cone J, et al. 2011.** *Heart disease among adults exposed to the September 11, 2001 World Trade Center disaster: Results from the World Trade Center Health Registry.* Preventive Medicine. 53:370–376.

<https://doi.org/10.1016/j.jpmed.2011.10.014>

OBJECTIVE: To examine associations between 9/11-related exposures, PTSD, and subsequent development of heart disease (HD). METHODS: We prospectively followed 39,324 WTC participants aged  $\geq 18$  on 9/11 for an average of 2.9 years. HD was

defined as self-reported physician-diagnosed angina, heart attack, and/or other HD reported between study enrollment (2003–2004) and a follow-up survey (2006–2008) in enrollees without previous HD. A PCL score  $\geq 44$  was considered PTSD. We calculated adjusted hazard ratios (AHR) and 95% confidence intervals (CI) to examine relationships between 9/11-related exposures and HD. RESULTS: We identified 1162 HD cases (381 women, 781 men). In women, intense dust cloud exposure was significantly associated with HD (AHR 1.28, 95% CI 1.02–1.61). Injury on 9/11 was significantly associated with HD in women (AHR 1.46, 95% CI 1.19–1.79) and in men (AHR 1.33, 95% CI 1.15–1.53). Participants with PTSD at enrollment had an elevated HD risk (AHR 1.68, 95% CI 1.33–2.12 in women, AHR 1.62, 95% CI 1.34–1.96 in men). A dose-response relationship was observed between PCL score and HD risk. CONCLUSION: This exploratory study suggests that exposure to the WTC dust cloud, injury on 9/11 and 9/11-related PTSD may be risk factors for HD.

**Jordan H, Stellman S, Prezant D, et al. 2011.** *Sarcoidosis diagnosed after September 11, 2001, among adults exposed to the World Trade Center disaster.* Journal of Occupational and Environmental Medicine. 53:966–974.

<https://doi.org/10.1097/JOM.0b013e31822a3596>

OBJECTIVE: Explore relationships between WTC exposures and sarcoidosis. METHODS: Sarcoidosis has been reported after exposure to the WTC disaster. We ascertained biopsy-proven post-9/11 sarcoidosis among WTC enrollees. Cases diagnosed after Registry enrollment were included in a nested case-control study. Controls were matched to cases on age, sex, race or

ethnicity, and eligibility group (eg, rescue or recovery worker). RESULTS: We identified 43 cases of post-9/11 sarcoidosis. Twenty-eight incident cases and 109 controls were included in the case-control analysis. Working on the WTC debris pile was associated with sarcoidosis (odds ratio 9.1, 95% confidence interval 1.1 to 74.0), but WTC dust cloud exposure was not (odds ratio 1.0, 95% confidence interval 0.4 to 2.8). CONCLUSIONS: Working on the WTC debris pile was associated with an elevated risk of post-9/11 sarcoidosis. Occupationally exposed workers may be at increased risk.

**Li J, Brackbill R, Stellman S, et al. 2011** *Gastroesophageal reflux symptoms and comorbid asthma and posttraumatic stress disorder following the 9/11 terrorist attacks on World Trade Center in New York City.* American Journal of Gastroenterology. 106:1933–1941.

<https://doi.org/10.1038/ajg.2011.300>

OBJECTIVES: Excess gastroesophageal reflux disease (GERD) was reported in several populations exposed to the September 11 2001 (9/11) terrorist attacks on the WTC. We examined new onset gastroesophageal reflux symptoms (GERS) since 9/11 and persisting up to 5–6 years in relation to 9/11-related exposures among the WTC HR enrollees, and potential associations with comorbid asthma and PTSD. METHODS: This is a retrospective analysis of 37,118 adult enrollees (i.e., rescue/recovery workers, local residents, area workers, and passersby in lower Manhattan on 9/11) who reported no pre-9/11 GERS and who participated in two Registry surveys 2–3 and 5–6 years after 9/11. Post-9/11 GERS (new onset since 9/11) reported at first survey, and persistent GERS (post-9/11 GERS reported at both surveys) were analyzed using log-binomial

regression. RESULTS: Cumulative incidence was 20% for post-9/11 GERS and 13% for persistent GERS. Persistent GERS occurred more often among those with comorbid PTSD (24%), asthma (13%), or both (36%) compared with neither of the comorbid conditions (8%). Among enrollees with neither asthma nor PTSD, the adjusted risk ratio (aRR) for persistent GERS was elevated among: workers arriving at the WTC pile on 9/11 (aRR=1.6; 95% confidence interval (CI) 1.3–2.1) or working at the WTC site > 90 days (aRR=1.6; 1.42.0); residents exposed to the intense dust cloud on 9/11 (aRR=1.5; 1.0–2.3), or who did not evacuate their homes (aRR=1.7; 1.2–2.3); and area workers exposed to the intense dust cloud (aRR=1.5; 1.2–1.8). CONCLUSIONS: Disaster-related environmental exposures may contribute to the development of GERS. GERS may be accentuated in the presence of asthma or PTSD.

**Perlman S, Friedman S, Galea S, et al. 2011.** *Short-term and medium-term health effects of 9/11.* Lancet. 378:925–934.

[https://doi.org/10.1016/S0140-6736\(11\)60967-7](https://doi.org/10.1016/S0140-6736(11)60967-7)

The New York City terrorist attacks on Sept 11, 2001 (9/11), killed nearly 2800 people and thousands more had subsequent health problems. In this Review of health effects in the short and medium terms, strong evidence is provided for associations between experiencing or witnessing events related to 9/11 and post-traumatic stress disorder and respiratory illness, with a correlation between prolonged, intense exposure and increased overall illness and disability. Rescue and recovery workers, especially those who arrived early at the WTC site or worked for longer periods, were more likely to develop respiratory illness than were other

exposed groups. Risk factors for post-traumatic stress disorder included proximity to the site on 9/11, living or working in lower Manhattan, rescue or recovery work at the WTC site, event-related loss of spouse, and low social support. Investigators note associations between 9/11 exposures and additional disorders, such as depression and substance use; however, for some health problems association with exposures related to 9/11 is unclear.

**Thorpe L, Friedman S. 2011.** *Health consequences of the World Trade Center disaster: a 10th anniversary perspective.* Journal of the American Medical Association. 306:1133–1134. [Review Article] [no abstract]

<https://doi.org/10.1001/jama.2011.1289>

## 2012 (6)

**Bowler R, Harris M, Li J, et al. 2012.** *Longitudinal mental health impact among police responders to the 9/11 terrorist attack.* American Journal of Industrial Medicine. 55:297–312.

<https://doi.org/10.1002/ajim.22000>

**BACKGROUND:** Among police responders enrolled in the WTCHR, PTSD was almost twice as prevalent among women as men 2–3 years after the 9/11 attacks. **METHODS:** Police participants in the WTCHR Wave 1 survey 2–3 years after 9/11/01, were reassessed for probable PTSD at Wave 2, 5–6 years after 9/11/01, using PCL DSM-IV criteria. **RESULTS:** Police participants in the Wave 2 survey included 2,527 men, 413 women. The prevalence of “Probable PTSD” was 7.8% at Wave 1 and 16.5% at Wave 2. Mean PCL scores increased from 25.1 to 29.9 for men and 28.6 to 32.2 for women. Prevalence of PTSD was higher for women than for men at Wave 1 ( $\chi^2=10.882$ ,  $P=0.002$ ), but not Wave 2

( $\chi^2=2.416$ ,  $P=0.133$ ). Other risk factors included losing one’s job after 9/11 and being disabled. **CONCLUSIONS:** Prevalence of probable PTSD among police doubled between 2003/2004 and 2006–2007. After the 2-year time span, the gender difference was no longer significant; prevalence of PTSD symptoms increased and there was a substantial amount of co-morbidity with other mental health problems. Further development of prevention and intervention strategies for police responders with symptoms of PTSD is needed. The observed upward trend in PCL scores over time in police officers with PCL scores less than 44, suggests that PTSD prevention and intervention strategies should be applied to all police affected by the 9/11 attacks, not limited just to those with PTSD symptoms.

**Huang M, Li J, Liff J, et al. 2012.** *Self-reported skin rash or irritation symptoms among World Trade Center Health Registry participants.* Journal of Occupational and Environmental Medicine. 54:451–458.

<https://doi.org/10.1097/JOM.0b013e318245242b>

**OBJECTIVES:** We described self-reported skin rash 2 to 3 and 5 to 6 years after 9/11 and examined its association with exposures to 9/11 dust/debris. **METHODS:** We analyzed a longitudinal study of New York City WTCHR participants who resided or worked in Lower Manhattan or worked in rescue/recovery in two surveys (W1 and W2). **RESULTS:** Among 42,025 participants, 12% reported post-9/11 skin rash at W1, 6% both times, 16% at W2. Among participants without posttraumatic stress disorder or psychological distress, W1 self-reported post-9/11 skin rash was associated with intense dust cloud exposure (adjusted odds ratio [OR]=1.6; 95% confidence interval [CI]=1.3



to 1.9), home/workplace damage (adjusted OR=1.8; 95% CI, 1.4 to 2.3), and working more than 90 days (adjusted OR=1.7; 95% CI, 1.3 to 2.2) or 31 to 90 days (adjusted OR=1.6; 95% CI, 1.3 to 2.1) at the World Trade Center site. CONCLUSIONS: Post-9/11 skin rash may be related to acute and long-term exposure to dust, though subjectivity of skin symptoms may bias findings.

**Li J, Cone J, Kahn A, et al. 2012.** *Association between World Trade Center exposure and excess cancer risk.* *Journal of the American Medical Association.* 308:2479–2488.

<https://doi.org/10.1001/jama.2012.110980>

CONTEXT: The terrorist attacks of September 11, 2001, resulted in the release of known and suspected carcinogens into the environment. There is public concern that exposures may have resulted in increased cancers. OBJECTIVE: To evaluate cancer incidence among persons enrolled in the WTCHR. DESIGN, SETTING, AND PARTICIPANTS: Observational study of 55,778 New York State residents enrolled in the WTCHR in 2003–2004, including rescue/recovery workers (n=21,850) and those not involved in rescue/recovery (n=33,928), who were followed up from enrollment through December 31, 2008. Within-cohort comparisons using Cox proportional hazards models assessed the relationship between intensity of World Trade Center exposure and selected cancers. MAIN OUTCOME MEASURES: Cases were identified through linkage with 11 state cancer registries. Standardized incidence ratios (SIRs) adjusted for age, race/ethnicity, and sex were computed with 2003–2008 New York State rates as the reference, focusing on cancers diagnosed in 2007–2008 as being most likely to be related to exposure during September 11 and its aftermath. The total and site-specific incidence rate differences (RDs) per 100,000

person-years between the study population and the New York State population in 2007–2008 also were calculated. RESULTS: There were 1187 incident cancers diagnosed, with an accumulated 253,269 person-years (439 cancers among rescue/recovery workers and 748 among those not involved in rescue/recovery). The SIR for all cancer sites combined in 2007–2008 was not significantly elevated (SIR, 1.14 [95% CI, 0.99 to 1.30]; RD, 67 [95% CI, -6 to 126] per 100,000 person-years among rescue/recovery workers vs SIR, 0.92 [95% CI, 0.83 to 1.03]; RD, -45 [95% CI, -106 to 15] per 100,000 person-years among those not involved in rescue/recovery). Among rescue/recovery workers, the SIRs had significantly increased by 2007–2008 for 3 cancer sites and were 1.43 (95% CI, 1.11 to 1.82) for prostate cancer (n=67; RD, 61 [95% CI, 20 to 91] per 100,000 person-years), 2.02 (95% CI, 1.07 to 3.45) for thyroid cancer (n=13; RD, 16 [95% CI, 2 to 23] per 100,000 person-years), and 2.85 (95% CI, 1.15 to 5.88) for multiple myeloma (n=7; RD, 11 [95% CI, 2 to 14] per 100,000 person-years). No increased incidence was observed in 2007–2008 among those not involved in rescue/recovery. Using within-cohort comparisons, the intensity of World Trade Center exposure was not significantly associated with cancer of the lung, prostate, thyroid, non-Hodgkin lymphoma, or hematological cancer in either group. CONCLUSIONS: Among persons enrolled in the WTCHR, there was an excess risk for prostate cancer, thyroid cancer, and myeloma in 2007–2008 compared with that for New York State residents; however, these findings were based on a small number of events and multiple comparisons. No significant associations were observed with intensity of World Trade Center exposures. Longer follow-up for typically long-latency cancers and attention to specific cancer sites are needed.

**Maslow C, Friedman S, Pillai P, et al. 2012.** *Chronic and acute exposures to the World Trade Center disaster and lower respiratory symptoms: Area residents and workers.* American Journal of Public Health. 102:1186–1194.

<https://doi.org/10.2105/AJPH.2011.300561>

**OBJECTIVES:** We assessed associations between new-onset (post-September 11, 2001 [9/11]) lower respiratory symptoms reported on 2 surveys, administered 3 years apart, and acute and chronic 9/11-related exposures among New York City World Trade Center-area residents and workers enrolled in the WTCHR. **METHODS:** World Trade Center-area residents and workers were categorized as case participants or control participants on the basis of lower respiratory symptoms reported in surveys administered 2 to 3 and 5 to 6 years after 9/11. We created composite exposure scales after principal components analyses of detailed exposure histories obtained during face-to-face interviews. We used multivariate logistic regression models to determine associations between lower respiratory symptoms and composite exposure scales. **RESULTS:** Both acute and chronic exposures to the events of 9/11 were independently associated, often in a dose-dependent manner, with lower respiratory symptoms among individuals who lived and worked in the area of the World Trade Center. **CONCLUSIONS:** Study findings argue for detailed assessments of exposure during and after events in the future from which potentially toxic materials may be released and for rapid interventions to minimize exposures and screen for potential adverse health effects.

**Nair H, Ekenga C, Cone J, et al. 2012.** *Co-occurring lower respiratory symptoms and posttraumatic stress disorder 5 to 6 years after the World Trade Center terrorist attack.* American Journal of Public Health. 102:1964–1173.

<https://doi.org/10.2105/AJPH.2012.300690>

**OBJECTIVES:** We have described the epidemiology of co-occurring lower respiratory symptoms (LRS) and probable PTSD 5 to 6 years after exposure to the 9/11 disaster. **METHODS:** We analyzed residents, office workers, and passersby (n=16,363) in the WTCHR. Using multivariable logistic regression, we examined patterns of reported respiratory symptoms, treatment sought for symptoms, diagnosed respiratory conditions, mental health comorbidities, quality of life, and unmet health care needs in relation to comorbidity. **RESULTS:** Among individuals with either LRS or PTSD, 24.6% had both conditions. The odds of comorbidity was significantly higher among those with more severe 9/11 exposures. Independent of 9/11 exposures, participants with LRS had 4 times the odds of those without it of meeting criteria for PTSD, and those with PTSD had 4 times the odds of those without it of meeting criteria for LRS. Participants with comorbidity had worse quality of life and more UMHCN than did all other outcome groups. **CONCLUSIONS:** Respiratory and mental illness are closely linked in individuals exposed to 9/11 and should be considered jointly in public health outreach and treatment programs.

**Welch A, Caramanica K, Debchoudhury I, et al. 2012.** *A qualitative examination of health and health care utilization after the September 11th terror attacks among World Trade Center Health Registry enrollees.* BioMed Central Public Health. 12(1):721.

<https://doi.org/10.1186/1471-2458-12-721>

**BACKGROUND:** Many individuals who have 9/11-related physical and mental health symptoms do not use or are unaware of 9/11-related health care services despite extensive education and outreach efforts by the WTCHR (the Registry) and various other organizations. This study sought to evaluate Registry enrollees' perceptions of the relationship between physical and mental health outcomes and 9/11, as well as utilization of and barriers to 9/11-related health care services. **METHODS:** Six focus groups were conducted in January 2010, with diverse subgroups of enrollees, who were likely eligible for 9/11-related treatment services. The 48 participants were of differing race/ethnicities, ages, and boroughs of residence. Qualitative analysis of focus group transcripts was conducted using open coding and the identification of recurring themes. **RESULTS:** Participants described a variety of physical and mental symptoms and conditions, yet their knowledge and utilization of 9/11 health care services was low. Participants highlighted numerous barriers to accessing 9/11 services, including programmatic barriers (lack of program visibility and accessibility), personal barriers such as stigmatization and unfamiliarity with 9/11-related health problems and services, and a lack of referrals from their primary care providers. Moreover, many participants were reluctant to connect their symptoms to the events of 9/11 due to lack of knowledge, the amount of time that had elapsed since 9/11, and the attribution of current health symptoms to the aging process. **CONCLUSIONS:** Knowledge of the barriers to 9/11-related health care has led to improvements in the Registry's ability to refer eligible enrollees to appropriate treatment programs. These findings highlight

areas for consideration in the implementation of the new federal WTC Health Program, now funded under the James Zadroga 9/11 Health and Compensation Act (PL 111-347), which includes provisions for outreach and education. (WTCHR)

### 2013 (5)

**Brackbill R, Stellman S, Perlman S, et al. 2013.** *Mental health of those directly exposed to the World Trade Center disaster: Unmet mental health care need, mental health treatment service use, and quality of life.* Social Science & Medicine. 81:110-114.

<https://doi.org/10.1016/j.socscimed.2012.12.016>

Mental health service utilization several years following a man-made or natural disaster can be lower than expected, despite a high prevalence of mental health disorders among those exposed. This study focused on factors associated with subjective UMHCN and its relationship to a combination of diagnostic history and current mental health symptoms, five to six years after the September 11, 2001, WTC disaster in NYC. Two survey waves of the WTCHR, after exclusions, provided a sample of 36,625 enrollees for this analysis. Important differences were found among enrollees who were categorized according to the presence or absence of a self-reported mental health diagnosis and symptoms indicative of PTSD or serious psychological distress. Persons with diagnoses and symptoms had the highest levels of UMHCN, poor mental health.

**Friedman SM, Farfel MR, Maslow CB, et al. 2013.** *Comorbid persistent lower respiratory symptoms and posttraumatic stress disorder 5-6 years post-9/11 in responders enrolled in the World Trade Center Health Registry.* Am J Ind Med. 56(11):1251-1261.

<http://doi.org/10.1002/ajim.22217>

**BACKGROUND:** Co-occurrence of lower respiratory symptoms (LRS) and posttraumatic stress disorder (PTSD) has been increasingly recognized among responders and survivors of the World Trade Center (WTC) disaster. Information is limited on the degree which comorbidity intensifies symptoms and compromises quality of life across exposed groups. **METHODS:** Among responders who completed the first and second Registry surveys, measures of respiratory illness, psychological distress, and diminished quality of life were compared between responders comorbid for LRS and PTSD and responders with only LRS or PTSD. **RESULTS:** Of 14,388 responders, 40% of those with LRS and 57% of those with PTSD were comorbid. When demographic and WTC exposure-related factors were controlled, comorbid responders compared to those with LRS alone were twice as likely to have frequent dyspnea and to have sought care for dyspnea. Compared to responders with PTSD alone, comorbid responders were 2.1 times more likely to report intense re-experiencing of the disaster, 2.5 times more likely to express feelings of significant non-specific psychological distress, and 1.4 times more likely to have received mental health care. Comorbid responders were approximately three times more likely to report only fair or poor general health and more than twice as likely to report being unable to perform usual activities for  $\geq 14$  of 30 days before interview. **CONCLUSIONS:** Outcomes in comorbid responders were similar to or more severe than in comorbid survivors. Health care and disaster relief providers must suspect comorbid illness when evaluating responders' respiratory or mental illnesses and consider treatment for both.

**Groeger J, Stellman S, Kravitt A, et al. 2013.** *Evacuating damaged and destroyed buildings on 9/11: Behavioral and structural barriers.* *Prehospital and Disaster Medicine.* 28(6):556–566.

<https://doi.org/10.1017/S1049023X13008996>

**INTRODUCTION:** Evacuation of the WTC twin towers and surrounding buildings damaged in the September 11, 2001, attacks provides a unique opportunity to study factors that affect emergency evacuation of high rise buildings. **PROBLEM:** The goal of this study is to understand the extent to which structural and behavioral barriers and limitations of personal mobility affected evacuation by occupants of affected buildings on September 11, 2001. **METHODS:** This analysis included 5023 civilian, adult enrollees within the WTCHR who evacuated the two WTC towers and over 30 other Lower Manhattan buildings that were damaged or destroyed on September 11, 2001. Multinomial logistic regression was used to predict total evacuation time (<30 to  $\leq 60$  minutes, >1 hour to <2 hours relative to  $\leq 30$  minutes) in relation to number of infrastructure barriers and number of behavioral barriers, adjusted for demographic and other factors. **RESULTS:** A higher percentage of evacuees reported encountering at least one behavioral barrier (84.9%) than reported at least one infrastructure barrier (51.9%). This pattern was consistent in all buildings except WTC 1, the first building attacked, where >90% of evacuees reported encountering both types of barriers. Smoke and poor lighting were the most frequently reported structural barriers. Extreme crowding, lack of communication with officials, and being surrounded by panicked crowds were the most frequently reported behavioral barriers. Multivariate analyses showed evacuation time to be

independently associated with the number of each type of barrier as well as gender (longer times for women), but not with the floor from which evacuation began. After adjustment, personal mobility impairment was not associated with increased evacuation time. **CONCLUSION:** Because most high-rise buildings have unique designs, infrastructure factors tend to be less predictable than behavioral factors, but both need to be considered in developing emergency evacuation plans in order to decrease evacuation time and, consequently, risk of injury and death during an emergency evacuation.

**Jordan H, Stellman S, Morabia A, et al. 2013.** *Cardiovascular disease hospitalizations in relation to exposure to the September 11, 2001 World Trade Center disaster and posttraumatic stress disorder.* *Journal of the American Heart Association.* 2(5):e000431. [Online Publication]

<https://doi.org/10.1161/JAHA.113.000431>

**BACKGROUND:** A cohort study found that 9/11-related environmental exposures and PTSD increased self-reported, cardiovascular-disease risk. We attempted to replicate these findings using objectively defined cardiovascular-disease hospitalizations in the same cohort. **METHODS AND RESULTS:** Data for adult WTCHR enrollees residing in New York State on enrollment and no cardiovascular disease history (n=46,346) were linked to a New York State hospital discharge-reporting system. Follow-up began at Registry enrollment (W1) and ended at the first cerebrovascular or heart disease (HD) hospitalization, death, or December 31, 2010, whichever was earliest. We used proportional hazards models to estimate adjusted hazard ratios (AHRs) for HD (n=1151) and cerebrovascular disease (n=284) hospitalization during 302,742 person-years of observation

(mean follow-up, 6.5 years per person), accounting for other factors including age, race/ethnicity, smoking, and diabetes. An elevated risk of HD hospitalization was observed among women (AHR:1.32, 95% CI: 1.01–1.71) but not men (AHR: 1.16, 95% CI:0.97–1.40) with PTSD at enrollment. A high overall level of WTC rescue-and-recovery-related exposure was associated with an elevated HD hospitalization risk in men (AHR:1.82, 95% CI:1.06–3.13; P for trend=0.05), but findings in women were inconclusive (AHR:3.29, 95% CI:0.85–12.69; P for trend=0.09). Similar associations were observed specifically with coronary artery disease hospitalization. PTSD increased the cerebrovascular disease hospitalization risk in men but not in women. **CONCLUSIONS:**9/11-related exposures and PTSD appeared to increase the risk of subsequent hospitalization for HD and cerebrovascular disease. This is consistent with findings based on self-reported outcomes.

**Stellman S, Thomas, P, Osahan S, et al. 2013.** *Respiratory health of 985 children exposed to the World Trade Center disaster: Report on World Trade Center Health Registry Wave 2 follow-up, 2007–2008.* *Journal of Asthma.* 50:354–363.

<https://doi.org/10.3109/02770903.2013.776073>

**BACKGROUND:** The WTC disaster of September 11, 2001, has been associated with early respiratory problems including asthma in workers, residents, and children. Studies on adults have documented persistence of longer term, 9/11-related respiratory symptoms. There are no comparable reports on children. **METHODS:** We surveyed 985 children aged 5 to 17 years who enrolled in the WTCHR in W1, and who were re-surveyed in 2007 to 2008. Health data were provided by

parents in both surveys and focused on respiratory symptoms suggestive of reactive airway impairment (wheezing or the combination of cough and shortness of breath) in the preceding 12 months. At follow-up, adolescents aged 11 to 17 years completed separate surveys that screened for posttraumatic stress symptoms and behavior problems (SDQ). Associations between respiratory symptoms in the prior 12 months with 9/11 exposures and behavioral outcomes were evaluated with univariate and multivariate methods. RESULTS: Of the 985 children, 142 (14.4%) children reported respiratory symptoms in the prior 12 months; 105 (73.9%) children with respiratory symptoms had previously been diagnosed with asthma. Among children aged 5 to 10 years, respiratory symptoms were significantly elevated among African Americans (AOR:3.8; 95% CI:1.2–11.5) and those with household income below \$75,000 (AOR:1.9; CI:1.03.7), and was more than twice as great in children with dust-cloud exposure (AOR:2.2; CI:1.2–3.9). Among adolescents aged 11 to 17 years, respiratory symptoms were significantly associated with household income below \$75,000 (AOR:2.4; CI:1.2–4.6), and with a borderline or abnormal SDQ score (AOR:2.7, 95% CI:1.4–5.2). Symptoms were reported more than twice as often by adolescents with versus without dust-cloud exposure (24.8% vs. 11.5%) but the AOR was not statistically significant (AOR:1.7; CI:0.9–3.2). CONCLUSIONS: Most Registry children exposed to the 9/11 disaster in NYC reported few respiratory problems. Respiratory symptoms were associated with 9/11 exposures in younger children and with behavioral difficulties in adolescents. Our findings support the need for continued surveillance of 9/11-affected children as they reach adolescence and young adulthood, and for awareness of both physical and behavioral difficulties by treating clinicians.

## 2014 (9)

**Brackbill R, Cone J, Farfel M, et al. 2014.** *Chronic physical health consequences of being injured during the terrorist attacks on World Trade Center on September 11, 2001.* American Journal of Epidemiology. 79(9):1076–1085.

<https://doi.org/10.1093/aje/kwu022>

Few studies have focused on injuries from the WTC disaster on September 11, 2001. Severe injury has health consequences, including an increased mortality risk 10 years after injury and the risk of mental health problems, such as PTSD. The WTCHR identified 14,087 persons, with none of a selected group of preexisting chronic conditions before 2002, who were present during and soon after the WTC attacks, 1980 of whom reported sustaining one or more types of injury (e.g., a broken bone or burn). Survey data obtained during W1 and W2 were used to assess the odds of reporting a diagnosis of chronic conditions (heart disease, respiratory disease, diabetes, cancer) up to five to six years after the attacks. Number of injury types and probable PTSD were significantly associated with having any chronic conditions diagnosed between 2002 and 2007. Persons with multiple injuries and PTSD had a threefold higher risk of heart disease than did those with no injury and no PTSD, and persons with multiple injuries and with no PTSD had a twofold higher risk of respiratory diseases. The present study shows that injured persons with or without comorbid PTSD have a higher risk of developing chronic diseases. Clinicians should be aware of the heightened risk of chronic heart and respiratory conditions among injured persons.

**Brackbill R, Caramanica K, Maliniaki M, et al. 2014.** *Nonfatal injuries 1 week after Hurricane Sandy —New York Metropolitan Area, October 2012.* Morbidity and Mortality Weekly Report. 63(42):950–954. PMID:25340912.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=PMID%3A+25340912>

On October 29, 2012, Hurricane Sandy (Sandy) made landfall in densely populated areas of New York, New Jersey, and Connecticut. Flooding affected 51 square miles (132 square kilometers) of NYC and resulted in 43 deaths, many caused by drowning in the home, along with numerous storm-related injuries. Thousands of those affected were survivors of the WTC disaster of September 11, 2001, who had previously enrolled in the WTC HR (Registry) cohort study. To assess Sandy-related injuries and associated risk factors among those who lived in Hurricane Sandy-flooded areas and elsewhere, the NYC DOHMH surveyed 8870 WTC survivors who had provided physical and mental health updates 8 to 16 months before Sandy. Approximately 10% of the respondents in flooded areas reported injuries in the first week after Sandy; nearly 75% of those had more than one injury. Injuries occurred during evacuation and clean-up/repair of damaged or destroyed homes. Hurricane preparation and precautionary messages emphasizing potential for injury hazards during both evacuation and clean-up or repair of damaged residences might help mitigate the occurrence and severity of injury after a hurricane.

**Caramanica K, Brackbill R, Liao T, et al. 2014.** *Comorbidity of 9/11-related posttraumatic stress disorder and depression in the World Trade Center Health Registry 10 to 11 years post-disaster.* Journal of Traumatic Stress. 27(6):680–688.

<https://doi.org/10.7916/D8HT2NFD>

Many studies report elevated prevalence of PTSD and depression among persons exposed to the September 11, 2001, disaster compared to those unexposed; few have evaluated long-term PTSD with comorbid depression. We examined prevalence and risk factors for probable PTSD, probable depression, and both conditions 10 to 11 years post-9/11 among 29,486 WTC HR enrollees who completed surveys at W1, W2, and W3. Enrollees reporting physician-diagnosed pre-9/11 PTSD or depression were excluded. PTSD was defined as scoring  $\geq 44$  on the PCL and depression as scoring  $\geq 10$  on the eight-item Patient Health Questionnaire. We examined four groups: comorbid PTSD and depression, PTSD only, depression only, and neither. Among enrollees, 15.2% reported symptoms indicative of PTSD at W3, 14.9% of depression, and 10.1% of both. Comorbid PTSD and depression was associated with high 9/11 exposures, low social integration, health-related unemployment, and experiencing  $\geq 1$  traumatic life event post-9/11. Comorbid persons experienced poorer outcomes on all PTSD-related impairment measures, life satisfaction, overall health, and UMHCN compared to those with only a single condition. These findings highlight the importance of ongoing screening and treatment for both conditions, particularly among those at risk for mental health comorbidity.

**Ghuman S, Brackbill R, Stellman S, et al. 2014.** *Unmet mental health care need 10–12 years after the 9/11 terrorist attacks: results from 2011–2012 World Trade Center Health Registry.* BioMed Central Public Health. 14(1):491.

<https://doi.org/10.1186/1471-2458-14-491>

**BACKGROUND:** There is little current information about the UMHCN and reasons for it among those exposed to the WTC terrorist attacks. The purpose of this study was to assess the level of UMHCN among symptomatic individuals enrolled in the WTCHR in W3, and to analyze the relationship between UMHCN due to attitudinal, cost, and access factors and mental health symptom severity, mental health care utilization, health insurance availability, and social support. **METHODS:** The WTCHR is a prospective cohort study of individuals with reported exposure to the 2001 WTC attacks. This study used data from 9803 adults who completed the W1 and W3 surveys and had PTSD or depression during W3. We estimated logistic regression models relating perceived attitudinal, cost, and access barriers to symptom severity, health care utilization, a lack of health insurance, and social support after adjusting for sociodemographic characteristics. **RESULTS:** Slightly more than one-third (34.2%) of study participants reported an UMHCN. Symptom severity was a strong predictor of UMHCN due to attitudinal and perceived cost and access reasons. Attitudinal UMHCN was common among those not using mental health services, particularly those with relatively severe mental health symptoms. Cost-related UMHCN was significantly associated with a lack of health insurance but not service usage. Access-related barriers were significantly more common among those who did not use any mental health services. A higher level of social support served as an important buffer against cost and access UMHCN. **CONCLUSIONS:** A significant proportion of individuals exposed to the WTC attacks with depression or PTSD 10 years later reported an UMHCN, and individuals with more severe and disabling conditions, those who lacked health insurance, and those with low levels of social support were particularly vulnerable.

**Mann M, Li J, Farfel M, et al. 2014. Adolescent behavior and PTSD 6–7 years after the World Trade Center disaster in New York City.** *Disaster Health.* 2(3–4):12 1–129.

<https://doi.org/10.1080/21665044.2015.1010931>

Behavioral problems and psychopathologies were reported in children exposed to the WTC attacks in NYC within two to three years post-disaster. Little is known of subsequent 9/1 1-related behavioral and emotional problems. We assessed risk factors for behavioral difficulties and probable PTSD in 489 adolescent enrollees ages 11 to 18 years old in the WTCHR cohort using the Strengths and Difficulties Questionnaire (SDQ) and DISC Predictive Scales (DPS), respectively, as reported by the adolescents. Associations between parental PTSD and adolescent PTSD and behavioral problems were studied in a subset of 166 adolescent-parent pairs in which the parent was also a Registry enrollee. Nearly one-fifth (17.4%) of the adolescents, all of whom were 5 to 12 years old at the time of the attacks, scored in the abnormal (5.7%) or borderline (11.7%) range of total SDQ. Problems were more frequent in minority, low-income, and single-parent adolescents. Abnormal and borderline SDQ scores were significantly associated with direct WTC exposures and with WTC-related injury or death of a family member. Adolescent PTSD was significantly associated with WTC exposure and with fear of one's own injury or death, and with PTSD in the parent (AOR:5.6; 95% CI:1.1–28.4). This adolescent population should be monitored for persistence or worsening of these problems. Co-occurrence of parent and child mental health symptoms following a disaster may have implications for healthcare practitioners and for disaster response planners.



**Miller-Archie S, Jordan H, Ruff R, et al. 2014.** *Posttraumatic stress disorder and new-onset diabetes among adult survivors of the World Trade Center disaster.* Preventive Medicine. 66C:34–38.

<https://doi.org/10.1016/j.ypmed.2014.05.016>

**OBJECTIVE:** To explore the temporal relationship between 9/11-related PTSD and new-onset diabetes in WTC survivors up to 11 years after the attack in 2001. **METHODS:** Three waves of surveys (conducted from 2003 to 2012) from the WTCHR cohort collected data on physical and mental health status, sociodemographic characteristics, and 9/11-related exposures. Diabetes was defined as self-reported, physician-diagnosed diabetes reported after enrollment. After excluding prevalent cases, there were 36,899 eligible adult enrollees. Logistic regression and generalized multilevel growth models were used to assess the association between PTSD measured at enrollment and subsequent diabetes. **RESULTS:** We identified 2143 cases of diabetes. After adjustment, we observed a significant association between PTSD and diabetes in the logistic model (AOR:1.28, 95% CI:1.14–1.44). Results from the growth model were similar (AOR:1.37, 95% CI:1.23–1.52). **CONCLUSION:** This exploratory study found that PTSD, a common 9/11-related health outcome, was a risk factor for self-reported diabetes. Clinicians treating survivors of both the WTC attacks and other disasters should be aware that diabetes may be a long-term consequence.

**Schwarzer R, Bowler R, Cone J. 2014.** *Social integration buffers stress in New York police after the 9/11 terrorist attack.* Anxiety, Stress, & Coping. 27(1):18–26.

<https://doi.org/10.1080/10615806.2013.806652>

Being socially integrated is regarded as a protective factor enabling people to cope with adversity. The stress-buffering effect reflects an interaction between stress and a social coping resource factor on subsequent outcomes. This study, based on 2943 police officers, examines mental health outcomes among officers who responded to the 9/11 terrorist attack on the WTC. The W1 data collection took place between September 2003 and November 2004, with a follow-up study (W2) conducted from November 2006 through December 2007. A moderated mediation model was specified that uses event exposure as a distal predictor, earlier stress response as a mediator, and later stress response as an outcome, and social integration as a moderator of this relationship. The mediation hypothesis was confirmed, and moderation occurred at two stages. First, there was a multiplicative relationship between exposure levels and social integration: the higher the exposure level, the more stress responses occur, but this effect was buffered by a high level of social integration. Second, W1 stress interacted with social integration on W2 stress: the more the police officers were socially integrated, the lower the W2 stress, which happened in a synergistic manner. The findings contribute to the understanding of mediating and moderating mechanisms that result in health outcomes such as PTSD or resilience.

**Welch A, Caramanica K, Maslow C, et al. 2014.** *Frequent binge drinking five to six years after exposure to 9/11: Findings from the World Trade Center Health Registry.* *Drug and Alcohol Dependence.* 140: 1–7.

<https://doi.org/10.1016/j.drugalcdep.2014.04.013>

BACKGROUND: Exposure to 9/11 may have considerable long-term impact on health behaviors, including increased alcohol consumption. We examined the association between frequent binge drinking, PTSD, and number of 9/11-specific experiences among WTCHR enrollees five-to-six years after 9/11. METHODS: Participants included 41,284 Lower Manhattan residents, workers, passers-by, and rescue/recovery workers aged 18 or older without a pre-9/11 PTSD diagnosis who completed W1 and W2 interviews. Frequent binge drinking was defined as consuming five or more drinks on five or more occasions in the prior 30 days at W2. Probable PTSD was defined as scoring 44 or greater on the PCL. September 11, 2001, exposure was measured as the sum of 12 experiences and grouped as none/low (0–1), medium (2–3), high (4–5) and very high (6+). RESULTS: Frequent binge drinking was significantly associated with increasing 9/11-exposure and PTSD. Those with very high and high exposures had a higher prevalence of frequent binge drinking (13.7% and 9.8%, respectively) than those with medium and low exposures (7.5% and 4.4%, respectively). Upon stratification, very high and high exposures were associated with frequent binge drinking in both the PTSD and non-PTSD subgroups. CONCLUSIONS: Our findings suggest that 9/11-exposure had an impact on frequent binge drinking five-to-six years later among WTCHR enrollees. Understanding the effects of traumatic exposure on alcohol use is important to

identify risk factors for post-disaster alcohol misuse, inform policy, and improve post-disaster psychological and alcohol screening and counseling.

**Welch A, Debchoudury I, Jordan H, et al. 2014.** *Translating research into action: An evaluation of the World Trade Center Health Registry’s Treatment Referral Program.* *Disaster Health.* 2(1): 97–105.

<https://doi.org/10.4161/dish.28219>

This manuscript describes the design, implementation, and evaluation of the WTCHR TRP, created to respond to enrollees’ self-reported 9/11-related physical and mental health needs and promote the use of WTC-specific health care. In 2009–2011, the TRP conducted personalized outreach, including an individualized educational mailing and telephone follow-up to 7518 selected enrollees who resided in NYC, did not participate in rescue/recovery work, and reported symptoms of 9/11-related physical conditions or PTSD on their most recently completed Registry survey. TRP staff spoke with enrollees to address barriers to care and schedule appointments at the WTC EHC, for those eligible. We assessed three nested outcomes: TRP participation (e.g., contact with TRP staff), scheduling appointments, and keeping scheduled appointments. A total of 1232 (16.4%) eligible enrollees participated in the TRP; 32% of them scheduled a first-time appointment. We reached 84% of participants who scheduled appointments; 79.4% reported having kept the appointment. Scheduling an appointment, but not keeping it, was associated with self-reported unmet health care need, PTSD, and poor functioning ( $\geq 14$  days of poor physical or mental health in the past 30 days;  $P < 0.05$ ). Neither scheduling nor keeping

an appointment was associated with demographic characteristics. Successful outreach to disaster-exposed populations may require a sustained effort that employs a variety of methods in order to encourage and facilitate use of post-disaster services. Findings from this evaluation can inform outreach to the population exposed to 9/11 being conducted by other organizations.

## 2015 (10)

**Berger K, Turetz M, Liu M, et al. (2015).** Oscillometry complements spirometry in evaluation of subjects following toxic inhalation. *European Respiratory Journal Open Research*; 1(2) pii:00043– 2015.

<https://doi.org/10.1183/23120541.00043-2015>

The WTC destruction released dust and fumes into the environment. Although many community members developed respiratory symptoms, screening spirometry was usually normal. We hypothesized that forced oscillation testing would identify functional abnormalities undetected by spirometry and that symptom severity would relate to magnitude of abnormalities measured by oscillometry. Asymptomatic cohort (n=848) from the Bellevue Hospital WTC EHC was evaluated and compared to an asymptomatic cohort (n=475) from the NYC DOHMH WTCHR. Spirometry and oscillometry were performed. Oscillometry measurements included resistance (R5) and frequency dependence of resistance (R5–20). Spirometry was normal for the majority of subjects (73.2% symptomatic versus 87.6% asymptomatic,  $p<0.0001$ ). In subjects with normal spirometry, R5 and R5–20 were higher in symptomatic versus asymptomatic subjects (median (interquartile range) R5 0.436 (0.206) versus 0.314 (0.129) kPa.L-1.s-1,

$p<0.001$ ; R5–20 0.075 (0.085) versus 0.004 (0.042) kPa.L-1.s-1,  $p<0.0001$ ). In symptomatic subjects, R5 and R5–20 increased with increasing severity and frequency of wheeze ( $p<0.05$ ). Measurement of R5–20 correlated with the presence and severity of symptoms even when spirometry was within normal limits. These findings are in accord with small airway abnormalities as a potential explanation of the respiratory symptoms.

**Caramanica K, Brackbill R, Stellman S, et al. 2015.** *Posttraumatic stress disorder after Hurricane Sandy among persons exposed to the 9/11 disaster.* *International Journal of Emergency Mental Health.* 17(1):356–362.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4424196>

**BACKGROUND:** Traumatic exposure during a hurricane is associated with adverse mental health conditions post-event. The WTCHR provided a sampling pool for a rapid survey of persons directly affected by Hurricane Sandy in the NYC metropolitan area in late October 2012. This study evaluated the relationship between Sandy experiences and Sandy-related PTSD among individuals previously exposed to the September 11, 2001, disaster. **METHODS:** A total of 4558 surveys were completed from April 10, 2013, to November 7, 2013. After exclusions for missing data, the final sample included 2214 (53.5%) respondents from FEMA-defined inundation zones and 1923 (46.5%) from non-inundation zones. Sandy exposures included witnessing terrible events, Sandy-related injury, fearing for own life or safety of others, evacuation, living in a home that was flooded or damaged, property loss, and financial loss. Sandy-related PTSD was defined as a score of  $\geq 44$  on a Sandy-specific PCL. **RESULTS:** PTSD prevalence was higher in the inundation zones (11.3%) and lower in

the non-inundation zones (4.4%). The highest prevalence of Sandy-related PTSD was among individuals in the inundation zone who sustained an injury (31.2%), reported a history of 9/11-related PTSD (28.8%), or had low social support prior to the event (28.6%). In the inundation zones, significantly elevated adjusted odds of Sandy-related PTSD were observed among persons with a prior history of 9/11-related PTSD, low social support, and those who experienced a greater number of Sandy traumatic events. **CONCLUSIONS:** Sandy-related stress symptoms indicative of PTSD affected a significant proportion of persons who lived in flooded areas of the NYC metropolitan area. Prior 9/11-related PTSD increased the likelihood of Sandy-related PTSD, while social support was protective. Public health preparation for events similar to Sandy should incorporate outreach and linkages to care for persons with prior disaster-related trauma.

**Cone J, Li J, Kornblith E, et al. 2015.** *Chronic probable PTSD among police responders in the World Trade Center Health Registry ten to eleven years after 9/11.* American Journal of Industrial Medicine. 58(5):483–493.

<https://doi.org/10.1002/ajim.22446>

**BACKGROUND:** Police enrolled in the WTCHR demonstrated increased probable PTSD after the terrorist attack of September 11, 2001. **METHODS:** Police enrollees without pre-9/11 PTSD were studied. Probable PTSD was assessed by PCL. Risk factors for chronic, new onset or resolved PTSD were assessed using multinomial logistic regression. **RESULTS:** Half of police with probable PTSD in W1 and W2 continued to have probable PTSD in W3. Women had higher prevalence of PTSD than men (15.5% vs. 10.3%,  $P=0.008$ ). Risk factors for chronic PTSD included decreased social support, unemployment, two

or more life stressors in last 12 months, two or more life-threatening events since 9/11, two or more injuries during the 9/11 attacks, and unmet mental health needs. **CONCLUSION:** Police responders to the WTC attacks continue to bear a high mental health burden. Improved early access to mental health treatment for police exposed to disasters may be needed.

**Fairclough M, Miller-Archie S, Cone J, et al. 2015.** *Relationship between persistent post-traumatic stress disorder and human remains exposure for Staten Island Barge and Landfill recovery and clean-up workers after 9/11.* International Journal of Emergency Mental Health and Human Resilience. 17(3):661–663.

<https://dx.doi.org/10.4172/1522-4821.1000261>

After the September 11, 2001, WTC disaster, recovery and clean-up efforts were concentrated at the WTC site and the Staten Island (SI) Fresh Kills landfill and barges. Research is limited regarding the long-term health effects of human remains-exposure during clean-up and recovery work at the SI landfill and barges. We studied 1592 WTCHR enrollees who worked at the SI landfill, loading piers, and barges after the 9/11 attacks to assess the relationship between human remains-exposure and persistent PTSD 10–11 years later. A dose-response relationship was found between frequency of human remains-exposure and persistent PTSD (AOR): every day (AOR=4.77; 95% CI:2.00–11.52), almost every day (AOR=4.35; 95% CI:1.75–10.80), and some days (AOR=2.98; 95% CI:1.43–6.22). When exposed to human remains, sanitation workers had higher odds of persistent PTSD, compared to firefighters and police. In addition, respondents who scored lower on a social support scale had

higher odds of persistent PTSD. The findings highlight the need for strategies to reduce the risk of PTSD associated with exposure to human remains in future disasters.

**Gargano L, Caramanica K, Sisco S, et al. 2015.** *Exposure to the World Trade Center disaster and 9/1 1-related post-traumatic stress disorder and household disaster preparedness.* *Disaster Medicine and Public Health Preparedness.* Dec; 9(6):625–33.

<https://doi.org/10.1017/dmp.2015.71>

**OBJECTIVE:** In a population with prior exposure to the WTC disaster, this study sought to determine the subsequent level of preparedness for a new disaster and how preparedness varied with population characteristics that are both disaster-related and non-disaster-related. **METHODS:** The sample included 4496 WTCHR enrollees who completed the W3 and Hurricane Sandy (2013) surveys. Participants were considered prepared if they reported possessing at least seven of eight standard preparedness items. Logistic regression was used to determine associations between preparedness factors, demographic factors, medical factors, 9/1 1-related PTSD assessed at W3, 9/1 1-exposure, and social support. **RESULTS:** Over one-third (37.5%) of participants were prepared with 18.8% possessing all eight items. The item most often missing was an evacuation plan (69.8%). Higher levels of social support were associated with being prepared. High levels of 9/1 1-exposure were associated with being prepared in both the PTSD and non-PTSD subgroups. **CONCLUSIONS:** Our findings indicate that prior 9/1 1-exposure favorably impacted Hurricane Sandy preparedness. Future preparedness messaging should target people with low social support networks. Communications should include information on evacuation

zones and where to find information about how to evacuate.

**Jordan H, Stellman S, Reibman J, et al. 2015.** *Factors associated with poor control of 9/1 1-related asthma 10–11 years after the 2001 World Trade Center disaster.* *Journal of Asthma.* 52(6):630–637.

<https://doi.org/10.3109/02770903.2014.999083>

**OBJECTIVE:** To identify key factors associated with poor asthma control among adults in the WTCHR, a longitudinal study of rescue/recovery workers and community members who were directly exposed to the 2001 WTC terrorist attacks and their aftermath. **METHODS:** We studied incident asthma diagnosed by a physician from September 12, 2001, through December 31, 2003, among participants aged  $\geq 18$  on September 11, 2001, as reported on an enrollment (2003–2004) or follow-up questionnaire. Based on modified National Asthma Education and Prevention Program criteria, asthma was considered controlled, poorly-controlled, or very poorly-controlled at the time of a 201 1–2012 follow-up questionnaire. Probable PTSD, depression, and generalized anxiety disorder were defined using validated scales. Self-reported GERS and OSA were obtained from questionnaire responses. Multinomial logistic regression was used to examine factors associated with poor or very poor asthma control. **RESULTS:** Among 2445 participants, 33.7% had poorly-controlled symptoms and 34.6% had very poorly-controlled symptoms in 201 1–2012. Accounting for factors including age, education, body mass index, and smoking, there was a dose-response relationship between the number of mental health conditions and poorer asthma control. Participants with three mental health conditions had five times the odds of poor

control and 13 times the odds of very poor control compared to participants without mental health comorbidities. GERS and OSA were significantly associated with poor or very poor control. CONCLUSIONS: Rates of poor asthma control were very high in this group with post-9/11 diagnosed asthma. Comprehensive care of 9/11-related asthma should include management of mental and physical health comorbidities.

**Maslow C, Caramanica K, Welch A, et al. 2015.** *Trajectories of scores on a screening instrument for PTSD among World Trade Center rescue, recovery, and clean-up workers.* Journal of Traumatic Stress. 28(3):198–205.

<http://onlinelibrary.wiley.com/wo1/doi/10.1002/jts.22011/abstract>

The longitudinal course of PTSD over eight to nine years was examined among 16,488 rescue and recovery workers who responded to the events of September 11, 2001, at the WTC, and were enrolled in the WTCHR. Latent class growth analysis identified five groups of rescue and recovery workers with similar score trajectories at three administrations of the PCL: low-stable (53.3%), moderate-stable (28.7%), moderate-increasing (6.4%), high-decreasing (7.7%), and high-stable (4.0%). Relative to the low-stable group, membership in higher risk groups was associated with 9/11-related exposures, including: duration of WTC work (with adjusted odds ratios ranging from 1.3 to 2.0), witnessing of horrific events (range=1.3 to 2.1), being injured (range=1.4 to 2.3), perceiving threat to life or safety (range=2.2 to 5.2), bereavement (range=1.6 to 4.8), and job loss due to 9/11 (range=2.4 to 15.8). Within groups, higher PCL scores were associated with adverse social circumstances, including: lower social support (with B coefficients ranging from 0.2 to 0.6); divorce,

separation, or widowhood (range=0.4–0.7); and unemployment (range=0.4–0.5). Given baseline, exposure-related, and contextual influences that affect divergent PTSD trajectories, screening for both PTSD and adverse circumstances should occur immediately, and at regular intervals post disaster.

**Welch A, Jasek J, Caramanica K, et al. 2015.** *Cigarette smoking and 9/11 1-related posttraumatic stress disorder among World Trade Center Health Registry enrollees, 2003–12.* Preventive Medicine. 73:94–99.

<https://doi.org/10.1016/j.ypmed.2015.01.023>

OBJECTIVE: Numerous studies have observed higher rates of smoking among adults with mental health conditions. We examined PTSD and smoking over a seven to nine year period among adults with first-hand exposure to the 9/11 attacks enrolled in the WTCHR. METHOD: Data were collected at three waves: W1, W2, and W3. Enrollees aged  $\geq 25$  at W1 and who completed all three waves (n=34,458) were categorized by smoker-type: non-smoker, non-daily (smoked some days in last 30 days), light (1–10 cigarettes per day (CPD)), or heavy (11+ CPD). Enrollees who smoked at W1 but not W3 were considered to have quit. PTSD was defined as a score of  $\geq 44$  on the PCL Civilian Version. RESULTS: Smoking declined significantly from W1 (12.6%) to W3 (9.2%). Smoking prevalence was higher among enrollees with PTSD. In multivariable models, odds of quitting were 25% to 39% lower among heavy, light, and non-daily smokers with PTSD compared to those without. CONCLUSION: PTSD was associated with reduced odds of quitting regardless of smoker-type. Disaster-exposed smokers with PTSD are likely in need of more supportive services in order to abstain from smoking.

**Welch A, Caramanica K, Yip J, et al. 2015.**

*A qualitative analysis of New York City based primary care and specialty providers' knowledge of 9/11 1-related health conditions and health care services.* Austin Journal of Emergency and Critical Care Medicine. 2(5):1029.

<http://austinpublishinggroup.com/emergency-critical-care-medicine/fulltext/ajecm-v2-id1029.php>

**INTRODUCTION:** More than 10 years after 9/11, thousands of directly-exposed persons have myriad disaster-related physical and mental health conditions. Previous studies suggest affected persons may not be utilizing any of the health programs that were created expressly to address 9/11 1-related health conditions due, in part, to a lack of referrals from primary care physicians. **AIM:** To understand providers' knowledge of 9/11 1-related medical conditions, views on and referrals to 9/11 health programs, and how best to provide educational resources to providers and patients. **METHODS:** We conducted semi-structured in-depth individual telephone interviews with 20 New York City-based primary care and relevant specialty providers. The interviews were recorded, transcribed, and inductively open-coded for thematic analysis. **RESULTS:** Providers were fairly knowledgeable about psychiatric and respiratory conditions commonly associated with 9/11, but less so regarding conditions whose relationships to 9/11 are still under investigation. Most providers considered 9/11 exposure an important part of patients' medical histories, but did not typically screen for exposure, believing patients would self-report exposure or that exposure was no longer relevant. The majority of providers had positive perceptions of the 9/11 programs, though only some had referred their patients. Providers expressed interest in learning more about 9/11 1-related

health programs and conditions. **CONCLUSION:** NYC-based medical providers are an under-utilized source of referrals to the 9/11 health programs. Furnishing providers with detailed information on program locations, eligibility requirements, services, and advantages along with summaries of 9/11 research and patient educational materials may increase provider referrals to the programs.

**Yu S, Brackbill R, Stellman S, et al. 2015.**

*Evaluation of non-response bias in a cohort study of World Trade Center terrorist attack survivors.* BioMed Central Research Notes. 8(1):42. [Online Publication]

<https://doi.org/10.1186/s13104-015-0994-2>

**BACKGROUND:** Few longitudinal studies of disaster cohorts have assessed both non-response bias in prevalence estimates of health outcomes and in the estimates of associations between health outcomes and disaster exposures. We examined the factors associated with non-response and the possible non-response bias in prevalence estimates and association estimates in a longitudinal study of WTC terrorist attack survivors. **METHODS:** In 2003–2004, 71,434 enrollees completed the WTCHR Wave 1 health survey. This study is limited to 67,670 adults who were eligible for both Wave 2 and Wave 3 surveys in 2006–2007 and 2011–2012. We first compared the characteristics between Wave 3 participants (Wave 3 drop-ins and three-wave participants) and non-participants (Wave 3 drop-outs and Wave 1 only participants). We then examined potential non-response bias in prevalence estimates and in exposure-outcome association estimates by comparing one-time non-participants (Wave 3 drop-ins and drop-outs) at the two follow-up surveys with three-wave participants.

**RESULTS:** Compared to Wave 3 participants, non-participants were younger, more likely to be male, non-White, non-self-enrolled, non-rescue or recovery worker, have lower household income, and less than post-graduate education. Enrollees' Wave 1 health status had little association with their Wave 3 participation. None of the disaster exposure measures measured at Wave 1 were associated with Wave 3 non-participation. Wave 3 dropouts and drop-ins (those who participated in only one of the two follow-up surveys) reported somewhat poorer health outcomes than the three-wave participants. For example, compared to three-wave participants, Wave 3 drop-outs had a 1.4 times higher odds of reporting poor or fair health at Wave 2 (95% CI 1.3–1.4). However, the associations between disaster exposures and health outcomes were not different significantly among Wave 3 drop-outs/drop-ins as compared to three-wave participants. **CONCLUSION:** Our results show that, despite a downward bias in prevalence estimates of health outcomes, attrition from the WTCHR follow-up studies does not lead to serious bias in associations between 9/11 disaster exposures and key health outcomes. These findings provide insight into the impact of non-response on associations between disaster exposures and health outcomes reported in longitudinal studies. (WTCHR)

## 2016 (16)

**Boffetta P, Zeig-Owens R, Wallenstein S, et al. 2016.** *Cancer in World Trade Center responders: Findings from multiple cohorts and options for future study.* American Journal of Industrial Medicine. 59(2):96–105.

<https://doi.org/10.1002/ajim.22555>

**BACKGROUND:** Three longitudinal studies of cancer incidence in varied populations

of WTC responders have been conducted. **METHODS:** We compared the design and results of the three studies. **RESULTS:** Separate analyses of these cohorts revealed excess cancer incidence in responders for all cancers combined and for cancers of the thyroid and prostate. Methodological dissimilarities included recruitment strategies, source of cohort members, demographic characteristics, overlap between cohorts, assessment of WTC and other occupational exposures and confounders, methods and duration of follow-up, approaches for statistical analysis, and latency analyses. **CONCLUSIONS:** The presence of three cohorts strengthens the effort of identifying and quantifying the cancer risk, while the heterogeneity in design might increase sensitivity to the identification of cancers potentially associated with exposure. The presence and magnitude of an increased cancer risk remains to be fully elucidated. Continued long-term follow-up with minimal longitudinal dropout is crucial to achieve this goal.

**Bowler R, Kornblith E, Li J, et al. 2016.** *Police officers who responded to 9/11: Comorbidity of PTSD, depression, and anxiety 10–11 years later.* American Journal of Industrial Medicine. 59(6):425–436.

<https://doi.org/10.1002/ajim.22588>

**BACKGROUND:** After the September 11, 2001, WTC attack, many police-responders developed PTSD and might be vulnerable to develop depression and/or anxiety. Comorbidity of PTSD, depression, and/or anxiety is examined. **METHOD:** Police enrollees (n=1884) from the WTCHR were categorized into four groups based on comorbidity of PTSD, depression, and anxiety. DSMIV diagnostic criteria for PTSD were used. Depression (PHQ-8) and anxiety (GAD-7) were assessed with standardized psychometric



inventories. Multinomial logistic regression was used to identify putative risk factors associated with comorbidity of PTSD. RESULTS: Of 243 (12.9% of total) police with probable PTSD, 21.8% had probable PTSD without comorbidity, 24.7% had depression, 5.8% had anxiety, and 47.7% had comorbid depression and anxiety. Risk factors for comorbid PTSD, depression, and anxiety include being Hispanic, decrease in income, experiencing physical injury on 9/11, experiencing stressful/traumatic events since 9/11, and being unemployed/retired. CONCLUSION: Nearly half of police with probable PTSD had comorbid depression and anxiety.

**Brown S, Gargano L, Parton H, et al. 2016.** *Hurricane Sandy evacuation among World Trade Center Health Registry (WTCHR) enrollees in New York City.* Disaster Medicine and Public Health Preparedness. 10(3):41 1–419.

<https://doi.org/10.1017/dmp.2016.57>

OBJECTIVE: Timely evacuation is vital for reducing adverse outcomes during disasters. This study examined factors associated with evacuation and evacuation timing during Hurricane Sandy among WTCHR (Registry) enrollees. METHODS: The study sample included 1162 adults who resided in New York City’s evacuation zone A during Hurricane Sandy who completed the Registry’s Hurricane Sandy sub-study in 2013. Factors assessed included zone awareness, prior evacuation experience, community cohesion, emergency preparedness, and poor physical health. Prevalence estimates and multiple logistic regression models of evacuation at any time and evacuation before Hurricane Sandy were created. RESULTS: Among respondents who evacuated for Hurricane Sandy (51%), 24% had evacuated before the storm. In adjusted analyses, those more likely to evacuate knew they resided in

an evacuation zone, had evacuated during Hurricane Irene, or reported pre-Sandy community cohesion. Evacuation was less likely among those who reported being prepared for an emergency. For evacuation timing, evacuation before Hurricane Sandy was less likely among those with pets and those who reported 14 or more poor-physical health days. CONCLUSIONS: Higher evacuation rates were observed for respondents seemingly more informed and who lived in neighborhoods with greater social capital. Improved disaster messaging that amplifies these factors may increase adherence with evacuation warnings.

**Cone J, Osahan S, Ekenga C, et al. 2016.** *Asthma among Staten Island fresh kills landfill and barge workers following the September 11, 2001 World Trade Center terrorist attacks.* American Journal of Industrial Medicine. 59(9):795–804.

<https://doi.org/10.1002/ajim.22645>

BACKGROUND: Although airborne respiratory irritants at the WTC site have been associated with asthma among WTC Ground Zero workers, little is known about asthma associated with work at the Staten Island landfill or barges. METHODS: To evaluate the risk of asthma first diagnosed among Staten Island landfill and barge workers, we conducted a survey and multivariable logistic regression analysis regarding the association between Staten Island landfill-and barge-related work exposures and the onset of post-9/11 asthma. RESULTS: Asthma newly-diagnosed between September 11, 2001, and December 31, 2004, was reported by 100 of 1836 (5.4%) enrollees. Jobs involving sifting, digging, welding, and steel cutting; enrollees with high landfill/barge exposure index scores or who were police and sanitation workers; and enrollees with probable PTSD

all had increased odds ratios for new-onset asthma. CONCLUSIONS: Post-9/11 asthma cumulative incidence among Staten Island landfill/barge workers was similar to that of other WTC disaster rescue and recovery workers.

**Friedman S, Farfel M, Maslow C, et al. 2016.** *Risk factors for and consequences of persistent lower respiratory symptoms among World Trade Center health registrants 10 years after the disaster.* Occupational and Environmental Medicine. 73(10):676–684.

<https://doi.org/10.1136/oemed-2015-103512>

OBJECTIVES: The prevalence of persistent LRS among rescue/recovery workers, local area workers, residents, and passers-by in the WTCHR was analyzed to identify associated factors and to measure its effect on quality of life (QoL) 10 years after September 11, 2001. METHODS: This cross-sectional study included 18,913 adults who completed three WTCHR surveys (2003–2004 (Wave 1 (W1)), 2006–2007 (Wave 2 (W2)) and 2011–2012 (Wave 3 (W3))). LRS were defined as self-reported cough, wheeze, dyspnoea, or inhaler use in the 30 days before survey. The prevalence of three LRS outcomes: LRS at W1; LRS at W1 and W2; and LRS at W1, W2, and W3 (persistent LRS) was compared with no LRS on WTC exposure and probable mental health conditions determined by standard screening tests. Diminished physical and mental health QoL measures were examined as potential LRS outcomes, using multivariable logistic and Poisson regression. RESULTS: Of the four outcomes, persistent LRS was reported by 14.7%. Adjusted ORs for disaster exposure, probable post-traumatic stress disorder (PTSD) at W2, lacking college education, and obesity were incrementally higher moving from LRS at

W1, LRS at W1 and W2 to persistent LRS. Half of those with persistent LRS were comorbid for probable PTSD, depression, or generalized anxiety disorder. Enrollees with persistent LRS were three times more likely to report poor physical health and ~50% more likely to report poor mental health than the no LRS group. CONCLUSIONS: LRS, accompanied by mental health conditions and decreased QoL, have persisted for at least 10 years after September 11, 2001. Affected adults require continuing surveillance and treatment.

**Gargano L, Gershon R, Brackbill R, et al. 2016.** *Quality of life of persons injured on 9/11: Qualitative analysis from the World Trade Center Health Registry.* PLoS Currents. 8: pii.

<https://doi.org/10.1371/currents.dis.7c70f66c1e6c5f41b43c797cb2a04793>

INTRODUCTION: A number of studies published by the WTCHR (Registry) document the prevalence of injuries sustained by victims of the World Trade Center Disaster (WTCDD) on 9/11. Injury occurrence during or in the immediate aftermath of this event has been shown to be a risk factor for long-term adverse physical and mental health status. More recent reports of ongoing physical health and mental health problems and overall poor quality of life among survivors led us to undertake this qualitative study to explore the long-term impact of having both disaster-related injuries and peri-event traumatic exposure on quality of life in disaster survivors. METHODS: Semi-structured, in-depth individual telephone interviews were conducted with 33 Registry enrollees who reported being injured on September 11, 2001. Topics included: extent and circumstance of the injur(ies), description of medical treatment for injury, current health

and functional status, and lifestyle changes resulting from the WTC. The interviews were recorded, transcribed, and inductively open-coded for thematic analysis. RESULTS: Six themes emerged with respect to long-term recovery and quality of life: concurrent experience of injury with exposure to peri-event traumatic exposure (e.g., witnessing death or destruction, perceived life threat, etc.); sub-optimal quality and timeliness of short-and long-term medical care for the injury reported and mental health care; poor ongoing health status, functional limitations, and disabilities; adverse impact on lifestyle; lack of social support; and adverse economic impact. Many study participants, especially those reporting more serious injuries, also reported self-imposed social isolation, an inability to participate in or take enjoyment from previously-enjoyable leisure and social activities and greatly diminished overall quality of life. DISCUSSION: This study provided unique insight into the long-term impact of disasters on survivors. Long after physical injuries have healed, some injured disaster survivors report having serious health and mental health problems, economic problems due to loss of livelihood, limited sources of social support, and profound social isolation. Strategies for addressing the long-term health problems of disaster survivors are needed in order to support recovery.

**Gargano L, Nguyen A, DiGrande L, et al. 2016.** *Mental health status of World Trade Center tower survivors compared to other survivors a decade after the September 11, 2001 terrorist attacks.* American Journal of Industrial Medicine. 59(9):742–751.

<https://doi.org/10.1002/ajim.22636>

BACKGROUND: Studies of individuals directly exposed to the WTC terrorist attacks of

September 11, 2001, have found increased risk for PTSD and binge drinking (BD). No long-term studies have been conducted on one highly-exposed group, WTC tower evacuees. METHODS: The study sample included 7695 adult civilians in the WTCHR. Logistic regression was used to examine the odds of PTSD and BD in 1946 towers evacuees compared to 5749 others in nearby buildings or on the street. RESULTS: WTC tower survivors were at increased risk for PTSD and BD compared to the others. Infrastructure and behavioral barriers experienced during evacuation were significantly associated with PTSD. CONCLUSIONS: WTC tower evacuees are at increased risk for PTSD and BD. Understanding the effects of disaster-related evacuation barriers on the long-term mental health status of survivors can help in the planning of continuing post-disaster treatment.

**Gargano LM, Welch AE, Stellman SD. 2016.** *Substance use in adolescents 10 years after the World Trade Center Attacks in New York City.* Journal of Child and Adolescent Substance Abuse. 26(1):66-74.

<https://doi.org/10.1080/1067828X.2016.1210551>

We examined prevalence of and factors associated with substance use 10 to 11 years post-9/11 among adolescents in the World Trade Center Health Registry. Logistic regression analyses showed that adolescents who witnessed a disturbing event on 9/11 were twice as likely to report ever drinking and almost three times as likely to have ever used marijuana. Among those ≥5 years of age on 9/11, fear for personal safety on 9/11 was significantly associated with having ever smoked cigarettes, ever drank, and ever used marijuana. Intervention and education for adolescents particularly focused

on substance use and coping strategies may be warranted after large-scale disasters.

**Li J, Brackbill R, Jordan H, et al. 2016.** *Effect of asthma and PTSD on persistence and onset of gastroesophageal reflux symptoms among adults exposed to the September 11, 2001, terrorist attacks.* American Journal of Industrial Medicine. 59(9):805–814.

<http://doi.org/10.1002/ajim.22644>

**BACKGROUND:** Little is known about the direction of causality among asthma, PTSD, and onset of GERS after exposure to the September 11, 2001, WTC disaster. **METHODS:** Using data from the WTCHR, we investigated the effects of early diagnosed post-9/11 asthma and PTSD on the late-onset and persistence of GERS using log-binomial regression, and examined whether PTSD mediated the asthma-GERS association using structural equation modeling. **RESULTS:** Of 29,406 enrollees, 23% reported GERS at follow-up in 2011–2012. Early post-9/11 asthma and PTSD were each independently associated with both the persistence of GERS that was present at baseline and the development of GERS in persons without a prior history. PTSD mediated the association between early post-9/11 asthma and late-onset GERS. **CONCLUSIONS:** Clinicians should assess patients with post-9/11 GERS for comorbid asthma and PTSD, and plan medical care for these conditions in an integrated fashion.

**Li J, Brackbill R, Liao T, et al. 2016.** *Ten-year cancer incidence in rescue/recovery workers and civilians exposed to the September 11, 2001 terrorist attacks on the World Trade Center.* American Journal of Industrial Medicine. 59(9):709–721.

<https://doi.org/10.1002/ajim.22638>

**BACKGROUND:** Cancer incidence in exposed rescue/recovery workers (RRWs) and civilians (non-RRWs) was previously reported through 2008. **METHODS:** We studied occurrence of first primary cancer among WTCHR enrollees through 2011 using adjusted standardized incidence ratios (SIRs), and the WTC-exposure-cancer association, using Cox proportional hazards models. **RESULTS:** All-cancer SIR was 1.11 (95% CI 1.03–1.20) in RRWs, and 1.08 (95% CI 1.02–1.15) in non-RRWs. Prostate cancer and skin melanoma were significantly elevated in both populations. Thyroid cancer was significantly elevated only in RRWs while breast cancer and non-Hodgkin’s lymphoma were significantly elevated only in non-RRWs. There was a significant exposure dose-response for bladder cancer among RRWs, and for skin melanoma among non-RRWs. **CONCLUSIONS:** We observed excesses of total and specific cancers in both populations, although the strength of the evidence for causal relationships to WTC-exposures is somewhat limited. Continued monitoring of this population is indicated.

**Li J, Cone J, Alt A, et al. 2016.** *Performance of self-report to establish cancer diagnoses in disaster responders and survivors, World Trade Center Health Registry, New York, 2001–2007.* Public Health Reports. 131:420–429.

<https://doi.org/10.1177/003335491613100308>

**OBJECTIVE:** Large-scale disasters may disrupt health surveillance systems, depriving health officials and researchers of timely and accurate information needed to assess disaster-related health effects and leading to use of less reliable self-reports of health outcomes. In particular, ascertainment of cancer in a population is ordinarily obtained through linkage of self-reported

data with regional cancer registries, but exclusive reliance on these sources following a disaster may result in lengthy delays or loss of critical data. To assess the impact of such reliance, we validated self-reported cancer in a cohort of 59,340 responders and survivors of the WTC disaster against data from 11 state cancer registries (SCRs). METHODS: We focused on residents of the 11 states with SCRs and on cancers diagnosed from September 11, 2001, to the date of their last survey participation. Medical records were also sought in a subset of 595 self-reported cancer patients who were not recorded in an SCR. RESULTS: Overall sensitivity and specificity of self-reported cancer were 83.9% (95% CI 81.9, 85.9) and 98.5% (95% CI 98.4, 98.6), respectively. Site-specific sensitivities were highest for pancreatic (90.9%) and testicular (82.4%) cancers and multiple myeloma (84.6%). Compared with enrollees with true-positive reports, enrollees with false-negative reports were more likely to be non-Hispanic black (AOR=1.8, 95% CI 1.2, 2.9) or Asian (AOR=2.2, 95% CI 1.2, 4.1). Among the 595 cases not recorded in an SCR, 13 of 62 (21%) cases confirmed through medical records were reportable to SCRs. CONCLUSION: Self-report of cancer had relatively high sensitivity among adults exposed to the WTC disaster, suggesting that self-reports of other disaster-related conditions less amenable to external validation may also be reasonably valid.

**Maslow C, Caramanica K, Li J, et al. 2016.** *Reproductive outcomes following maternal exposure to the events of September 11, 2001, at the World Trade Center, in New York City.* American Journal of Public Health. 106(10):1796–1803.

<https://doi.org/10.2105/AJPH.2016.303303>

OBJECTIVES: To estimate associations

between exposure to the events of September 11, 2001, and low birth weight (LBW), preterm delivery (PD), and small size for gestational age (SGA). METHODS: We matched birth certificates filed in New York City for singleton births between 9/11 and the end of 2010 to 9/11–related exposure data provided by mothers who were WTCHR enrollees. Generalized estimating equations estimated associations between exposures and LBW, PD, and SGA. RESULTS: Among 3360 births, 5.8% were LBW, 6.5% were PD, and 9% were SGA. Having incurred at least 2 of 4 exposures, having performed rescue or recovery work, and probable 9/11–related PTSD two to three years after 9/11 were associated with PD and LBW during the early study period. CONCLUSIONS: Disasters on the magnitude of 9/11 may exert effects on reproductive outcomes for several years. Women who are pregnant during and after a disaster should be closely monitored for physical and psychological sequelae. PUBLIC HEALTH IMPLICATIONS: In utero and maternal disaster exposure may affect birth outcomes. Researchers studying effects of individual disasters should identify commonalities that may inform post-disaster responses to minimize disaster-related adverse birth outcomes.

**Richards A, Powell R, Murphy J, et al. 2016.** *Gridlocked: The impact of adapting survey grids for smartphones.* Survey Practice. 9(3). [Online Publication]

[www.surveypractice.org/article/2810.pdf](http://www.surveypractice.org/article/2810.pdf)

Paper and web surveys often include grid-style questions formatted to save space and avoid repetition. However, this format is often discouraged by methodologists because of data quality concerns, particularly when respondents are using small screens (e.g., smartphones). In the fourth wave of

the WTCHR survey, we used grids to maintain comparability with prior waves. However, due to the rising number of respondents using smartphones to complete web surveys, we used responsive web design programming to automatically reformat grids into a series of individual items when a small screen device was detected. This method allowed us to retain grids used in previous years yet address the issue of grids displaying poorly on mobile devices. We compared indicators of data quality (e.g., missing data, straight-lining) across grid formats to see whether the smartphone-optimized version suggests poorer, equal, or better data quality than the traditional grid. We also compared consistency with data collected in previous waves of the survey. We found some evidence that the optimized grid format improved data quality, and the benefits we observed may even suggest that some variant of the mobile-optimized format should be considered for all devices, regardless of screensize.

**Schwarzer R, Li J, Cone J, et al. 2016.** *A PTSD symptoms trajectory mediates between exposure levels and emotional support in police responders to 9/11: A growth curve analysis.* *BioMed Central Psychiatry.* 16(1):201.

<https://doi.org/10.1186/s12888-016-0907-5>

**BACKGROUND:** Exposure to the terrorist attack on the WTC on September 11, 2001, resulted in continuing stress experience manifested as PTSD symptoms in a minority of the police responders. The WTCHR has followed up a large number of individuals, including police officers, at three waves of data collection, from 2003 to 2011. This analysis examines the relationship between initial exposure levels, long-term PTSD symptoms, and subsequent emotional support among police responders. **METHODS:** The study

population included police responders who had reported their 9/11 exposure levels at Wave 1 (2003–2004), provided three waves of data on PTSD symptoms using the 17-item PCL scale, and rated their received emotional support at Wave 3 (N=2204, 1908 men, 296 women, mean age:38 years at exposure). A second-order growth curve reflected a PTSD symptom trajectory, which was embedded in a structural equation model, with exposure level specified as an exogenous predictor, and emotional support specified as an endogenous outcome. **RESULTS:** Exposure had a main effect on mean symptom levels (intercept) across three waves but it made no difference in changes in symptoms (slope), and no difference in emotional support. The symptom trajectory, on the other hand, had an effect on emotional support. Its intercept and slope were both related to support, indicating that changes in symptoms affected later emotional support. **CONCLUSIONS:** Initial trauma exposure levels can have a long-term effect on mean symptom levels. Emotional support is lower in police responders when PTSD symptoms persist over seven years, but becomes higher when reduction in symptoms occurs.

**Welch A, Caramanica K, Maslow C, et al. 2016.** *Trajectories of PTSD among Lower Manhattan residents and area workers following the 2001 World Trade Center disaster, 2003–2012.* *Journal of Traumatic Stress.* 29(2):158–166.

<https://doi.org/10.1002/jts.22090>

Group-based trajectory modeling was used to explore empirical trajectories of symptoms of PTSD among 17,062 adult area residents/workers (nonrescue/recovery workers) enrolled in the WTCHR using three administrations of the PCL over nine years of observation. Six trajectories described PTSD over

time: low-stable (48.9%), moderate-stable (28.3%), moderate-increasing (8.2%), high-stable (6.0%), high-decreasing (6.6%), and very high-stable (2.0%). To examine factors associated with improving or worsening PTSD symptoms, groups with similar intercepts, but different trajectories were compared using bivariate analyses and logistic regression. The adjusted odds of being in the moderate-increasing relative to the moderate-stable group were significantly greater among enrollees reporting low social integration (AOR=2.18), WTC exposures (AOR range=1.34 to 1.53), job loss related to the September 11, 2001, disaster (AOR=1.41), or unmet mental health need/treatment (AOR=4.37). The odds of being in the high-stable relative to the high-decreasing group were significantly greater among enrollees reporting low social integration (AOR=2.23), WTC exposures (AOR range=1.39 to 1.45), or unmet mental health need/treatment (AOR=3.42). The influence of severe exposures, scarce personal/financial resources, and treatment barriers on PTSD trajectories suggest a need for early and ongoing PTSD screening post disaster.

**Yu S, Brackbill R, Locke S, et al. 2016.** *Impact of 9/11-related chronic conditions and PTSD comorbidity on early retirement and job loss among World Trade Center disaster rescue and recovery workers.* American Journal of Industrial Medicine. 59(9):731-741.

<https://doi.org/10.1002/ajim.22640>

**BACKGROUND:** The economic impact of the 9/11 terrorist attacks has rarely been studied. We examined the association between 9/11-related chronic health conditions with or without PTSD and one important aspect of the economic impact, retirement, and job loss before age 60. **METHODS:** A total of 7662 workers who participated in the WTCHR

surveys were studied. Logistic regression models examined the association of 9/11-related health and labor force exit. **RESULTS:** Workers with chronic conditions were more likely to experience early retirement and job loss, and the association was stronger in the presence of PTSD comorbidity. The odds ratios for reporting early retirement or job loss were increased considerably when chronic conditions were comorbid with PTSD. **CONCLUSIONS:** Disaster-related health burden directly impacts premature labor force exit and income. Future evaluation of disaster outcome should include its long-term impact on labor force.

### 2017 (13)

**Alper H, Yu S, Stellman S, et al. 2017.** *Injury, intense dust exposure, and chronic disease among survivors of the World Trade Center terrorist attacks of September 11, 2001.* Injury Epidemiology. 4(1):17.

<https://doi.org/10.1186/s40621-017-0115-x>

**BACKGROUND:** The World Trade Center attack of September 11, 2001, in New York City (9/11) exposed thousands of people to intense concentrations of hazardous materials that have resulted in reports of increased levels of asthma, heart disease, diabetes, and other chronic diseases along with psychological illnesses such as PTSD. Few studies have discriminated between health consequences of immediate (short-term or acute) intense exposures versus chronic residential or workplace exposures. **METHODS:** We used proportional hazards methods to determine adjusted hazard ratios (AHRs) for associations between several components of acute exposures (e.g., injury, immersion in the dust cloud) and four chronic disease outcomes (i.e., asthma, other non-neoplastic lung diseases, cardiovascular disease,

and diabetes) in 8701 persons free of those conditions prior to exposure and who were physically present during or immediately after the World Trade Center attacks. Participants were followed prospectively up to 11 years post-9/11. RESULTS: Heart disease exhibited a dose-response association with sustaining injury (1 injury type: AHR =2.0, 95% CI (Confidence Interval) 1. 1–3.6; 2 injury types: AHR=3.1, 95% CI 1.2–7.9; 3 or more injury types: AHR=6.8, 95% CI 2.0–22.6), while asthma and other lung diseases were both significantly associated with dust cloud exposure (AHR=1.3, 95% CI 1.0–1.6). Diabetes was not associated with any of the predictors assessed in this study. CONCLUSION: In this study we demonstrated that the acute exposures of injury and dust cloud that were sustained on September 11, 2001, had significant associations with later heart and respiratory diseases. Continued monitoring of 9/11 exposed persons' health by medical providers is warranted for the foreseeable future.

**Bowler RM, Adams SW, Gocheva VV, et al. 2017.** *World Trade Center Tower Survivors: PTSD, Gender, and Risk Factors 10-11 Years After 9/11.* *Journal of Traumatic Stress.* 59(12):1229-1234.

<http://doi.org/10.1002/jts.22232>

Ten to eleven years after the September 11, 2001 terrorist attacks, probable posttraumatic stress disorder (PTSD) was evaluated in 1,755 World Trade Center (WTC) evacuees based on data from the WTC Health Registry. Characteristics of men and women were compared and factors associated with PTSD symptom severity were examined using the PTSD Checklist (PCL). Compared with men (n = 1,015, 57.8%), women (n = 740, 42.2%) were younger and of lower socioeconomic status. Ten to eleven years after September

11, 2001, 13.7% of men and 24.1% of women met criteria for PTSD. Results indicated that when considered with all other variables (i.e., demographic, socioeconomic and social resources, exposure to the attacks, life events), gender was not a significant predictor of PTSD symptom severity. Being younger on September 11, 2001, unemployed, less educated, and/or having higher exposure to the attacks, unmet mental health care needs, and less social support predicted higher PCL scores for both genders (betas = .077 to .239). Demographic characteristics and socioeconomic resources (R<sup>2</sup> = .113) accounted for the largest amount of variance in PCL scores over and above exposure/evacuation, mental healthcare needs, and social support variables (R<sup>2</sup> = .093 to .102). When trends of unmet mental healthcare needs were analyzed, the most prevalent response for men was that they preferred to manage their own symptoms (15.1%), whereas the most prevalent response for women was that they could not afford to pay for mental health care (14.7%). Although the prevalence of probable PTSD in women tower survivors was approximately twice as high as it was for men, this is attributable largely to demographic and socioeconomic resource factors and not gender alone. Implications for treatment and interventions are discussed.

**Gargano L, Dechen T, Cone J, et al. 2017.** *Psychological distress in parents and school-functioning of adolescents: Results from the World Trade Center Health Registry.* *Journal of Urban Health.* 94(5):597–605.

<https://doi.org/10.1007/s11524-017-0143-4>,

Poor school-functioning can be indicative of parent and adolescent mental health and adolescent behavior problems. This study examined 472 adolescents enrolled in the



WTCHR, with a two-step path analysis, using regression-based models, to unravel the relationships between parent and adolescent mental health, adolescent behavior problems, and adolescent unmet healthcare need (UHCN) on the outcome school-functioning. WTC-exposure was associated with UHCN and parental mental health was a significant mediator. There was no evidence that family WTC-exposure was associated with UHCN independent of its effect on parental mental health. For the second path, after accounting for the effects of adolescent mental health, behavioral problems, and UHCN, there remained a significant association between parental mental health and school-functioning. Interventions for poor school-functioning should have multiple components which address UHCN, mental health, and behavioral problems, as efforts to address any of these alone may not be sufficient.

**Gargano LM, Hosakote S, Zhi Q, et al. 2017.**

*Resilience to post-traumatic stress among World Trade Center survivors: A mixed-methods study.* J Emerg Manag 15(5): 275-284.

<https://doi.org/10.5055/jem.2017.0336>

The purpose of this study was to identify individual characteristics, behaviors, and psychosocial factors associated with symptoms of post-traumatic stress disorder (PTSD) among World Trade Center (WTC) disaster evacuation survivors. The study utilized a mixed-method design. In-depth interviews were conducted using a prepared script. PTSD was assessed using the PTSD checklist-civilian (PCL-C; a score  $\geq 50$  indicates probable PTSD). Thematic analysis was conducted to identify factors associated with PTSD. A purposive sample of 29 WTC evacuees was recruited using a multimodal recruitment strategy. Eligibility included:

history of evacuation from the WTC (Tower 1 and/or Tower 2) on September 11, 2001, and decisional capacity for informed consent. Five participants had PCL-C scores  $\geq 50$ . Thematic analysis identified resiliency factors (protective for PTSD), including leadership, taking action based on “gut” feelings (to evacuate), social support (staying in a group), going on “automatic survival” mode, and previous training on emergency response. Risk factors for PTSD included lack of emergency response training, lack of sense of urgency, poor physical condition, lack of communication skills, lack of direction, peri-event physical injury, peri-event traumatic exposure (horror), and moral injury (guilt and remorse). Several modifiable factors that may confer resilience were identified. In particular, the role of emergency response training in preventing disaster-related mental illness should be explored as a possible strategy for enhancing resilience to disaster events.

**Gargano LM, Lock S, Brackbill RM. 2017.**

*Parent Physical and Mental Health Comorbidity and Adolescent Behavior.* International Journal of Emergency Mental Health. 2017 May; 19(2): 358.

<http://doi.org/10.4172/1522-4821.1000358>

The objectives of this study were to ascertain behavioral outcomes 10-11 years after 9/11 in adolescents ages 11-18 years (0-8 years old at the time of 9/11) enrolled in the World Trade Center Health Registry (Registry), and relate these outcomes to their 9/11-exposures and to parent health. Behavioral difficulties among adolescents were assessed using the adolescent-reported Strengths and Difficulties Questionnaire (SDQ). Parental post-traumatic stress disorder (PTSD) was assessed using a 9/11-specific PTSD Checklist-Civilian Version, a cut-off score of

44 or greater was considered probable PTSD. Multivariable logistic regression was used to estimate associations of 9/11-exposure and parental health with abnormal/borderline SDQ scores, adjusting for demographic variables that were significantly associated with the SDQ score in bivariate analyses. Of the 449 adolescents, 12.5% (n=56) had abnormal/borderline SDQ scores. In the multivariable model, adolescents with severe/moderate 9/11-exposures were 2.4 times more likely to have abnormal/borderline SDQ scores compared to adolescents with mild 9/11-exposures (95% Confidence Interval (CI): 1.1-6.4). Adolescents who had a parent with 9/11-related PTSD and at least one comorbid chronic condition were 4.2 times more likely to have abnormal/borderline SDQ scores compared to adolescents with a parent who had no reported chronic health conditions. Adolescents whose parent reported 14 or more poor mental health days in the preceding 30 days were 3.4 times more likely to have abnormal/borderline SDQ scores (95% CI: 1.2-9.5) The finding that parents' health appears to influence adolescent behavior problems 10-11 years following a disaster may have implications for healthcare practitioners and disaster response planners.

**Gargano L, Thomas P, Stellman S, et al. 2017.** *Asthma control in adolescents 10 to 11 y after exposure to the World Trade Center disaster.* *Pediatric Research.* 81(1-1):43-50.

<https://doi.org/10.1038/pr.2016.190>

**BACKGROUND:** Little is known about asthma control in adolescents who were exposed to the World Trade Center (WTC) attacks of September 11, 2001, and diagnosed with asthma after 9/11. This report examines asthma and asthma control

10-11 years after 9/11 among exposed adolescents. **METHODS:** The WTCHR adolescent Wave 3 survey (2011-2012) collected data on asthma diagnosed by a physician after September 11, 2001, extent of asthma control based on modified National Asthma Education and Prevention Program criteria, probable mental health conditions, and behavior problems. Parents reported healthcare needs and 9/11-exposures. Logistic regression was used to evaluate associations between asthma and level of asthma control and 9/11-exposure, mental health and behavioral problems, and unmet healthcare needs. **RESULTS:** Poorly/very poorly controlled asthma was significantly associated with a household income of  $\leq$  \$75,000 (adjusted odds ratio (AOR):3.0; 95% confidence interval (CI):1.1-8.8), having unmet healthcare needs (AOR:6.2; 95% CI:1.4-27.1), and screening positive for at least one mental health condition (AOR:5.0; 95% CI:1.4-17.7), but not with behavioral problems. The impact of having at least one mental health condition on the level of asthma control was substantially greater in females than in males. **CONCLUSIONS:** Comprehensive care of post-9/11 asthma in adolescents should include management of mental health-related comorbidities.

**Gargano L, Welch A, Stellman S. 2017.** *Substance use in adolescents 10 years after the World Trade Center attacks in New York City.* *Journal of Child and Adolescent Substance Abuse.* 26(1):66-74.

<http://dx.doi.org/10.1080/1067828X.2016.1210551>

We examined prevalence of and factors associated with substance use 10 to 11 years post-9/11 among adolescents in the WTCHR. Logistic regression analyses showed that adolescents who witnessed a disturbing event

on 9/11 were twice as likely to report ever drinking and almost three times as likely to have ever used marijuana. Among those  $\geq 5$  years of age on 9/11, fear for personal safety on 9/11 was significantly associated with having ever smoked cigarettes, ever drank, and ever used marijuana. Intervention and education for adolescents, particularly focused on substance use and coping strategies, may be warranted after large-scale disasters.

**Jordan H, Friedman S, Reibman J, et al. 2017.** *Risk factors for persistence of lower respiratory symptoms among community members exposed to the 2001 World Trade Center terrorist attacks.* Occupational and Environmental Medicine. 74(6):449–455.

<https://doi.org/10.1136/oemed-2016-104157>

**OBJECTIVES:** We studied the course of lower respiratory symptoms (LRS; cough, wheeze, or dyspnoea) among community members exposed to the 9/11/2001 WTC attacks during a period of 12–13 years following the attacks, and evaluated risk factors for LRS persistence, including peripheral airway dysfunction and PTSD. **METHODS:** Non-smoking adult participants in a case-control study of post-9/11 1-onset LRS (Exam 1, 2008–2010) were recruited for follow-up (Exam 2, 2013–2014). Peripheral airway function was assessed with impulse oscillometry measures of R5 and R5–20. Probable PTSD was a PTSD checklist score  $\geq 44$  on a 2006–2007 questionnaire. **RESULTS:** Of 785 Exam 1 participants, 545 (69%) completed Exam 2. Most (321, 59%) were asymptomatic at all assessments. Among 192 participants with initial LRS, symptoms resolved for 110 (57%) by Exam 2, 55 (29%) had persistent LRS, and 27 (14%) had other patterns. The proportion with

normal spirometry increased from 65% at Exam 1 to 85% at Exam 2 in the persistent LRS group ( $p < 0.01$ ) and was stable among asymptomatic participants and those with resolved LRS. By Exam 2, spirometry results did not differ across symptom groups; however, R5 and R5–20 abnormalities were more common among participants with persistent LRS (56% and 46%, respectively) than among participants with resolved LRS (30%,  $p < 0.01$ ; 27%,  $p = 0.03$ ) or asymptomatic participants (20%,  $p < 0.001$ ; 8.2%,  $p < 0.001$ ). PTSD, R5 at Exam 1, and R5–20 at Exam 1 were each independently associated with persistent LRS. **CONCLUSIONS:** Peripheral airway dysfunction and PTSD may contribute to LRS persistence. Assessment of peripheral airway function detected pulmonary damage not evident on spirometry. Mental and physical healthcare for survivors of complex environmental disasters should be coordinated carefully.

**Li J, Zweig KC, Brackbill RM, Farfel MR, Cone JE. 2017.** *Comorbidity amplifies the effects of post-9/11 posttraumatic stress disorder trajectories on health-related quality of life.* Qual Life Res. 27(3): 651–660

<http://doi.org/10.1007/s11136-017-1764-5>

**Purpose:** The present study aims to examine the impact of physical and mental health comorbidities on the association between post-9/11 posttraumatic stress disorder (PTSD) trajectories over 10 years and health-related quality of life (HRQOL) among 9/11-exposed persons. **Methods:** 30,002 responding adult World Trade Center Health Registry enrollees reporting no pre-9/11 PTSD were studied. PTSD trajectories (chronic, delayed, remitted, no PTSD) were defined based on a 17-item PTSD Checklist-Specific to 9/11 across three waves of survey data. Three indicators of

poor HRQOL were defined based on CDC HRQOL-4 measures. We computed age-adjusted prevalence of physical and mental health comorbidity (depression/anxiety) by PTSD trajectory and used modified Poisson regression to assess the effect of PTSD trajectory on poor HRQOL prevalence, accounting for comorbidity. Results: Age-adjusted prevalence of overall comorbid conditions was 95.8 and 61.4% among the chronic and no-PTSD groups, respectively. Associations between 9/11-related PTSD trajectories and poor HRQOL were significant and became greater when comorbidity was included. Adjusted prevalence ratios were elevated for fair/poor health status (APR 7.3, 95% CI 6.5, 8.2),  $\geq 14$  unhealthy days (4.7; 95% CI 4.4, 5.1), and  $\geq 14$  activity limitation days during the last 30 days (9.6; 95% CI 8.1, 11.4) in the chronic PTSD group with physical and mental health comorbidity compared to those without PTSD and comorbidity; similar associations were observed for delayed PTSD. Conclusions: Ten years post-9/11 physical and mental health comorbidities have a substantial impact on the PTSD trajectories and HRQOL association. The need for early identification and treatment of PTSD and comorbidity should be emphasized to potentially improve HRQOL.

**Miller-Archie S, Jordan H, Alper H, et al. 2017.** *Hospitalizations for asthma among adults exposed to the September 11, 2001 World Trade Center terrorist attack.* *Journal of Asthma.* 55(4):354–363.

<http://doi.org/10.1080/02770903.2017.1337787> (pubmed link)

**OBJECTIVE:** We described patterns of asthma hospitalization among persons exposed to the 2001 WTC attacks, and assessed whether 9/11-related exposures or comorbidities, including PTSD and GERS, were

associated with an increased rate of hospitalization. **METHODS:** Data for adult enrollees in the WTCHR, a prospective cohort study, with self-reported physician-diagnosed asthma who resided in New York State on 9/11 were linked to administrative hospitalization data to identify asthma hospitalizations during September 11, 2001, to December 31, 2010. Multivariable zero-inflated Poisson regression was used to examine associations between 9/11 1-exposure, comorbid conditions, and asthma hospitalizations. **RESULTS:** Of 11,471 enrollees with asthma, 406 (3.5%) had  $>1$  asthma hospitalization during the study period (721 total hospitalizations). Among enrollees diagnosed before 9/11 ( $n=6319$ ), those with PTSD or GERS had over twice the rate of hospitalization (ARR=2.5, 95% CI=1.4–4.1; ARR=2.1, 95% CI=1.3–3.2, respectively) compared to those without. This association was not statistically significant in enrollees diagnosed after 9/11. Compared to higher educational attainment, completing less than college was associated with an increased hospitalization rate among participants with both pre-9/11 1- and post-9/11 1-onset asthma (ARR=1.9, 95% CI=1.2–2.9; ARR=2.6, 95% CI=1.6–4.1, respectively). Sinus symptoms, exposure to the dust cloud, and having been a WTC responder were not associated with asthma hospitalization. **CONCLUSIONS:** Among enrollees with pre-9/11 asthma, comorbid PTSD and GERS were associated with an increase in asthma hospitalizations. Management of these comorbidities may be an important factor in preventing hospitalization.

**Stein CS, Cone JE, Romeo N, Lee D. 2017.** *Persistent post-9/11 hearing problems among World Trade Center Health Registry rescue and recovery workers, 2001-2007.* *Journal of Occupational and Environmental Medicine.* 59(12):1229–1234.

<http://doi.org/10.1097/jom.00000000>

00001171

**Objective:** To examine the association between 9/11-related exposures and self-reported hearing problems among 16,579 rescue/recovery workers in the World Trade Center (WTC) Health Registry. **Methods:** Using Registry Waves 1 (2003 to 2004) and 2 (2006 to 2007), we modeled the association between two metrics of 9/11-related exposures and hearing difficulties. **Results:** The prevalence of incident, persistent hearing problems was 4.4%. In a fully adjusted model, workers with higher environmental hazards scores were twice as likely (interquartile range OR 2.1; 95% confidence interval [CI] 1.8, 2.5) to report hearing problems. Based on the same fully adjusted model, workers unable to hear in the dust cloud were 2.3 (95% CI 1.8, 3.0) times more likely to report hearing problems as compared with workers not in the dust cloud. **Conclusions:** We observed a consistent association between WTC-related exposures and self-reported hearing problems among rescue/recovery workers.

**Welch A, Zweig K, McAteer J, et al. 2017.** *Intensity of binge drinking a decade after the September 11<sup>th</sup> terror attacks among exposed individuals.* *American Journal of Preventive Medicine.* 52(2):192–198.

<https://doi.org/10.1016/j.amepre.2016.10.034>

**INTRODUCTION:** The 9/11 terrorist attacks on the WTC resulted in elevated PTSD and alcohol use among exposed individuals. The relationship among traumatic exposure, PTSD, and excessive drinking is well documented; however, little is known about these relationships in the long term. This study examines factors increasing binge drinking risk among exposed individuals a

decade post-9/11. **METHODS:** In 2015–2016, data were analyzed from 28,592 WTCHR enrollees aged  $\geq 18$  years who completed the Wave 3 (2011–2012) survey. Women comprised 38.9% of participants. Binge drinking in the last 30 days was categorized as low (men, five to seven drinks; women, four to six drinks) or high intensity (men, eight or more drinks; women, seven or more drinks). Probable 9/11-related PTSD was defined as scoring  $\geq 44$  on the PCL. Exposures to 9/11 (e.g., witnessing horror, sustaining an injury) were categorized as none/low (zero to two) or high (three or more). **RESULTS:** Binge drinking was reported by 24.7% of participants, of whom 36.9% reported high-intensity binge drinking. Compared with non-binge drinkers, the odds of low- and high-intensity binge drinking were greater among enrollees who were male, aged 18–34 years, non-Hispanic white, had income  $> \$75,000$ , were rescue/recovery workers, had high 9/11-exposure, or 9/11-related PTSD. **CONCLUSIONS:** The observed associations among traumatic exposure, PTSD, and excessive drinking underscore the need for improved therapies addressing excessive drinking and PTSD concurrently, inclusion of repeated post-event screening for excessive drinking, and evidence-based population-level interventions to reduce alcohol consumption.

**Yu S, Alper H, Nguyen A, et al. 2017.** *The effectiveness of a monetary incentive offer on survey response rates and response completeness in a longitudinal study.* *BioMed Central Medical Research Methodology.* 17(1):77.

<https://doi.org/10.1186/s12874-017-0353-1>

**BACKGROUND:** Achieving adequate response rates is an ongoing challenge for longitudinal studies. The WTCHR is a longitudinal health study that periodically surveys a cohort of ~71,000 people exposed to the

9/11 terrorist attacks in New York City. Since Wave 1, the Registry has conducted three follow-up surveys (Waves 2–4) every three to four years and utilized various strategies to increase survey participation. A promised monetary incentive was offered for the first time to survey non-respondents in the recent Wave 4 survey, conducted 13–14 years after 9/11. **METHODS:** We evaluated the effectiveness of a monetary incentive in improving the response rate five months after survey launch, and assessed whether or not response completeness was compromised due to incentive use. The study compared the likelihood of returning a survey for those who received an incentive offer to those who did not, using logistic regression models. Among those who returned surveys, we also examined whether those receiving an incentive notification had higher rate of response completeness than those who did not, using negative binomial regression models and logistic regression models. **RESULTS:** We found that a \$10 monetary incentive offer was effective in increasing Wave 4 response rates. Specifically, the \$10 incentive offer was useful in encouraging initially reluctant participants to respond to the survey. The likelihood of returning a survey increased by 30% for those who received an incentive offer (AOR=1.3, 95% CI:1.1, 1.4), and the incentive increased the number of returned surveys by 18%. Moreover, our results did not reveal any significant differences on response completeness between those who received an incentive offer and those who did not. **CONCLUSIONS:** In the face of the growing challenge of maintaining a high response rate for the WTC follow-up surveys, this study showed the value of offering a monetary incentive as an additional refusal conversion strategy. Our findings also suggest that an incentive offer could be particularly useful near the end of data collection period

when an immediate boost in response rate is needed.

## 2018 (14)

**Adams SW, Bowler RM, Russell K, et al. 2018.** *PTSD and comorbid depression: Social support and self-efficacy in World Trade Center tower survivors 14-15 years after 9/11.* *Psychol Trauma.* Sep 13. [Epub ahead of print]

<https://doi.org/10.1037/tra0000404>

**OBJECTIVE:** Following the World Trade Center (WTC) terrorist attack in New York City, prevalence rates of posttraumatic stress disorder (PTSD) and depression remain elevated. Although social support and self-efficacy have been associated with PTSD, little is known about their differential effect on PTSD and depressive comorbidity. **METHOD:** WTC tower survivors (n = 1,304) were assessed at Wave 1 (2003-2004), Wave 2 (2006-2007), Wave 3 (2011-2012), and Wave 4 (2015-2016). **RESULTS:** At Wave 4, 13.0% of participants had probable PTSD, a decrease from 16.5% at Wave 1. In addition, 4.1% (54) were identified as having PTSD alone, 6.8% (89) had depression alone, and 8.9% (116) had comorbid PTSD and depression. Of those with PTSD, 68.2% also had comorbid depression. WTC tower survivors with PTSD and comorbid depression reported greater PTSD symptom severity and were more likely to have had greater exposure to the events of 9/11 (adjusted odds ratio [aOR] = 1.14) and lower self-efficacy (aOR = 0.85) than those with depression alone. Less perceived social support predicted only depression and not PTSD, whereas less perceived self-efficacy equally predicted having PTSD or depression (aOR = 0.76). **CONCLUSIONS:** Findings indicate that self-efficacy may be more important to the severity and chronicity of PTSD symptoms than social support.

Multivariate comparisons suggest that PTSD with comorbid depression is a presentation of trauma-dependent psychopathologies, as opposed to depression alone following trauma, which was independent of trauma exposure and may be secondary to the traumatic event and posttraumatic response. Implications for assessment and treatment are discussed.

**Gargano LM, Locke S, Jordan HT, and Brackbill RM. 2018.** *Lower respiratory symptoms associated with environmental and reconstruction exposures after Hurricane Sandy.* Disaster Medicine and Public Health Preparedness. [epub ahead of print] January 21, 2018.

<https://doi.org/10.1017/dmp.2017.140>

**Objective:** In a population with prior exposure to the World Trade Center (WTC) disaster, this study sought to determine the relationship between Hurricane Sandy-related inhalation exposures and post-Sandy lower respiratory symptoms (LRS). **Methods:** Participants included 3835 WTC Health Registry enrollees who completed Wave 3 (2011-2012) and Hurricane Sandy (2013) surveys. The Sandy-related inhalational exposures examined were: (1) reconstruction exposure; (2) mold or damp environment exposure; and (3) other respiratory irritants exposure. LRS were defined as wheezing, persistent cough, or shortness of breath reported on  $\geq 1$  of the 30 days preceding survey completion. Associations between LRS and Sandy exposures, controlling for socio-demographic factors, post-traumatic stress disorder, and previously reported LRS and asthma were examined using multiple logistic regression. **Results:** Over one-third of participants (34.4%) reported post-Sandy LRS. Each of the individual exposures was

also independently associated with post-Sandy LRS, each having approximately twice the odds of having post-Sandy LRS. We found a dose-response relationship between the number of types of Sandy-related exposures reported and post-Sandy LRS. **Conclusions:** This study provides evidence that post-hurricane clean-up and reconstruction exposures can increase the risk for LRS. Public health interventions should emphasize the importance of safe remediation practices and recommend use of personal protective equipment.

**Gargano, LM, Locke S, Li J, and Farfel MR. 2018.** *Behavior problems in adolescence and subsequent mental health in early adulthood: results from the World Trade Center Health Registry Cohort.* Pediatr Res. [epub ahead of print] June 17, 2018.

<https://doi.org/10.1038/s41390-018-0050-8>

**BACKGROUND:** The present study examined the association between 9/11-related adolescent behavioral problems on mental health outcomes in early adulthood. **METHODS:** Data from enrollees of the World Trade Center Health Registry, who completed at least one adolescent (2006-2007 or 2011-2012) and adult survey (2011-2012 or 2015-2016), were analyzed. Adolescent behavioral difficulties were assessed using the adolescent-reported Strengths and Difficulties Questionnaire (SDQ). Adult mental health outcomes included binge drinking, smoking status history, 9/11-related post-traumatic stress disorder (PTSD), depression, and the self-reported number of physician mental health diagnoses. Multivariable regression was used to estimate associations of SDQ scores with mental health outcomes.

**RESULTS:** Of the 297 enrollees, 16.8% (n = 50) had abnormal/borderline SDQ scores as an

adolescent. Binge drinking was not associated with adolescent SDQ scores. Enrollees with abnormal/borderline SDQ scores as an adolescent were more likely to be a consistent smoker (odds ratio (OR): 5.6, 95% confidence interval (CI): 1.2-25.2), have probable PTSD (OR: 3.5, 95% CI: 1.3-9.8), depression (OR: 6.2, 95% CI: 2.7-13.9), and to have two or more self-reported physician-diagnosed mental health conditions as an adult (OR 5.6, 95% CI: 2.0-12.5). **CONCLUSIONS:** The findings of this study underscore the need to intervene early with children exposed to traumatic events so as to avert later adolescent and adult problem behaviors.

**Gargano LM, Mantilla K, Fairclough M, et al. 2018.** *Review of non-respiratory, non-cancer physical health conditions from exposure to the World Trade Center disaster.* International Journal of Environmental Research and Public Health. 15(2): 253.

<https://doi.org/10.3390/ijerph15020253>

After the World Trade Center attacks on 11 September 2001 (9/11), multiple cohorts were developed to monitor the health outcomes of exposure. Respiratory and cancer effects have been covered at length. This current study sought to review the literature on other physical conditions associated with 9/11-exposure. Researchers searched seven databases for literature published in English from 2002 to October 2017, coded, and included articles for health condition outcome, population, 9/11-exposures, and comorbidity. Of the 322 titles and abstracts screened, 30 studies met inclusion criteria, and of these, 28 were from three cohorts: the World Trade Center Health Registry, Fire Department of New York, and World Trade Center Health Consortium. Most studies focused on rescue and recovery workers.

While many of the findings were consistent across different populations and supported by objective measures, some of the less studied conditions need additional research to substantiate current findings. In the 16 years after 9/11, longitudinal cohorts have been essential in investigating the health consequences of 9/11-exposure. Longitudinal studies will be vital in furthering our understanding of these emerging conditions, as well as treatment effectiveness.

**Gershon RR, Zhi Q, Chin AF, et al. 2018.** *Adherence to Emergency Public Health Measures for Bioevents: Review of US Studies.* Disaster Med Public Health Prep: 1-8. [published online] April 30, 2018.

<https://doi.org/10.1017/dmp.2017.96>

The frequency of bioevents is increasing worldwide. In the United States, as elsewhere, control of contagion may require the cooperation of community members with emergency public health measures. The US general public is largely unfamiliar with these measures, and our understanding of factors that influence behaviors in this context is limited. The few previous reviews of research on this topic focused on non-US samples. For this review, we examined published research on the psychosocial influences of adherence in US sample populations. Of 153 articles identified, only 9 met the inclusion criteria. Adherence behaviors were categorized into 2 groups: self-protective behaviors (personal hygiene, social distancing, face mask use, seeking out health care advice, and vaccination) and protecting others (isolation, temperature screening, and quarantine). A lack of uniformity across studies regarding definitions and measures was noted. Only 5 of the 9 articles reported tests of association between adherence



with emergency measures and psychosocial factors; perceived risk and perceived seriousness were found to be significantly associated with adherence or adherence intentions. Although it is well documented that psychosocial factors are important predictors of protective health behaviors in general, this has not been rigorously studied in the context of bioevents. (Disaster Med Public Health Preparedness. 2018;page 1 of 8).

**Hirst A, Miller-Archie SA, Welch AE, et al. 2018.** *Post-9/11 drug- and alcohol- related hospitalizations among World Trade Center Health Registry enrollees, 2003-2010.* Drug Alcohol Depend 187: 55-60.

<https://doi.org/10.1016/j.drugalcdep.2018.01.028>

**OBJECTIVE:** To describe patterns of drug- and alcohol-related hospitalizations among persons exposed to the 2001 World Trade Center (WTC) terrorist attacks and to assess whether 9/11-related exposures or post-9/11 post-traumatic stress disorder (PTSD) were associated with increased odds of hospitalization. **METHODS:** Data for adult enrollees in the WTC Health Registry, a prospective cohort study, were linked to New York State (NYS) administrative hospitalization data to identify alcohol- and drug-related hospitalizations from enrollment to December 31, 2010. Logistic regression was used to analyze the associations between substance use-related hospitalization, 9/11-related exposure and PTSD. **RESULTS:** Of 41,176 NYS resident enrollees, we identified 626 (1.5%) who had at least one alcohol- or drug-related hospitalization; 53.4% (n=591) of these hospitalizations were for alcohol only diagnoses and 46.6% (n=515) were drug-related. Witnessing  $\geq 3$  traumatic events on 9/11 was significantly associated with having a

drug-related hospitalization (AOR 1.4, 95% CI=[1.1, 1.9]). PTSD was significantly associated with both having a drug-related hospitalization as well as an alcohol only-related hospitalization. (AOR 2.6, 95% CI=[2.0, 3.3], AOR 1.8, 95% CI=[1.4, 2.3], respectively). **CONCLUSIONS:** Witnessing traumatic events and having PTSD were independently associated with substance use-related hospitalizations. Targeting people who witnessed traumatic events on 9/11 and/or who have PTSD for substance use- treatment could reduce alcohol and drug-related hospitalizations connected to 9/11.

**Jacobson MH, Norman C, Nguyen A, Brackbill RM. 2018.** *Longitudinal determinants of depression among World Trade Center Health Registry enrollees, 14–15 years after the 9/11 attacks.* Journal of Affective Disorders 229: 483– 490.

<https://doi.org/10.1016/j.jad.2017.12.105>

**BACKGROUND:** Exposure to the September 11, 2001 (9/11) terrorist attacks has been found to be associated with posttraumatic stress disorder (PTSD) and comorbid PTSD and depression up to 10–11 years post-disaster. However, little is known about the longitudinal predictors of mental health conditions over time. **METHODS:** We examined longitudinal determinants of depression within strata of PTSD among 21,258 enrollees of the World Trade Center Health Registry who completed four questionnaires over 14 years of follow-up (Wave 1 in 2003–04; Wave 2 in 2005–06; Wave 3 in 2011–12; and Wave 4 in 2015–16). PTSD status was measured using the PTSD checklist on all four waves and defined as a score of  $\geq 44$ ; depression was assessed using the 8-item Patient Health Questionnaire at Waves 3 and 4 and defined as a score of  $\geq 10$  RE-

**SULTS:** Across Waves 3 and 4, 18.6% experienced depression, and it was more common among those who ever had PTSD (56.1%) compared with those who had not (5.6%). Across PTSD strata, predictors of depression included low income, unemployment, low social integration and support, post-9/11 traumatic life events, and chronic physical illness. These factors also decreased the likelihood of recovering from depression. **LIMITATIONS:** Depression symptoms were not measured at Waves 1 and 2; data was self-reported. **CONCLUSIONS:** These findings highlight the substantial burden of depression in a trauma-exposed population 14–15 years post-disaster, especially among those with PTSD. Similar life stressors predicted the course of depression among those with and without PTSD which may inform public health and clinical interventions. Copyright © 2018 The Authors. Published by Elsevier B.V. All rights reserved.

**Jordan HT, Stein CR, Li J, Cone JE, et al. 2018.** *Mortality among rescue and recovery workers and community members exposed to the September 11, 2001 World Trade Center terrorist attacks, 2003–2014.* Environmental Research 163: 270–279.  
<https://doi.org/10.1016/j.envres.2018.01.004>

**BACKGROUND:** Multiple chronic health conditions have been associated with exposure to the September 11, 2001 World Trade Center (WTC) terrorist attacks (9/11). We assessed whether excess deaths occurred during 2003–2014 among persons directly exposed to 9/11, and examined associations of 9/11-related exposures with mortality risk. **MATERIALS AND METHODS:** Deaths occurring in 2003–2014 among members of the World Trade Center Health Registry, a cohort of rescue/recovery workers and

lower Manhattan community members who were exposed to 9/11, were identified via linkage to the National Death Index. Participants' overall levels of 9/11-related exposure were categorized as high, intermediate, or low. We calculated standardized mortality ratios (SMR) using New York City reference rates from 2003 to 2012. Proportional hazards were used to assess associations of 9/11-related exposures with mortality, accounting for age, sex, race/ethnicity and other potential confounders. **RESULTS:** We identified 877 deaths among 29,280 rescue/recovery workers (3.0%) and 1694 deaths among 39,643 community members (4.3%) during 308,340 and 416,448 person-years of observation, respectively. The SMR for all causes of death was 0.69 [95% confidence interval (CI) 0.65-0.74] for rescue/recovery workers and 0.86 (95% CI 0.82-0.90) for community members. SMRs for diseases of the cardiovascular and respiratory systems were significantly lower than expected in both groups. SMRs for several other causes of death were significantly elevated, including suicide among rescue recovery workers (SMR 1.82, 95% CI 1.35-2.39), and brain malignancies (SMR 2.25, 95% CI 1.48-3.28) and non-Hodgkin's lymphoma (SMR 1.79, 95% CI 1.24-2.50) among community members. Compared to low exposure, both intermediate [adjusted hazard ratio (AHR) 1.36, 95% CI 1.10-1.67] and high (AHR 1.41, 95% CI 1.06-1.88) levels of 9/11-related exposure were significantly associated with all-cause mortality among rescue/recovery workers (p-value for trend 0.01). For community members, intermediate (AHR 1.13, 95% CI 1.01-1.27), but not high (AHR 1.14, 95% CI 0.94-1.39) exposure was significantly associated with all-cause mortality (p-value for trend 0.03). AHRs for associations of overall 9/11-related exposure with heart disease- and cancer-related mortality were similar

in magnitude to those for all-cause mortality, but with 95% CIs crossing the null value. CONCLUSIONS: Overall mortality was not elevated. Among specific causes of death that were significantly elevated, suicide among rescue/recovery workers is a plausible long-term consequence of 9/11 exposure, and is potentially preventable. Elevated mortality due to other causes, including non-Hodgkin's lymphoma and brain cancer, and small but statistically significant associations of 9/11-related exposures with all-cause mortality warrant additional surveillance.

**Li J, Alper H, Gargano L, et al. 2018.** Re-experiencing 9/11-Related PTSD Symptoms Following Exposure to Hurricane Sandy. *Int J Emerg Ment Health.* 2018 ; 20(3): . [epub ahead of print]

<https://doi.org/10.4172/1522-4821.1000404>

<https://www.ncbi.nlm.nih.gov/pubmed/30245592>

Background: Understanding Pre-Existing Posttraumatic Stress Disorder (PTSD) symptoms and risk of PTSD following Hurricane Sandy (Sandy) has important implications for PTSD screening of persons exposed to multiple traumas. This study assessed the association between Sandy exposure and a subset of PTSD symptoms related to re-experiencing trauma from the events of the September 11, 2001 (9/11). Methods: We studied 4,220 respondents from a random 8,870 person sample of adult World Trade Center Health Registry enrollees who completed a post-Sandy survey between March 28 and November 7, 2013. The symptom cluster of re-experiencing 9/11 was defined using 3 out of 5 questions in the intrusion domain of the PTSD Checklist. Multivariable

logistic regression, adjusting for socio-demographics, social support and any post-9/11 life threatening events prior to Sandy, was performed separately in those symptomatic and non-symptomatic of re-experiencing 9/11 prior to Sandy. Results: A total of 688 enrollees (16.3%) reported re-experiencing 9/11 symptoms after Sandy (58.8% in those symptomatic prior to Sandy, and 8.7% in those non-symptomatic). A significant association between Sandy exposure and re-experiencing 9/11 was observed only among those non symptomatic prior to Sandy (adjusted odds ratio (AOR)=1.7, 95% confidence interval=1.2-2.3 for moderate Sandy exposure; AOR=2.8, 2.0-4.0 for high Sandy exposure). Conclusions: Individuals with a history of trauma should be considered for early screening and counseling for mental health after a subsequent traumatic event, regardless of PTSD status, especially in 9/11 exposed populations.

**Li J, Zweig KC, Brackbill RM, Farfel MR, Cone JE. 2018.** Comorbidity amplifies the effects of post-9/11 posttraumatic stress disorder trajectories on health-related quality of life. *Quality of Life Research* 27: 651–660.

<https://doi.org/10.1007/s11136-017-1764-5>

PURPOSE: The present study aims to examine the impact of physical and mental health comorbidities on the association between post-9/11 posttraumatic stress disorder (PTSD) trajectories over 10 years and health-related quality of life (HRQOL) among 9/11-exposed persons. METHODS: 30,002 responding adult World Trade Center Health Registry enrollees reporting no pre-9/11 PTSD were studied. PTSD trajectories (chronic, delayed, remitted, no PTSD) were defined based on a 17-item PTSD Checklist-Specific to 9/11 across three waves of

survey data. Three indicators of poor HRQOL were defined based on CDC HRQOL-4 measures. We computed age-adjusted prevalence of physical and mental health comorbidity (depression/anxiety) by PTSD trajectory and used modified Poisson regression to assess the effect of PTSD trajectory on poor HRQOL prevalence, accounting for comorbidity. RESULTS: Age-adjusted prevalence of overall comorbid conditions was 95.8 and 61.4% among the chronic and no-PTSD groups, respectively. Associations between 9/11-related PTSD trajectories and poor HRQOL were significant and became greater when comorbidity was included. Adjusted prevalence ratios were elevated for fair/poor health status (APR 7.3, 95% CI 6.5, 8.2),  $\geq 14$  unhealthy days (4.7; 95% CI 4.4, 5.1), and  $\geq 14$  activity limitation days during the last 30 days (9.6; 95% CI 8.1, 11.4) in the chronic PTSD group with physical and mental health comorbidity compared to those without PTSD and comorbidity; similar associations were observed for delayed PTSD. CONCLUSIONS: Ten years post-9/11 physical and mental health comorbidities have a substantial impact on the PTSD trajectories and HRQOL association. The need for early identification and treatment of PTSD and comorbidity should be emphasized to potentially improve HRQOL.

**Osahan SS. 2018.** *Sampling strategies for overlapping eligibility groups in the World Trade Center Health Registry.* Model Assisted Statistics and Applications 13(2): 133-140.

<https://doi.org/10.3233/MAS-180425>

Sub-studies addressing specific research questions may necessitate selecting a random sample from different eligibility groups of The World Trade Center Health Registry (WTCHR) for estimating population param-

eter mean. In such a situation, Singh (1988) and Osahan (1997) proposed three two-stage sampling strategies in overlapping clusters. These sampling strategies are compared using WTCHR's overlapping eligibility groups, in terms of their bias and efficiency. © 2018-IOS Press and the authors. All rights reserved.

**Petrson L, Miller-Archie SA, Welch A, et al. 2018.** *Considerations for future disaster registries: Effectiveness of treatment referral outreach in addressing long-term unmet 9/11 disaster needs.* Disaster Prevention and Management: An International Journal 27(3): 321-333.

<https://doi.org/10.1108/DPM-01-2018-0026>

Purpose: The purpose of this paper is to evaluate the effectiveness of a targeted outreach program that referred World Trade Center Health Registry (Registry) enrollees, to specific post-disaster health care available through the World Trade Center Health Program (WTCHP) and evaluate differences in outreach effectiveness based on demographic and health characteristics. Design/methodology/approach: The Registry's Treatment Referral Program (TRP) targeted 22,981 enrollees based on symptoms and conditions known to be related to 9/11, reported on a 2011-2012 follow-up survey. A call vendor was utilized for the initial outreach phone call. Enrollees who requested a WTCHP application had follow-up from TRP staff, which typically included 4-6 interactions per enrollee until outreach was completed. Findings: As of 12/31/2015, the vendor had reached 8,778 (38 percent) of the targeted sample. TRP staff spoke to 6,016 (68 percent) enrollees reached by the vendor, 5,554 (92 percent) of whom requested a WTCHP application, and 2,425 (43 per-

cent) reported having submitted the WTCHP application. Application requests and submissions differed by survivor or responder status, race, income and health symptoms. Originality/value: Registries created for surveillance and research among disaster-exposed populations provide a unique and effective outreach approach. A dedicated treatment referral unit within a disaster registry is an effective means for conducting post-disaster outreach to a large, diverse sample of exposed individuals. © 2018, Emerald Publishing Limited.

**Yu S, Alper HE, Nguyen AM, and Brackbill RM. 2018.** *Risk of Stroke Among Survivors of the September 11, 2001 World Trade Center Disaster.* *J Occup Environ Med.* 60(8):e371–e376.

<https://doi.org/10.1097/JOM.0000000000001361>

**OBJECTIVE:** The aim of this study was to investigate the association between 9/11-related posttraumatic stress disorder (PTSD), dust cloud exposure, and subsequent development of stroke among 42,527 enrollees in the World Trade Center (WTC) Health Registry. **METHODS:** Using four waves of longitudinal data from the WTC Health Registry surveys, we employed Cox proportional hazards regression models to assess the associations. **RESULTS:** Incidence of stroke was higher among those with PTSD or intense dust cloud exposure than those without, and it was even higher for those who had experienced both. In fully adjusted models, participants with PTSD had an increased risk of developing stroke [adjusted hazards raungtio (AHR) 1.69, 95% confidence interval (95% CI) 1.42 to 2.02], as did those with intense dust exposure (AHR 1.29, 95% CI 1.09 to 1.53). **CONCLUSION:** We found that individuals with 9/11-related PTSD and/

or intense dust exposure may have an increased risk of developing stroke.

**Yung J, Li J, Jordan HT, and Cone JE. 2018.** *Prevalence of and factors associated with mammography and prostate-specific antigen screening among World Trade Center Health Registry enrollees, 2015-2016.* *Preventive Medicine Reports* 11: 81-88.

<https://doi.org/10.1016/j.pmedr.2018.05.004>

To compare the prevalence of mammography and prostate-specific antigen (PSA) testing in 9/11-exposed persons with the prevalence among the US population, and examine the association between 9/11 exposures and these screening tests using data from the World Trade Center Health Registry (WTCHR) cohort. We studied 8190 female and 13,440 male enrollees aged  $\geq 40$  years at survey completion (2015–2016), who had a medical visit during the preceding year, had no self-reported breast or prostate cancer, and did not have screening for non-routine purposes. We computed age-specific prevalence of mammography (among women) and PSA testing (among men), and compared to the general population using 2015 National Health Interview Survey data (NHIS). We also computed the adjusted prevalence ratio (PR) and 95% confidence interval (95% CI) to examine the relationship between 9/11 exposures and screening uptakes using modified Poisson regression. Our enrollees had higher prevalences of mammogram and PSA testing than the US general population. 9/11 exposure was not associated with mammography uptake. Proximity to the WTC at the time of the attacks was associated with PSA testing in the age 60-74 group (PR = 1.06; 95% CI = 1.00-1.12). Among rescue/recovery workers and volunteers (RRW), being a firefighter

was associated with higher PSA testing than other RRW across all age groups (40-49: PR = 1.45, 95% CI 1.16-1.81; 50-59: PR = 1.33, 95% CI 1.22-1.44; 60-74: PR = 1.14, 95% CI 1.06-1.23). Screening activities should be considered when studying cancer incidence and mortality in 9/11 exposed populations.

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## Appendix 2, Section 3

### WTC FDNY Responders Data Center Research Publications

#### WTC FDNY Responders

#### Data Center

#### Research Publications

#### 2002 (4)

**Baunach G, McLaughlin M, Hirschorn R, et al. 2002.** *Injuries and illnesses among New York City Fire Department rescue workers after responding to the World Trade Center attacks.* *Morbidity and Mortality Weekly.* 51 (Spec. No.):1–5.

<https://www.ncbi.nlm.nih.gov/pubmed/12238534>

Within minutes of the terrorist attacks on September 11, 2001, the Fire Department of New York City (FDNY) operated a continuous rescue/recovery effort at the WTC site. Medical officers of FDNY Bureau of Health Services (FDNY-BHS) responded to provide emergency medical services (see box). The collapse of the WTC towers and several adjacent structures resulted in a vast, physically dangerous disaster zone. The height of the WTC towers produced extraordinary forces during their collapse, pulverizing considerable portions of the buildings' structural components and exposing first responders and civilians to substantial amounts of airborne particulate matter. Fires burned continuously under the debris until mid-December 2001. Because of ongoing fire activity and the large numbers of civilians and rescue workers who were killed

during the attacks, approximately 11,000 FDNY firefighters and many emergency medical service (EMS) personnel worked on or directly adjacent to the rubble and incurred substantial exposures. This report describes morbidity and mortality in FDNY rescue workers during the 11-month period after the WTC attacks and documents a substantial increase in respiratory and stress-related illness compared with the time period before the WTC attacks. These findings demonstrate the need to provide acute and long-term medical monitoring, treatment, and counseling to FDNY rescue workers exposed to this disaster and to solve supply, compliance, and supervision problems so that respiratory protection can be rapidly provided at future disasters.

**Prezant D, Kelly K, Jackson B, et al. 2002.** *Use of respiratory protection among responders at the World Trade Center site--New York City, September 2001.* *Morbidity and Mortality Weekly.* 51 (Spec. No.):6–8.

<https://www.ncbi.nlm.nih.gov/pubmed/12238539>

The terrorist attacks on the WTC on September 11, 2001, created an occupational health and safety challenge for New York City (NYC) firefighters and rescue workers responding to the disaster. Immediate respiratory hazards included explosions, fire, falling debris, and dust clouds containing particulate matter comprised of pulverized building materials. Ongoing risks included lingering particulate matter in the air and



intermittent combustion products from initial and persistent fires beneath the rubble pile. Because the nature and extent of exposures in disaster situations are complex and difficult to characterize, the use of adequate personal protective equipment (PPE), including respiratory protection, is essential in protecting the health of firefighters and other rescue workers. During the weeks after September 11, the NYC Fire Department's Bureau of Health Services (FDNY-BHS) and CDC's National Institute for Occupational Safety and Health (NIOSH) organized a collaborative study to evaluate occupational hazards and exposures for these workers, including their use of respiratory protection. This report summarizes the results of that study, which indicate that the majority of firefighters did not use adequate respiratory protection during the first week of the rescue/recovery operation.

**Prezant D, Weiden M, Banauch G, et al. 2002.** *Cough and bronchial responsiveness in firefighters at the World Trade Center site.* *New England Journal of Medicine.* 347(11):806–815.

<https://doi.org/10.1056/NEJMoa021300>

**BACKGROUND:** Workers from the Fire Department of New York City were exposed to a variety of inhaled materials during and after the collapse of the WTC. We evaluated clinical features in a series of 332 firefighters in whom severe cough developed after exposure and the prevalence and severity of bronchial hyperreactivity in firefighters without severe cough classified according to the level of exposure. **METHODS:** “WTC cough” was defined as a persistent cough that developed after exposure to the site and was accompanied by respiratory symptoms severe enough to require medical leave for

at least four weeks. Evaluation of exposed firefighters included completion of a standard questionnaire, spirometry, airway-responsiveness testing, and chest imaging. **RESULTS:** In the first six months after September 11, 2001, WTC cough occurred in 128 of 1636 firefighters with a high level of exposure (8%), 187 of 6958 with a moderate level of exposure (3%), and 17 of 1320 with a low level of exposure (1%). In addition, 95% had symptoms of dyspnea, 87% had gastroesophageal reflux disease, and 54% had nasal congestion. Of those tested before treatment of WTC cough, 63% of firefighters (149 of 237) had a response to a bronchodilator and 24% (9 of 37) had bronchial hyperreactivity. Chest radiographs were unchanged from precollapse findings in 319 of the 332 with WTC cough. Among the cohort without severe cough, bronchial hyperreactivity was present in 77 firefighters with a high level of exposure (23%) and 26 with a moderate level of exposure (8%). **CONCLUSIONS:** Intense, short-term exposure to materials generated during the collapse of the WTC was associated with bronchial responsiveness and the development of cough. Clinical and physiological severity was related to the intensity of exposure.

**Rom W, Weiden M, Garcia R, et al. 2002.** *Acute eosinophilic pneumonia in a New York City firefighter exposed to World Trade Center dust.* *American Journal of Respiratory and Critical Care Medicine.* 166(6):797–800.

<https://doi.org/10.1164/rccm.200206-576OC>

We report a sentinel case of acute eosinophilic pneumonia in a firefighter exposed to high concentrations of WTC dust during the rescue effort from September 11 to 24. The firefighter presented with a Pa(O<sub>2</sub>) of 53 mm Hg and responded to oxygen and corticosteroids. Computed tomography scan

showed patchy ground glass density, thickened bronchial walls, and bilateral pleural effusions. Bronchoalveolar lavage recovered 70% eosinophils, with only 1% eosinophils in peripheral blood. Eosinophils were not degranulated and increased levels of interleukin-5 were measured in bronchoalveolar lavage and serum. Mineralogic analysis counted 305 commercial asbestos fibers/10(6) macrophages including those with high aspect ratios, and significant quantities of fly ash and degraded fibrous glass. Acute eosinophilic pneumonia is a rare consequence of acute high dust exposure. WTC dust consists of large particle-size silicates, but fly ash and asbestos fibers may be found in bronchoalveolar lavage cells.

## 2003 (2)

**Banauch G, Alleyne D, Sanchez R, et al. 2003.** *Persistent hyperreactivity and reactive airway dysfunction in firefighters at the World Trade Center.* American Journal of Respiratory and Critical Care Medicine. 168(1):54–62.

<https://doi.org/10.1164/rccm.200211-1329OC>

New York City Fire Department rescue workers experienced massive exposure to airborne particulates at the WTC site. Aims of this longitudinal study were to (1) determine if bronchial hyperreactivity was present, persistent, and independently associated with exposure intensity, (2) identify objective measures shortly after the collapse that would predict persistent hyperreactivity and a diagnosis of reactive airways dysfunction 6 months post-collapse. A representative sample of 179 rescue workers stratified by exposure intensity (high, moderate, and control) without current smoking or prior respiratory disease was enrolled. Highly exposed workers arrived within 2 hours of

collapse, moderately exposed workers arrived later on Days 1–2; control subjects were not exposed. Hyperreactivity at 1, 3, and 6 months post-collapse was associated with exposure intensity, independent of ex-smoking and airflow obstruction. Six months post-collapse, highly exposed workers were 6.8 times more likely than moderately exposed workers and control subjects to be hyperreactive (95% confidence interval, 1.8–25.2;  $p=0.004$ ), and hyperreactivity persisted in 55% of those hyperreactive at 1 and/or 3 months. In highly exposed subjects, hyperreactivity 1 or 3 months post-collapse was the sole predictor for reactive airways dysfunction ( $p=0.021$ ). In conclusion, development and persistence of hyperreactivity and reactive airways dysfunction were strongly and independently associated with exposure intensity. Hyperreactivity shortly post-collapse predicted reactive airways dysfunction at 6 months in highly exposed workers; this has important implications for disaster management.

**Edelman P, Osterloh J, Pirkle J, et al. 2003.** *Biomonitoring of chemical exposure among New York City firefighters responding to the World Trade Center fire and collapse.* Environmental Health Perspectives. 111(16):1906–1911.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1241765/>

The collapse of the WTC on September 11, 2001, exposed New York City firefighters to smoke and dust of unprecedented magnitude and duration. The chemicals and the concentrations produced from any fire are difficult to predict, but estimates of internal dose exposures can be assessed by the biological monitoring of blood and urine. We analyzed blood and urine specimens obtained from 321 firefighters responding

to the WTC fires and collapse for 110 potentially fire-related chemicals. Controls consisted of 47 firefighters not present at the WTC. Sampling occurred 3 weeks after 11 September, while fires were still burning. When reference or background ranges were available, most chemical concentrations were found to be generally low and not outside these ranges. Compared with controls, the exposed firefighters showed significant differences in adjusted geometric means for six of the chemicals and significantly greater detection rates for an additional three. Arrival time was a significant predictor variable for four chemicals. Special Operations Command firefighters (n=95), compared with other responding WTC firefighters (n=226), had differences in concentrations or detection rate for 14 of the chemicals. Values for the Special Operations Command firefighters were also significantly different from the control group values for these same chemicals and for two additional chemicals. Generally, the chemical concentrations in the other firefighter group were not different from those of controls. Biomonitoring was used to characterize firefighter exposure at the WTC disaster. Although some of the chemicals analyzed showed statistically significant differences, these differences were generally small.

## 2004 (3)

**Feldman D, Baron S, Bernard B, et al. 2004.** *Symptoms, respirator use, and pulmonary function changes among New York City firefighters responding to the World Trade Center disaster.* *Chest.* 125(4):1256–1264.

<https://doi.org/10.1378/chest.125.4.1256>

CONTEXT: New York City firefighters responding to the WTC disaster on September 11, 2001, were exposed to numerous

hazards. A medical screening program was conducted 3 weeks after the disaster on a sample of firefighters. OBJECTIVES: To determine whether arrival time at the WTC and other exposure variables (including respirator use) were associated with symptoms and changes in pulmonary function (after exposure before exposure). DESIGN: A cross-sectional comparison of firefighters representing the following groups: (1) firefighters who arrived before/during the WTC collapse, (2) firefighters who arrived 1 to 2 days after the collapse, (3) firefighters who arrived 3 to 7 days after the collapse, and (4) unexposed firefighters. SETTING: Fire Department of New York City (FDNY) Bureau of Health Services on October 1 to 5, 2001. POPULATION: A stratified random sample of 362 of 398 recruited working firefighters (91%). Of these, 149 firefighters (41%) were present at the WTC collapse, 142 firefighters (39%) arrived after the collapse but within 48 h, 28 firefighters (8%) arrived 3 to 7 days after the collapse, and 43 firefighters (12%) were unexposed. MAIN OUTCOME MEASURES: New/worsening symptoms involving the eyes, skin, respiratory system, and nose and throat (NT), and changes in spirometry from before to after exposure. RESULTS: During the first 2 weeks at the WTC site, 19% of study firefighters reported not using a respirator; 50% reported using a respirator but only rarely. Prevalence ratios (PRs) for skin, eye, respiratory, and NT symptoms showed a dose-response pattern between exposure groups based on time of arrival at the WTC site, with PRs between 2.6 and 11.4 with 95% confidence intervals (CIs) excluding 1.0 for all but skin symptoms. For those spending > 7 days at the site, the PR for respiratory symptoms was 1.32 (95% CI, 1.13 to 1.55), compared with those who were exposed for < 7 days. Mean spirometry results before and after exposure were

within normal limits. The change in spirometry findings (after exposure before exposure) showed near-equal reductions for FVC and FEV(1). These reductions were greater than the annual reductions measured in a referent population of incumbent FDNY firefighters prior to September 11 ( $p \leq 0.05$ ). There was a 60% increased risk of a decline of  $\geq 450$  mL in FEV(1) in those arriving during the first 48 h compared to the referent ( $p \leq 0.05$ ). CONCLUSIONS: The symptoms and pulmonary function changes following exposure at the WTC demonstrate the need for improvements in respirators and their use, as well as long-term medical monitoring of rescue workers.

**Fireman E, Lerman Y, Ganor E, et al. 2004.** *Induced Sputum Assessment in New York City firefighters Exposed to World Trade Center Dust.* Environmental Health Perspectives. 112(15):1564–1569.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1247622/>

New York City Firefighters (FDNY-FFs) were exposed to particulate matter and combustion/pyrolysis products during and after the World Trade Center (WTC) collapse. Ten months after the collapse, induced sputum (IS) samples were obtained from 39 highly exposed FDNY-FFs (caught in the dust cloud during the collapse on 11 September 2001) and compared to controls to determine whether a unique pattern of inflammation and particulate matter deposition, compatible with WTC dust, was present. Control subjects were 12 Tel-Aviv, Israel, firefighters (TA-FFs) and 8 Israeli healthcare workers who were not exposed to WTC dust. All controls volunteered for this study, had never smoked, and did not have respiratory illness. IS was processed by conventional methods. Retrieved cells were differentially

counted, and metalloproteinase-9 (MMP-9), particle size distribution (PSD), and mineral composition were measured. Differential cell counts of FDNY-FF IS differed from those of health care worker controls ( $p < 0.05$ ) but not from those of TA-FFs. Percentages of neutrophils and eosinophils increased with greater intensity of WTC exposure ( $< 10$  workdays or greater than or equal to 10 workdays; neutrophils  $p=0.046$ ; eosinophils  $p=0.038$ ). MMP-9 levels positively correlated to neutrophil counts ( $p=0.002$ ;  $r=0.449$ ). Particles were larger and more irregularly shaped in FDNY-FFs (1–50 microm; zinc, mercury, gold, tin, silver) than in TA-FFs (1–10 microm; silica, clays). PSD was similar to that of WTC dust samples. In conclusion, IS from highly exposed FDNY-FFs demonstrated inflammation, PSD, and particle composition that was different from non-exposed controls and consistent with WTC dust exposure.

**Truncale T, Brooks S, Prezant D, et al. 2004.** *World Trade Center dust and airway reactivity.* American Journal of Respiratory and Critical Care Medicine. 169(7):883–884; author reply 884–885. [no abstract]

<https://doi.org/10.1164/ajrccm.169.7.954>

## 2005 (2)

**Banauch G, Dhala A, Alleyne D, et al. 2005.** *Bronchial hyperreactivity and other inhalation lung injuries in rescue/recovery workers after the World Trade Center collapse.* Critical Care Medicine. 33(S1):S102–S106.

<https://doi.org/10.1097/01.CCM.0000151138.10586.3A>

BACKGROUND: The collapse of the WTC on September 11, 2001 created a large-scale disaster site in a dense urban environment. In

the days and months thereafter, thousands of rescue/recovery workers, volunteers, and residents were exposed to a complex mixture of airborne pollutants. METHODS: We review current knowledge of aerodigestive inhalation lung injuries resulting from this complex exposure and present new data on the persistence of nonspecific bronchial hyperreactivity (methacholine PC20 < or = 8 mg/mL) in a representative sample of 179 Fire Department of the City of New York (FDNY) rescue workers stratified by exposure intensity (according to arrival time) who underwent challenge testing at 1, 3, 6, and 12 months post-collapse. RESULTS: Aerodigestive tract inflammatory injuries, such as declines in pulmonary function, reactive airways dysfunction syndrome (RADS), asthma, reactive upper airways dysfunction syndrome (RUDS), gastroesophageal reflux disease (GERD), and rare cases of inflammatory pulmonary parenchymal diseases, have been documented in WTC rescue/recovery workers and volunteers. In FDNY rescue workers, we found persistent hyperreactivity associated with exposure intensity, independent of airflow obstruction. One year post-collapse, 23% of highly exposed subjects were hyperreactive as compared with only 11% of moderately exposed and 4% of controls. At 1 yr, 16% met the criteria for RADS. CONCLUSIONS: While it is too early to ascertain all of the long-term effects of WTC exposures, continued medical monitoring and treatment is needed to help those exposed and to improve our prevention, diagnosis, and treatment protocols for future disasters.

**Banauch G, Dhala A, Prezant D. 2005.** *Pulmonary disease in rescue workers at the World Trade Center site.* Current Opinion in Pulmonary Medicine. 11(2):160–168.

<http://doi.org/10.1097/01.mcp.0000151>

716.96241.0a

**PURPOSE OF REVIEW:** The catastrophic collapse of the WTC towers on September 11, 2001 created a large-scale disaster site in a densely populated urban environment. Over the ensuing months, tens of thousands of rescue, recovery and cleanup workers, volunteers, and residents of the adjacent community were exposed to a complex mixture of airborne pollutants. This review focuses on currently described respiratory syndromes, symptoms, and physiologic derangements in WTC rescue, recovery, and cleanup workers, discusses potential long-term effects on respiratory health, and draws parallels to community findings. **RECENT FINDINGS:** Detailed qualitative and quantitative analyses of airborne pollutants with their changing composition during initial rescue/recovery and subsequent cleanup have been published. Major concerns include persistent aerodigestive tract inflammatory syndromes, such as reactive airways dysfunction syndrome (RADS), reactive upper airways dysfunction syndrome (RUDS), gastroesophageal reflux disease (GERD), and inflammatory pulmonary parenchymal syndromes, as well as respiratory tract and nonrespiratory malignancies. Aerodigestive tract inflammatory syndromes have now been documented in WTC exposed occupational groups, and syndrome incidence has been linked to WTC airborne pollutant exposure intensity. Community based investigations have yielded similar findings. **SUMMARY:** While it is too early to ascertain long-term effects of WTC dust exposure, current studies already demonstrate a definite link between exposure to WTC-derived airborne pollutants and respiratory disease, both in the occupational and the community setting. A better understanding of causes and effects of this exposure will help in

developing appropriate preventative tools for rescue workers in future disasters.

### 2006 (3)

**Banauch G, Hall C, Weiden M, et al. 2006.** *Pulmonary function after exposure to the World Trade Center collapse in the New York City Fire Department.* American Journal of Respiratory and Critical Care Medicine. 174(3):312–319.

<https://doi.org/10.1164/rccm.200511-1736OC>

**RATIONALE:** On September 11, 2001, the WTC collapse created an enormous urban disaster site with high levels of airborne pollutants. First responders, rescue and recovery workers, and residents have since reported respiratory symptoms and developed pulmonary function abnormalities. **OBJECTIVES:** To quantify respiratory health effects of WTC exposure in the New York City Fire Department. **MEASUREMENTS:** Longitudinal study of pulmonary function in 12,079 New York City Fire Department rescue workers employed on or before 09/11/2001. Between 01/01/1997 and 09/11/2002, 31,994 spirometries were obtained and the FEV(1) and FVC were analyzed for differences according to estimated WTC exposure intensity. Adjusted average FEV(1) during the first year after 09/11/2001 was compared with the 5 yr before 09/11/2001. Median time between 09/11/2001 and a worker's first spirometry afterwards was 3 mo; 90% were assessed within 5 mo. **MAIN RESULTS:** WTC-exposed workers experienced a substantial reduction in adjusted average FEV(1) during the year after 09/11/2001 (372 ml; 95% confidence interval, 364–381 ml;  $p < 0.001$ ) This exposure-related FEV(1) decrement equaled 12 yr of aging-related FEV(1) decline. Moreover, exposure intensity assessed by initial arrival time at the WTC site

correlated linearly with FEV(1) reduction in an exposure intensity-response gradient ( $p=0.048$ ). Respiratory symptoms also predicted a further FEV(1) decrease ( $p < 0.001$ ). Similar findings were observed for adjusted average FVC. **CONCLUSIONS:** WTC exposure produced a substantial reduction in pulmonary function in New York City Fire Department rescue workers during the first year after 09/11/2001.

**Bars M, Banauch G, Appel D, et al. 2006.** *Tobacco Free With FDNY: the New York City Fire Department World Trade Center tobacco cessation study.* Chest. 129(4):979–987.

<https://doi.org/10.1378/chest.129.4.979>

**CONTEXT:** After the WTC collapse, 15% (1,767) of rescue workers from the Fire Department of the City of New York (FDNY) considered themselves to be current cigarette smokers. Post-WTC collapse, 98% reported acute respiratory symptoms, and 81% reported health concerns. Nonetheless, 29% of current smokers increased tobacco use, and 23% of ex-smokers resumed cigarette smoking. **OBJECTIVE:** To determine the effect of a comprehensive tobacco-cessation program using combination tobacco-dependency treatment medications adjusted to the individual's daily tobacco use. **DESIGN:** FDNY cigarette smokers enrolled in "Tobacco Free With FDNY," a no-cost quit-smoking program providing counseling, support, and medications. At the end of the 3-month treatment phase and at the 6-month and 12-month follow-up visits, abstinence rates were confirmed by expired carbon monoxide levels or by the verification of a household member. **SETTING:** FDNY Bureau of Health Services between August 1, 2002 and October 30, 2002. **PARTICIPANTS:** A total of 220 current cigarette smokers from the FDNY. **RESULTS:** At study enrollment, the mean (+/ SD)

tobacco use was 20 +/-7 cigarettes per day, and the mean tobacco dependency, as assessed by a modified Fagerstrom test score, was 6.7 +/-2.5 (maximum score, 10). Based on tobacco use, 20% of enrollees used three types of nicotine medications, 64% used two types, 14% used one type, and 3% used no medications. Additionally, 14% of enrollees used bupropion sustained release. The confirmed continuous abstinence rates were 47%, 36%, and 37%, respectively, after 3 months of treatment and at the 6-month and 12-month follow-up. Abstinence rates did not correlate with the history of tobacco use but correlated inversely with tobacco dependency. Adverse events and maximal nicotine medication use were unrelated, and no one experienced a serious adverse event. CONCLUSION: Tobacco dependency treatment using combination nicotine medications is effective and safe. Future studies should consider the following: (1) both history of tobacco use and withdrawal symptoms to determine the number and dose of nicotine medications; and (2) continuing combination treatment for > 3 months.

**Liroy P, Pellizari E, Prezant D. 2006.** *The World Trade Center aftermath and its effects on health: understanding and learning through human-exposure science.* Environmental Science & Technology. 40(22):6876–6885. PMID: 17153990. [no abstract]

<https://www.ncbi.nlm.nih.gov/pubmed/17153990?dopt=AbstractPlus>

## 2007 (2)

**Alvarez J, Rosen C, Davis K, et al. 2007.** *Stay connected: psychological services for retired firefighters after 11 September 2001.* Prehospital and Disaster Medicine. 22(1):49–54. PMID: 17484363.

<https://www.ncbi.nlm.nih.gov/pubmed/17484363>

**INTRODUCTION:** A large number of firefighters retired after 11 September 2001. These retirees were confronted with multiple challenges, including grief, trauma-related physical injuries and psychological distress, difficulties related to the transition of their roles, and deterioration of social support. **OBJECTIVE:** The Fire Department of New York (FDNY) Counseling Service Unit's "Stay Connected" Program designed and implemented after 11 September 2001 is described in this report. This unique program was designed to use a combination of peer outreach and professional counseling to address the mental health needs of retiring firefighters and their families. **METHODS:** Descriptive information about the intervention program was gathered through semi-structured interviews with Counseling Service Unit staff. Client satisfaction surveys were collected during three six-week periods. **RESULTS:** Quantitative data indicate that clients rated their overall satisfaction with the clerical and counseling staff a perfect 4 out of 4. The report of their overall satisfaction with the services also was nearly at ceiling (3.99 out of 4). The perceived helpfulness of the services in resolving the problems experienced by the clients increased significantly over time. Qualitative data indicate that peer involvement and intensive community outreach, i.e., social events, wellness activities, and classes, were integral to the success of the intervention. **CONCLUSIONS:** This project provided valuable lessons about how to develop and implement a "culturally competent" intervention program for public safety workers retiring after a disaster. Creative, proactive, non-traditional outreach efforts and leveraging peers for credibility and support were particularly important.

**Izbicki G, Chavko R, Banauch G, et al. 2007.** *World Trade Center “sarcoid-like” granulomatous pulmonary disease in New York City Fire Department rescue workers.* *Chest.* 131(5):1414–1423.

<https://doi.org/10.1378/chest.06-2114>

**BACKGROUND:** Previous reports suggest that sarcoidosis occurs with abnormally high frequency in firefighters. We sought to determine whether exposure to WTC “dust” during the collapse and rescue/recovery effort increased the incidence of sarcoidosis or “sarcoid-like” granulomatous pulmonary disease (SLGPD). **METHODS:** During the 5 years after the WTC disaster, enrollees in the Fire Department of New York (FDNY) WTC monitoring and treatment programs who had chest radiograph findings suggestive of sarcoidosis underwent evaluation, including the following: chest CT imaging, pulmonary function, provocative challenge, and biopsy. Annual incidence rates were compared to the 15 years before the WTC disaster. **RESULTS:** After WTC dust exposure, pathologic evidence consistent with new-onset sarcoidosis was found in 26 patients: all 26 patients had intrathoracic adenopathy, and 6 patients (23%) had extrathoracic disease. Thirteen patients were identified during the first year after WTC dust exposure (incidence rate, 86/100,000), and 13 patients were identified during the next 4 years (average annual incidence rate, 22/100,000; as compared to 15/100,000 during the 15 years before the WTC disaster). Eighteen of 26 patients (69%) had findings consistent with asthma. Eight of 21 patients (38%) agreeing to challenge testing had airway hyperreactivity (AHR), findings not seen in FDNY sarcoidosis patients before the WTC disaster. **CONCLUSION:** After the WTC disaster, the incidence of sarcoidosis or SLGPD was increased among FDNY rescue workers.

This new information about the early onset of WTC-SLGPD and its association with asthma/AHR has important public health consequences for disease prevention, early detection, and treatment following environmental/occupational exposures.

## 2008 (4)

**Banauch G, Izbicki G, Christodoulou V, et al. 2008.** *Trial of prophylactic inhaled steroids to prevent or reduce pulmonary function decline, pulmonary symptoms, and airway hyperreactivity in firefighters at the World Trade Center site.* *Disaster Medicine and Public Health Preparedness.* 2(1):33–39.

<https://doi.org/10.1097/DMP.0b013e318164ee0c>

**BACKGROUND:** Inhaled corticosteroids (ICS) are the most effective anti-inflammatory treatment for asthmatics. This trial evaluated the effects of prophylactic ICS in firefighters exposed to the WTC disaster. **METHODS:** Inhaled budesonide via a dry powder inhaler (Pulmicort Turbuhaler, AstraZeneca, and Wilmington, DE) was offered on-site to New York City firefighters between September 18 and 25, 2001. One to 2 years later, firefighters (n=64) who completed 4 weeks of daily ICS treatment were evaluated and compared with an age and exposure-matched comparison group (n=72) who did not use ICS. **RESULTS:** When spirometry results at the final visit were compared with those from the weeks following the 9/11 disaster, the treatment group had a greater increase in forced vital capacity (P=.009) and possibly a slower decline in forced expiratory volume at 1 second (P=.11), as well as a greater improvement in perceived well-being as assessed by the St George’s Respiratory Questionnaire (P < .01). There was no difference in airway hyperreactivity and no evidence



of adverse effects from ICS. **CONCLUSIONS:** Because the potential for hazardous exposures is great at many disasters, disease prevention programs based on environmental controls and respiratory protection are warranted immediately. Our results suggest that, pending further study with a larger sample, prophylactic ICS should be considered, along with respiratory protection, to minimize possible lung insult.

**Friedman S, Cone J, Eros-Sarnyai M, et al. 2008.** *Clinical guidelines for adults exposed to the World Trade Center disaster.* City Health Information. 27(6):41–54. [Online Publication]

<https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi27-6.pdf>

The World Trade Center (WTC) terrorist attack and its aftermath exposed hundreds of thousands of people to debris, dust, smoke, and fumes. Studies conducted after September 11, 2001, among rescue and clean-up workers, office workers, building evacuees, and residents of lower Manhattan showed an increase in respiratory and other physical and mental health problems, including post-traumatic stress disorder. Many New Yorkers have health problems that could be associated with - or made worse by - exposure to the attack and its aftermath. Primary care physicians need to know how to identify, evaluate, treat, and if necessary, refer these individuals to expert care. This publication suggests how clinicians can take a brief exposure history and describes common health problems that could be caused or exacerbated by exposure to the disaster. It offers algorithms to evaluate and care for exposed individuals, and provides brief tools to assess and treat physical and mental health disorders. Resources are also featured, including information about free

(or need-based) treatment programs that may benefit WTC-exposed individuals (Resources). While these recommendations are targeted to adults, some principles and diagnostic methods may be applicable to children and adolescents. Consult appropriate resources such as the American Academy of Pediatrics for general (non-WTC-specific) pediatric guidelines.

**Prezant D. 2008.** *World Trade Center Cough Syndrome and its treatment.* Lung. 186(S1):S94–S102.

<https://doi.org/10.1007/s00408-007-9051-9>

To date, the main respiratory health consequence from the collapse of the WTC on September 11, 2001 has been the “WTC Cough Syndrome” (chronic rhinosinusitis, asthma, and/ or bronchitis, often complicated by gastroesophageal reflux dysfunction). Syndrome incidence and severity have been linked to WTC dust exposure intensity. While it is too early to ascertain long-term effects of WTC dust exposure, effective treatment guidelines have been designed through a collaborative effort by the three established centers of excellence for WTC medical monitoring and treatment and the WTC Registry. These treatment recommendations are described here.

**Prezant D, Levin S, Kelly K, et al. 2008.** *Upper and lower respiratory diseases after occupational and environmental disasters.* Mount Sinai Journal of Medicine. 75(2):89–100.

<https://doi.org/10.1002/msj.20028>

Respiratory consequences from occupational and environmental disasters are the result of inhalation exposures to chemicals, particulate matter (dusts and fibers) and/or the incomplete products of combustion that are often liberated during disasters such as

fires, building collapses, explosions and volcanoes. Unfortunately, experience has shown that environmental controls and effective respiratory protection are often unavailable during the first days to week after a large-scale disaster. The English literature was reviewed using the key words-disaster and any of the following: respiratory disease, pulmonary, asthma, bronchitis, sinusitis, pulmonary fibrosis, or sarcoidosis. Respiratory health consequences after aerosolized exposures to high- concentrations of particulates and chemicals can be grouped into 4 major categories: 1) upper respiratory disease (chronic rhinosinusitis and reactive upper airways dysfunction syndrome), 2) lower respiratory diseases (reactive [lower] airways dysfunction syndrome, irritant-induced asthma, and chronic obstructive airways diseases), 3) parenchymal or interstitial lung diseases (sarcoidosis, pulmonary fibrosis, and bronchiolitis obliterans, and 4) cancers of the lung and pleura. This review describes several respiratory consequences of occupational and environmental disasters and uses the WTC disaster to illustrate in detail the consequences of chronic upper and lower respiratory inflammation.

## 2009 (2)

**Corrigan M, et al. 2009.** *A computerized, self-administered questionnaire to evaluate posttraumatic stress among firefighters after the World Trade Center collapse.* American Journal of Public Health. 99(S):S702–S709.

<https://doi.org/10.2105/AJPH.2008.151605>

**OBJECTIVES:** We sought to determine the frequency of psychological symptoms and elevated PTSD risk among New York City firefighters after the WTC attack and whether

these measures were associated with Counseling Services Unit (CSU) use or mental health-related medical leave over the first 2.5 years after the attack. **METHODS:** Shortly after the WTC attack, a computerized, binary-response screening questionnaire was administered. Exposure assessment included WTC arrival time and “loss of a co-worker while working at the collapse.” We determined elevated PTSD risk using thresholds derived from Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and a sensitivity-specificity analysis. **RESULTS:** Of 8487 participants, 76% reported at least 1 symptom, 1016 (12%) met criteria for elevated PTSD risk, and 2389 (28%) self-referred to the CSU, a 5-fold increase from before the attack. Higher scores were associated with CSU use, functional job impairment, and mental health-related medical leave. Exposure- response gradients were significant for all outcomes. **CONCLUSIONS:** This screening tool effectively identified elevated PTSD risk, higher CSU use, and functional impairment among firefighters and therefore may be useful in allocating scarce postdisaster mental health resources.

**Webber M, Gustave J, Lee R, et al. 2009.** *Trends in respiratory symptoms of firefighters exposed to the World Trade Center disaster: 2001–2005.* Environmental Health Perspectives. 117(6):975–980.

<https://doi.org/10.1289/ehp.0800291>

**BACKGROUND:** Respiratory symptoms, either newly reported after the WTC disaster on 11 September 2001 (9/11) or increased in severity, have been well documented in WTC-exposed workers and New York City residents. However, considerable uncertainty exists over the persistence of symptoms. **OBJECTIVES:** In this study, our goals

were to describe trends in post-9/11 respiratory and gastro-esophageal reflux disease (GERD) symptoms in WTC-exposed firefighters and to examine symptom progression in the cohort that completed both year 1 and year 4 questionnaires. METHODS: We analyzed questionnaire responses from 10,378 firefighters in yearly intervals, from 2 October 2001 to 11 September 2005, defining exposure based on arrival time at the WTC site. For the cohort of 3,722 firefighters who completed the two questionnaires, we also calculated exposure duration summing months of work at the site. RESULTS: In cross-sectional analyses, the prevalence of dyspnea, wheeze, rhinosinusitis, and GERD remained relatively stable, whereas cough and sore throat declined, especially between 1 and 2 years post-9/11. We found a dose-response relationship between arrival time and symptoms in all years ( $p < 0.01$ ). Logistic models of symptoms at year 4 in the cohort demonstrated independent effects of earlier arrival and longer work duration: each additional month of work increased the odds of symptoms 8% to 11%. CONCLUSIONS: Prolonged work exposures increased the odds of respiratory and GERD symptoms 4 years later. In most large disasters, exposures may be unavoidable during the rescue phase, but our data strongly suggest the need to minimize additional exposures during recovery and cleanup phases.

## 2010 (8)

**Aldrich T, Gustave J, Hall C, et al. 2010.** *Lung function in rescue workers at the World Trade Center after 7 years.* *New England Journal of Medicine.* 362(14):1263–1272.

<https://doi.org/10.1056/NEJMoa0910087>

BACKGROUND: The terrorist attacks on the WTC on September 11, 2001, exposed

thousands of Fire Department of New York City (FDNY) rescue workers to dust, leading to substantial declines in lung function in the first year. We sought to determine the longer-term effects of exposure. METHODS: Using linear mixed models, we analyzed the forced expiratory volume in 1 second (FEV(1)) of both active and retired FDNY rescue workers on the basis of spirometry routinely performed at intervals of 12 to 18 months from March 12, 2000, to September 11, 2008. RESULTS: Of the 13,954 FDNY workers who were present at the WTC between September 11, 2001, and September 24, 2001, a total of 12,781 (91.6%) participated in this study, contributing 61,746 quality-screened spirometric measurements. The median follow-up was 6.1 years for firefighters and 6.4 years for emergency-medical-services (EMS) workers. In the first year, the mean FEV(1) decreased significantly for all workers, more for firefighters who had never smoked (a reduction of 439 ml; 95% confidence interval [CI], 408 to 471) than for EMS workers who had never smoked (a reduction of 267 ml; 95% CI, 263 to 271) ( $P < 0.001$  for both comparisons). There was little or no recovery in FEV(1) during the subsequent 6 years, with a mean annualized reduction in FEV(1) of 25 ml per year for firefighters and 40 ml per year for EMS workers. The proportion of workers who had never smoked and who had an FEV(1) below the lower limit of the normal range increased during the first year, from 3% to 18% for firefighters and from 12% to 22% for EMS workers, stabilizing at about 13% for firefighters and 22% for EMS workers during the subsequent 6 years. CONCLUSIONS: Exposure to WTC dust led to large declines in FEV(1) for FDNY rescue workers during the first year. Overall, these declines were persistent, without recovery over the next 6 years, leaving a substantial proportion of workers with

abnormal lung function.

**Banauch G, Brantly M, Izbicki G, et al. 2010.** *Accelerated spirometric decline in New York City firefighters with alpha(1)- antitrypsin deficiency.* Chest. 138:1116–1124.

<https://doi.org/10.1378/chest.10-0187>

**BACKGROUND:** On September 11, 2001, the WTC collapse caused massive air pollution, producing variable amounts of lung function reduction in the New York City Fire Department (FDNY) rescue workforce. alpha(1)-Antitrypsin (AAT) deficiency is a risk factor for obstructive airway disease. **METHODS:** This prospective, longitudinal cohort study of the first 4 years post-September 11, 2001, investigated the influence of AAT deficiency on adjusted longitudinal spirometric change (FEV(1)) in 90 FDNY rescue workers with WTC exposure. Workers with protease inhibitor (Pi) Z heterozygosity were considered moderately AAT deficient. PiS homozygosity or PiS heterozygosity without concomitant PiZ heterozygosity was considered mild deficiency, and PiM homozygosity was considered normal. Alternately, workers had low AAT levels if serum AAT was  $\leq$  20  $\mu$ mol/L. **RESULTS:** In addition to normal aging- related decline (37 mL/y), significant FEV(1) decline accelerations developed with increasing AAT deficiency severity (110 mL/y for moderate and 32 mL/y for mild) or with low AAT serum levels (49 mL/y). Spirometric rates pre-September 11, 2001, did not show accelerations with AAT deficiency. Among workers with low AAT levels, cough persisted in a significant number of participants at 4 years post- September 11, 2001. **CONCLUSIONS:** FDNY rescue workers with AAT deficiency had significant spirometric decline accelerations and persistent airway symptoms during the first 4 years after WTC exposure, representing a novel

gene- by-environment interaction. Clinically meaningful decline acceleration occurred even with the mild serum AAT level reductions associated with PiS heterozygosity (without concomitant PiZ heterozygosity).

**Berninger A, Webber M, Cohen H, et al. 2010.** *Trends of elevated PTSD risk in firefighters exposed to the World Trade Center disaster: 2001–2005.* Public Health Reports. 125(4):556–566.

<https://doi.org/10.1177/003335491012500411>

**OBJECTIVES:** We identified trends in the prevalence of elevated PTSD risk as determined by the Fire Department of the City of New York (FDNY)-modified PCL in WTC-exposed firefighters. We also examined trends in relation to WTC exposure, social support, change in recreational activities, and functional health. **METHODS:** We analyzed 16,826 questionnaires from 10,074 firefighters in yearly intervals, from September 12, 2001, to September 11, 2005. **RESULTS:** The prevalence of elevated PTSD risk increased over time, from 9.8% in year 1 to 10.6% in year 4 ( $p < 0.0001$ ). Earliest arrival at the WTC site (odds ratio [OR]=6.0; 95% confidence interval [CI] 4.4, 8.3), prolonged work at the site (OR=2.0; 95% CI 1.8, 2.3), providing supervision without previous supervisory experience (OR=4.1; 95% CI 2.8, 6.1), and retirement due to a WTC-related disability (OR=1.3; 95% CI 1.1, 1.5) were associated with ever having elevated PTSD risk. Difficulty functioning at home was strongly associated with elevated PTSD risk (ORs ranged from 17.0 [95% CI 14.5, 20.0] in year 1 to 26.7 [95% CI 20.3, 35.2] in year 3), as was difficulty functioning at work (ORs ranged from 12.1 [95% CI 10.2, 14.2] in year 1 to 23.0 [95% CI 14.6, 36.3] in year 2). **CONCLUSIONS:** Elevated PTSD risk was associated with exposure to the WTC site as well as functional

impairment, and remained largely unabated during the first four years of the study. Screening for elevated PTSD risk may be useful in identifying those who could benefit from interventions during long-term follow-up, as well as in the immediate aftermath of disasters.

**Berninger A, Webber M, Niles J, et al. 2010.** *Longitudinal study of probable post-traumatic stress disorder in firefighters exposed to the World Trade Center disaster.* American Journal of Industrial Medicine. 53(12):1177–1185.

<https://doi.org/10.1002/ajim.20894>

**BACKGROUND:** Symptoms of PTSD have been reported even years after the terrorist attacks of September 11, 2001 (9/11). **METHODS:** We used screening tools to assess the prevalence of probable PTSD in 9/11-exposed firefighters at two time points, within 6 months of 9/11 (baseline) and 3–4 years post-disaster (follow-up). **RESULTS:** Five thousand six hundred fifty-six individuals completed assessments at both times. 15.5% reported probable PTSD post- 9/11, 8.6% at baseline and 11.1% at follow-up, on average 2.9 (SD 0.5) years later. Analyses revealed that nearly half of all probable PTSD occurred as delayed onset (absent baseline, present follow-up). Compared with the resilient group (no probable PTSD at either time), probable PTSD at baseline, and delayed onset at follow-up were each associated with concomitant functional impairment (OR 19.5 and 18.9), respectively. **CONCLUSION:** Similar percentages of firefighters met criteria for baseline and delayed onset probable PTSD at follow-up, years later. Both were associated with substantial functional impairment. Early risk identification could provide opportunities for mental health interventions before symptoms compromise work

and social relationships.

**Berninger A, Webber M, Weakley J, et al. 2010.** *Quality of life in relation to upper and lower respiratory conditions among retired 9/11-exposed firefighters with pulmonary disability.* Quality of Life Research. 19(10):1467–1476.

<https://doi.org/10.1007/s11136-010-9710-9>

**PURPOSE:** To examine health-related quality of life (HRQoL) and WTC cough syndrome conditions in male firefighters who retired due to a 9/11-related pulmonary disability. **METHODS:** From 3/1/2008 to 1/31/2009, we contacted 275 disability-retired firefighters and compared their HRQoL and current aerodigestive conditions to those from WTC-exposed non-disabled retired and active firefighters. Relationships between HRQoL and explanatory variable(s) were examined using multivariable linear regression models. **RESULTS:** Mean physical component summary (PCS) scores were lowest in disabled retirees compared with non-disabled retirees and actives: 36.4 (9.6), 49.4 (8.7), and 53.1 (5.1), respectively ( $P < 0.0001$ ). Mean mental component summary (MCS) scores were closer: 44.5 (11.9), 48.1 (8.5), and 48.7 (7.4), respectively ( $P < 0.0001$ ). In multivariable models, after adjustment for many factors, PCS scores were not associated with early WTC arrival, but were inversely associated with disability retirement and all WTC cough syndrome conditions. MCS scores were inversely associated with early WTC arrival and most WTC cough syndrome conditions, but were not associated with disability retirement. **CONCLUSION:** WTC cough syndrome conditions predict lower HRQoL scores even 8 years after exposure, independent of retirement status. These data suggest that monitoring physical conditions of individuals with

occupational exposures might help identify those at risk for impaired HRQoL.

**Chiu S, Webber M, Zeig-Owens R, et al. 2010.** *Validation of the Center for Epidemiologic Studies depression scale in screening for major depressive disorder among retired firefighters exposed to the World Trade Center disaster.* *Journal of Affective Disorders.* 121(3):212–219.

<https://doi.org/10.1016/j.jad.2009.05.028>

**BACKGROUND:** We evaluated the performance of a modified Center of Epidemiologic Studies Depression Scale (CES-D-m), which captured symptoms in the past month, in comparison to the Diagnostic Interview Schedule (DIS) in identification of major depressive disorder (MDD) in WTC-exposed retired Fire Department, City of New York (FDNY) firefighters. **METHODS:** From 12/2005 to 7/2007, FDNY enrolled retired firefighters in its Medical Monitoring and Treatment Program. All participants completed the CES-D-m and the DIS on the same day. Sensitivity, specificity, receiver operating characteristic (ROC) curves, and Youden's index were used to assess properties of the CES-D-m. Multivariate logistic regression analyses were also used. **RESULTS:** 7% of 1915 retired male firefighters were diagnosed with MDD using the DIS. Using the most common CES-D cutoff score of 16, the prevalence of elevated risk was 36%, which declined to 23% using a cutoff score of 22, as determined by Youden's index. At 22, CESD-m sensitivity was 0.84, specificity was 0.82, and the area under the ROC curve was 0.89 relative to DIS MDD diagnosis. **LIMITATIONS:** Participants were more likely than non-participants to live in the New York City area. **CONCLUSIONS:** This is the first study of WTC rescue/recovery workers to assess the performance of a one-month version of the

CES-D. The CES-D-m performed well in identifying those at elevated risk. Since diagnostic follow-up is time consuming and costly, it is important to correctly distinguish those at elevated risk using a screening tool that has been validated in the population under study.

**Rom W, Reibman J, Rogers L, et al. 2010.** *Emerging exposures and respiratory health: World Trade Center dust.* *Proceedings of the American Thoracic Society.* 7(2):142–145.

<https://doi.org/10.1513/pats.200908-092RM>

The attack on the WTC on 9/11/2001 produced a massive dust cloud with acute exposure, and the rubble pile burning over 3 months exposed more than 300,000 residents, rescue workers, and clean-up workers. Firefighters in the New York City Fire Department had significant respiratory symptoms characterized by cough, dyspnea, gastroesophageal reflux, and nasal stuffiness with a significant 1-year decline in FVC and FEV(1). Bronchial hyperreactivity measured by methacholine challenge correlated with bronchial wall thickening on CT scans. Compared with the NHANES III data for FVC and FEV (1), 32% of 2,000 WTC dust-exposed residents and clean-up workers were below the lower 5th percentile. The most common abnormality was a low FVC pattern, a finding similar to that also described for individuals in rescue and recovery activities. Among those complaining of respiratory symptoms and normal spirometry, almost half had abnormalities detected with impedance oscillometry consistent with distal airways' disease. Follow-up with the WTCHR and the WTC Environmental Health Center will help discern whether treatment with anti-inflammatory medications or bronchodilators in those with respiratory symptoms may prevent the development of chronic

obstructive pulmonary disease.

**Weiden M, Ferrier N, Nolan A, et al. 2010.** *Obstructive airways disease with air trapping among firefighters exposed to World Trade Center dust.* *Chest.* 137(3):566–574.

<https://doi.org/10.1378/chest.09-1580>

**BACKGROUND:** The WTC collapse produced a massive exposure to respirable particulates in New York City Fire Department (FDNY) rescue workers. This group had spirometry examinations pre-September 11, 2001, and Post-September 11, 2001, demonstrating declines in lung function with parallel declines in FEV (1) and FVC. To date, the underlying pathophysiologic cause for this has been open to question. **METHODS:** Of 13,234 participants in the FDNY-WTC Monitoring Program, 1,720 (13%) were referred for pulmonary subspecialty evaluation at a single institution. Evaluation included 919 full pulmonary function tests, 1,219 methacholine challenge tests, and 982 high-resolution chest CT scans. **RESULTS:** At pulmonary evaluation (median 34 months post- September 11, 2001), median values were FEV(1) 93% predicted (interquartile range [IQR], 83%-101%), FVC 98% predicted (IQR, 89%-106%), and FEV(1)/FVC 0.78(IQR, 0.72–0.82). The residual volume (RV) was 123% predicted (IQR, 106%–147%) with nearly all participants having normal total lung capacity, functional residual capacity, and diffusing capacity of carbon monoxide. Also, 1,051/1,720 (59%) had obstructive airways disease based on at least one of the following: FEV(1)/FVC, bronchodilator responsiveness, hyperreactivity, or elevated RV. After adjusting for age, gender, race, height and weight, and tobacco use, the decline in FEV(1) post- September 11, 2001, was significantly correlated with increased RV percent predicted ( $P < .0001$ ), increased

bronchodilator responsiveness ( $P < .0001$ ), and increased hyperreactivity ( $P = .0056$ ). CT scans demonstrated bronchial wall thickening that was significantly associated with the decline in FEV (1) post- September 11, 2001 ( $P = .024$ ), increases in hyperreactivity ( $P < .0001$ ), and increases in RV ( $P < .0001$ ). Few had evidence for interstitial disease. **CONCLUSIONS:** Airways obstruction was the predominant physiologic finding underlying the reduction in lung function post-September 11, 2001, in FDNY WTC rescue workers presenting for pulmonary evaluation.

## 2011 (11)

**Chiu S, Niles J, Webber M, et al. 2011.** *Evaluating risk factors and possible mediation effects in posttraumatic depression and posttraumatic stress disorder comorbidity.* *Public Health Reports.* 126(2):201–209.

<https://doi.org/10.1177/003335491112600211>

**OBJECTIVES:** On September 11, 2001 (9/11), attacks on the WTC killed 341 Fire Department of the City of New York (FDNY) firefighters and injured hundreds more. Previous WTC-related studies reported high rates of comorbid depression and PTSD, identifying disability retirement, alcohol use, and early arrival at the WTC site as correlates. However, those studies did not evaluate risk factors that could have mediated the observed comorbidity. We identified unique risk factors for each condition in an effort to better understand comorbidity. **METHODS:** We screened retired WTC- exposed firefighters using self- administered questionnaires including the Center for Epidemiologic Studies Depression Scale, the Post Traumatic Stress Disorder Checklist, and the Alcohol Use Disorders Identification Test. We performed regression analyses to compare independent predictors of elevated depression and PTSD

risk, and also tested a mediation hypothesis. RESULTS: From December 2005 to July 2007, 23% and 22% of 1,915 retirees screened positive for elevated depression and PTSD risk, respectively, with comorbidity > 70%. Controlling for comorbidity, we identified unique risk factors for (1) depression: problem alcohol use and (2) PTSD: early arrival at the WTC site. CONCLUSIONS: Our data support the premise that PTSD and depression are different responses to trauma with unique risk factors. The data also suggest a hypothesis that PTSD mediates the relationship between early WTC arrival and depression, while depression mediates the relationship between alcohol use and PTSD, a more complex relationship than shown in previous studies. Clinicians should consider these factors when evaluating patients for depression and PTSD.

**Chiu S, Webber M, Zeig-Owens R, et al. 2011.** *Performance characteristics of the PTSD Checklist in retired firefighters exposed to the World Trade Center disaster.* *Annals of Clinical Psychiatry.* 23(3):95–104. PMID: 21547269.

<https://www.ncbi.nlm.nih.gov/pubmed/21547269>

BACKGROUND: Since the WTC attacks on September 11, 2001, the Fire Department, City of New York Monitoring Program has provided physical and mental health screening services to rescue/recovery workers. This study evaluated performance of the self-report PCL as a screening tool for risk of PTSD in firefighters who worked at Ground Zero, compared with the interviewer-administered Diagnostic Interview Schedule (DIS). METHODS: From December 2005 to July 2007, all retired firefighter enrollees completed the PCL and DIS on the same day. Sensitivity, specificity, receiver operating characteristic (ROC) curves, and Youden

index (J) were used to assess properties of the PCL and to identify an optimum cutoff score. RESULTS: Six percent of 1,915 retired male firefighters were diagnosed with PTSD using the DIS to assess DSM-IV criteria. Depending on the PCL cutoff, the prevalence of elevated risk relative to DSM-IV criteria varied from 16% to 22%. Youden index identified an optimal cutoff score of 39, in contrast with the frequently recommended cutoff of 44. At 39, PCL sensitivity was 0.85, specificity was 0.82, and the area under the ROC curve was 0.91 relative to DIS PTSD diagnosis. CONCLUSIONS: This is the first study to validate the PCL in retired firefighters and determine the optimal cutoff score to maximize opportunities for PTSD diagnosis and treatment.

**Guidotti L, Prezant D, de la Hoz R, et al. 2011.** *The evolving spectrum of pulmonary disease in responders to the World Trade Center tragedy.* *American Journal of Industrial Medicine.* 54(9):646–660. PMID: 23236631.

<https://www.ncbi.nlm.nih.gov/pubmed/23236631>

On September 11, 2001, events at the WTC exposed residents of New York City to WTC dust and products of combustion and pyrolysis. The majority of WTC-exposed fire department rescue workers experienced a substantial decline in airflow over the first 12 months post-9/11, in addition to the normal age-related decline that affected all responders, followed by a persistent plateau in pulmonary function in the 6 years thereafter. The spectrum of the resulting pulmonary diseases consists of chronic inflammation, characterized by airflow obstruction, and expressing itself in different ways in large and small airways. These conditions include irritant-induced asthma, non-specific chronic bronchitis, aggravated preexisting obstructive lung disease (asthma or



COPD), and bronchiolitis. Conditions concomitant with airways obstruction, particularly chronic rhinosinusitis and upper airway disease, and gastroesophageal reflux, have been prominent in this population. Less common have been reports of sarcoidosis or interstitial pulmonary fibrosis. Pulmonary fibrosis and bronchiolitis are generally characterized by long latency, relatively slow progression, and a silent period with respect to pulmonary function during its evolution. For these reasons, the incidence of these outcomes may be underestimated and may increase overtime. The spectrum of chronic obstructive airways disease is broad in this population and may importantly include involvement at the bronchiolar level, manifested as small airways disease. Protocols that go beyond conventional screening pulmonary function testing and imaging may be necessary to identify these diseases in order to understand the underlying pathologic processes so that treatment can be most effective.

**Jordan H, Stellman S, Prezant D, et al. 2011.** *Sarcoidosis diagnosed after September 11, 2001, among adults exposed to the World Trade Center disaster.* *Journal of Occupational and Environmental Medicine.* 53:966–974.

<https://doi.org/10.1097/JOM.0b013e31822a3596>

**OBJECTIVE:** Explore relationships between WTC exposures and sarcoidosis. **METHODS:** Sarcoidosis has been reported after exposure to the WTC disaster. We ascertained biopsy-proven post-9/11 sarcoidosis among WTCHR enrollees. Cases diagnosed after Registry enrollment were included in a nested case-control study. Controls were matched to cases on age, sex, race or

ethnicity, and eligibility group (e.g., rescue or recovery worker). **RESULTS:** We identified 43 cases of post-9/11 sarcoidosis. Twenty-eight incident cases and 109 controls were included in the case-control analysis. Working on the WTC debris pile was associated with sarcoidosis (odds ratio 9.1, 95% confidence interval 1.1 to 74.0), but WTC dust cloud exposure was not (odds ratio 1.0, 95% confidence interval 0.4 to 2.8). **CONCLUSIONS:** Working on the WTC debris pile was associated with an elevated risk of post-9/11 sarcoidosis. Occupationally exposed workers may be at increased risk.

**Niles J, Webber M, Gustave J, et al. 2011.** *Comorbid trends in World Trade Center cough syndrome and probable posttraumatic stress disorder in firefighters.* *Chest.* 140(5):1146–1154.

<https://doi.org/10.1378/chest.10-2066>

**BACKGROUND:** We describe the relationship between WTC cough syndrome symptoms, pulmonary function, and symptoms consistent with probable PTSD in WTC-exposed firefighters in the first year post-September 11, 2001 (baseline), and 3 to 4 years later (follow-up). **METHODS:** Five thousand three hundred sixty-three firefighters completed pulmonary function tests (PFTs) and questionnaires at both times. Relationships among WTC cough syndrome, probable PTSD, and PFTs were analyzed using simple and multivariable models. We also examined the effects of cofactors, including WTC exposure. **RESULTS:** WTC cough syndrome was found in 1,561 firefighters (29.1%) at baseline and 1,186 (22.1%) at follow-up, including 559 with delayed onset (present only at follow-up). Probable PTSD was found in 458 firefighters (8.5%) at baseline and 548 (10.2%) at follow-up, including 343 with delayed onset. Baseline PTSD symptom

counts and probable PTSD were associated with WTC cough syndrome at baseline, at follow-up, and in those with delayed-onset WTC cough syndrome. Similarly, WTC cough syndrome symptom counts and WTC cough syndrome at baseline were associated with probable PTSD at baseline, at follow-up, and in those with delayed-onset probable PTSD. WTC arrival time and work duration were cofactors of both outcomes. A small but consistent association existed between pulmonary function and WTC cough syndrome, but none with PTSD. **CONCLUSIONS:** The study showed a moderate association between WTC cough syndrome and probable PTSD. The presence of one contributed to the likelihood of the other, even after adjustment for shared cofactors such as WTC exposure.

**Niles J, Webber M, Gustave J, et al. 2011.** *The impact of the World Trade Center attack on FDNY firefighter retirement, disabilities, and pension benefits.* American Journal of Industrial Medicine. 54(9):672–680.

<https://doi.org/10.1002/ajim.20965>

**BACKGROUND:** Our goal was to examine the effect of the WTC attack and subsequent New York City Fire Department (FDNY) rescue/recovery activities on firefighter retirements. We also analyzed the financial impact associated with the increased number and proportion of service-connected “accidental” disability retirements on the FDNY pension system. **METHODS:** A total of 7,763 firefighters retired between 9/11/1994 and 9/10/2008. We compared the total number of retirements and the number and proportion of accidental disability retirements 7 years before and 7 years after the WTC attack. We categorized WTC-related accidental disability retirements by medical cause and worked with the New York City Office

of the Actuary to approximate the financial impact by cause. **RESULTS:** In the 7 years before 9/11 there were 3,261 retirements, 48% (1,571) of which were accidental disability retirements. In the 7 years after 9/11, there were 4,502 retirements, 66% (2,970) were accidental disability retirements, of which 47% (1,402) were associated with WTC-related injuries or illnesses. After 9/11, the increase in accidental disability retirements was, for the most part, due to respiratory-related illnesses. Additional increases were attributed to psychological-related illnesses and musculoskeletal injuries incurred at the WTC site. Pension benefits associated with WTC-related accidental disability retirements have produced an increased financial burden of over \$826 million on the FDNY pension system. **CONCLUSIONS:** The WTC attacks affected the health of the FDNY workforce resulting in more post-9/11 retirements than expected, and a larger proportion of these retirees with accidental disability pensions.

**Soo J, Webber M, Gustave J, et al. 2011.** *Trends in probable PTSD in firefighters exposed to the World Trade Center disaster, 2001–2010.* Disaster Medicine and Public Health Preparedness. 5(S1):S197–S203.

<https://doi.org/10.1001/dmp.2011.48>

**OBJECTIVE:** We present the longest follow-up, to date, of probable PTSD after the 2001 terrorist attacks on the WTC in New York City firefighters who participated in the rescue/recovery effort. **METHODS:** We examined data from 11,006 WTC-exposed firefighters who completed 40,672 questionnaires and reported estimates of probable PTSD by year from serial cross-sectional analyses. In longitudinal analyses, we used separate Cox models with data beginning from October 2, 2001, to identify variables

associated with recovery from or delayed onset of probable PTSD. RESULTS: The prevalence of probable PTSD was 7.4% by September 11, 2010, and continued to be associated with early arrival at the WTC towers during every year of analysis. An increasing number of aerodigestive symptoms (hazard ratio [HR] 0.89 per symptom, 95% confidence interval [CI] 0.86–.93) and reporting a decrease in exercise, whether the result of health (HR 0.56 vs no change in exercise, 95% CI 0.41–.78) or other reasons (HR 0.76 vs no change in exercise, 95% CI 0.63–.92), were associated with a lower likelihood of recovery from probable PTSD. Arriving early at the WTC (HR 1.38 vs later WTC arrival, 95% CI 1.12–1.70), an increasing number of aerodigestive symptoms (HR 1.45 per symptom, 95% CI 1.40–1.51), and reporting an increase in alcohol intake since September 11, 2001 (HR 3.43 vs no increase in alcohol intake, 95% CI 2.67–4.43) were associated with delayed onset of probable PTSD. CONCLUSIONS: Probable PTSD continues to be associated with early WTC arrival even 9 years after the terrorist attacks. Concurrent conditions and behaviors, such as respiratory symptoms, exercise, and alcohol use also play important roles in contributing to PTSD symptoms.

**Weakley J, Webber M, Gustave J, et al. 2011.** *Trends in respiratory diagnoses and symptoms of firefighters exposed to the World Trade Center disaster: 2005–2010.* Preventive Medicine. 53(6):364–369.

<https://doi.org/10.1016/j.ypmed.2011.09.001>

OBJECTIVES: To compare the prevalence of self-reported respiratory diagnoses in WTC-exposed Fire Department of New York City firefighters to the prevalence in demographically similar National Health Interview Survey participants by year; and, 2)

to describe the prevalence of WTC- related symptoms up to 9 years post-9/11. METHODS: We analyzed 45,988 questionnaires completed by 10,999 firefighters from 10/2/2001 to 9/11/2010. For comparison of diagnosis rates, we calculated 95% confidence intervals around yearly firefighter prevalence estimates and generated odds ratios and confidence intervals to compare the odds of diagnoses in firefighters to the National Health Interview Survey prevalence, by smoking status. RESULTS: Overall, WTC- exposed firefighters had higher respiratory diagnosis rates than the National Health Interview Survey; Fire Department of New York City rates also varied less by smoking status. In 2009, bronchitis rates in firefighters aged 45–65 were 13.3 in smokers versus 13.1 in never-smokers while in the National Health Interview Survey, bronchitis rates were doubled for smokers: 4.3 vs. 2.1. In serial cross- sectional analyses, the prevalence of most symptoms stabilized by 2005, at ~10% for cough to ~48% for sinus. CONCLUSIONS: We found generally higher rates of respiratory diagnoses in WTC-exposed firefighters compared to US males, regardless of smoking status. This underscores the impact of WTC exposure and the need for continued monitoring and treatment of this population.

**Webber M, Glaser M, Weakley J, et al. 2011.** *Physician-diagnosed respiratory conditions and mental health symptoms 7–9 years following the World Trade Center disaster.* American Journal of Industrial Medicine. 54(9):661–671.

<https://doi.org/10.1002/ajim.20993>

BACKGROUND: This study examines the prevalence of physician-diagnosed respiratory conditions and mental health symptoms in firefighters and emergency medical

service workers up to 9 years after rescue/recovery efforts at the WTC. **METHODS:** We analyzed Fire Department of New York (FDNY) physician and self-reported diagnoses by WTC exposure and quintiles of pulmonary function (FEV1% predicted). We used screening instruments to assess probable PTSD and probable depression. **RESULTS:** FDNY physicians most commonly diagnosed asthma (8.8%) and sinusitis (9.7%). The highest prevalence of physician-diagnosed obstructive airway disease (OAD) was in the lowest FEV1% predicted quintile. Participants who arrived earliest on 9/11 were more likely to have physician-diagnosed asthma (OR=1.4). Seven percent had probable PTSD. 19.4% had probable depression. **CONCLUSIONS:** Self-reported and physician-diagnosed respiratory conditions remain common, especially among those who arrived earliest at the WTC site. OAD was associated with the lowest pulmonary function. Since respiratory and mental health conditions remain prevalent, ongoing monitoring and treatment is important.

**Webber M, Lee R, Soo J, et al. 2011.** *Prevalence and incidence of high risk for obstructive sleep apnea in World Trade Center-exposed rescue/recovery workers.* Sleep & Breathing. 15(3):283–294.

<https://doi.org/10.1007/s11325-010-0379-7>

**PURPOSE:** WTC-exposed rescue/recovery workers continue to have high rates of gastroesophageal reflux disease<sup>e</sup> (GERD), chronic rhinosinusitis, and PTSD symptoms. This study examines the relationship between these WTC-related conditions and being at high risk for obstructive sleep apnea (OSA). **MATERIALS AND METHODS:** The Fire Department of the City of New York (FDNY) performs periodic health evaluations on FDNY members every 12 to 18 months.

Evaluations consist of physician examinations and self-administered health questionnaires, which, since 2005, have incorporated questions about sleep problems that were adapted from the Berlin Questionnaire. The study population consisted of 11,701 male firefighters and emergency medical service personnel. Incidence analyses were limited to a cohort (n=4,576) who did not meet the criterion for being at high risk for OSA at baseline (between September 12, 2005 and September 8, 2006) and had at least one follow-up assessment, on average, 1.4 (+/- 0.5) years later. **RESULTS:** The baseline prevalence of high risk for OSA was 36.5%. By follow-up, 16.9% of those not at high risk initially became at high risk for OSA. In multivariable logistic regression models predicting incident high risk for OSA, independent predictors included: earlier time of arrival at the WTC site, GERD, chronic rhinosinusitis, PTSD symptoms, self-assessed fair/poor health, low body mass index (BMI < 18.5 kg/m<sup>2</sup>), and, as expected, BMI > 30 kg/m<sup>2</sup> and weight gain of >=10 lb (4.5 kg). **CONCLUSIONS:** We found significant associations between being at high risk for OSA and common WTC-related conditions, although the responsible causative mechanisms remain unknown. Since the etiology of OSA is likely multifactorial, improvement may require successful treatment of both OSA and its comorbid conditions.

**Zeig-Owens R, Webber M, Hall C, et al. 2011.** *Early assessment of cancer outcomes in New York City firefighters after the 9/11 attacks: an observational cohort study.* Lancet. 378(9794):898–905.

[https://doi.org/10.1016/S0140-6736\(11\)60989-6](https://doi.org/10.1016/S0140-6736(11)60989-6)

**BACKGROUND:** The attacks on the WTC on September 11, 2001, created the potential

for occupational exposure to known and suspected carcinogens. We examined cancer incidence and its potential association with exposure in the first seven years after 9/11 in firefighters with health information, before 9/11, and minimal loss to follow-up. METHODS: We assessed 9,853 men who were employed as firefighters on Jan 1, 1996. On and after 9/11, person-time for 8927 firefighters was classified as WTC-exposed; all person-time before 9/11, and person-time after 9/11 for 926 non-WTC-exposed firefighters, was classified as non-WTC-exposed. Cancer cases were confirmed by matches with state tumor registries or through appropriate documentation. We estimated the ratio of incidence rates in WTC-exposed firefighters to non-exposed firefighters, adjusted for age, race and ethnic origin, and secular trends, with the US National Cancer Institute Surveillance Epidemiology and End Results (SEER) reference population. CIs were estimated with over-dispersed Poisson models. Additional analyses included corrections for potential surveillance bias and modified cohort inclusion criteria. FINDINGS: Compared with the general male population in the USA with a similar demographic mix, the standardized incidence ratios (SIRs) of the cancer incidence in WTC-exposed firefighters was 1.10 (95% CI 0.98–1.25). When compared with non-exposed firefighters, the SIR of cancer incidence in WTC-exposed firefighters was 1.19 (95% CI 0.96–1.47) corrected for possible surveillance bias and 1.32 (1.07–1.62) without correction for surveillance bias. Secondary analyses showed similar effect sizes. INTERPRETATION: We reported a modest excess of cancer cases in the WTC-exposed cohort. We remain cautious in our interpretation of this finding because the time since 9/11 is short for cancer outcomes, and the reported excess of cancers is not limited to

specific organ types. As in any observational study, we cannot rule out the possibility that effects in the exposed group might be due to unidentified confounders. Continued follow-up will be important and should include cancer screening and prevention strategies. FUNDING: NIOSH.

## 2012 (4)

**Naveed B, Weiden M, Kwon S, et al. 2012.** *Metabolic syndrome biomarkers predict lung function impairment: a nested case-control study.* American Journal of Respiratory and Critical Care Medicine. 185(4):392–399.

<https://doi.org/10.1164/rccm.201109-1672OC>

RATIONALE: Cross-sectional studies demonstrate an association between metabolic syndrome and impaired lung function. OBJECTIVES: To determine if metabolic syndrome biomarkers are risk factors for loss of lung function after irritant exposure. METHODS: A nested case-control study of Fire Department of New York personnel with normal pre-September 11th FEV(1) and who presented for subspecialty pulmonary evaluation before March 10, 2008. We correlated metabolic syndrome biomarkers obtained within 6 months of WTC dust exposure with subsequent FEV(1). FEV(1) at subspecialty pulmonary evaluation within 6.5 years defined disease status; cases had FEV(1) less than lower limit of normal, whereas control subjects had FEV(1) greater than or equal to lower limit of normal. MEASUREMENTS AND MAIN RESULTS: Clinical data and serum sampled at the first monitoring examination within 6 months of September 11, 2001, assessed body mass index, heart rate, serum glucose, triglycerides and high-density lipoprotein (HDL), leptin, pancreatic polypeptide, and amylin. Cases and control subjects had significant differences in HDL less than

40 mg/dl with triglycerides greater than or equal to 150 mg/dl, heart rate greater than or equal to 66 bpm, and leptin greater than or equal to 10,300 pg/ml. Each increased the odds of abnormal FEV(1) at pulmonary evaluation by more than twofold, whereas amylin greater than or equal to 116 pg/ml decreased the odds by 84%, in a multibiomarker model adjusting for age, race, body mass index, and WTC arrival time. This model had a sensitivity of 41%, a specificity of 86%, and a receiver operating characteristic area under the curve of 0.77. CONCLUSIONS: Abnormal triglycerides and HDL and elevated heart rate and leptin are independent risk factors of greater susceptibility to lung function impairment after September 11, 2001, whereas elevated amylin is protective. Metabolic biomarkers are predictors of lung disease, and may be useful for assessing risk of impaired lung function in response to particulate inhalation.

**Nolan A, Naveed B, Comfort A, et al. 2012.** *Inflammatory biomarkers predict airflow obstruction after exposure to World Trade Center dust.* Chest. 142:412–418.

<https://doi.org/10.1378/chest.11-1202>

BACKGROUND: The WTC collapse on September 11, 2001, produced airflow obstruction in a majority of firefighters receiving subspecialty pulmonary evaluation (SPE) within 6.5 years post- September 11, 2001. METHODS: In a cohort of 801 never smokers with normal pre-September 11, 2001, FEV1, we correlated inflammatory biomarkers and CBC counts at monitoring entry within 6 months of September 11, 2001, with a median FEV(1) at SPE (34 months; interquartile range, 25–57). Cases of airflow obstruction had FEV(1) less than the lower limit of normal (LLN) (100 of 801; 70 of 100 had serum), whereas control subjects had FEV(1) greater

than or equal to LLN (153 of 801; 124 of 153 had serum). RESULTS: From monitoring entry to SPE years later, FEV(1) declined 12% in cases and increased 3% in control subjects. Case subjects had elevated serum macrophage derived chemokine (MDC), granulocyte-macrophage colony-stimulating factor (GM-CSF), granulocyte colony-stimulating factor, and interferon inducible protein-10 levels. Elevated GM-CSF and MDC increased the risk for subsequent FEV(1) less than LLN by 2.5-fold (95% CI, 1.2–5.3) and 3.0-fold (95% CI, 1.4–6.1) in a logistic model adjusted for exposure, BMI, age on September 11, 2001, and polymorphonuclear neutrophils. The model had sensitivity of 38% (95% CI, 27–51) and specificity of 88% (95% CI, 80–93). CONCLUSIONS: Inflammatory biomarkers can be risk factors for airflow obstruction following dust and smoke exposure. Elevated serum GM-CSF and MDC levels soon after WTC exposure were associated with increased risk of airflow obstruction in subsequent years. Biomarkers of inflammation may help identify pathways producing obstruction after irritant exposure.

**Soo J, Webber M, Hall C, et al. 2012.** *Pulmonary function predicting confirmed recovery from lower- respiratory symptoms in World Trade Center-exposed firefighters, 2001 to 2010.* Chest. 142(5):1244–1250.

<https://doi.org/10.1378/chest.11-2210>

BACKGROUND: We examined the relationship between pulmonary function (FEV 1 ) and confirmed recovery from three lower-respiratory symptoms (LRSs) (cough, dyspnea, and wheeze) up to 9 years after symptom onset. METHODS: The study included white and black male WTC- exposed firefighters who reported at least one LRS on a medical monitoring examination during

the first year after September 11, 2001. Confirmed recovery was defined as reporting no LRSs on two consecutive and all subsequent examinations. FEV 1 was assessed at the first post-September 11, 2001, examination and at each examination where symptom information was ascertained. We used stratified Cox regression models to analyze FEV 1, WTC exposure, and other variables in relation to confirmed symptom recovery. RESULTS: A total of 4,368 firefighters met inclusion criteria and were symptomatic at year 1, of whom 1,592 (36.4%) experienced confirmed recovery. In univariable models, first post-September 11, 2001, concurrent, and difference between first post-September 11, 2001, and concurrent FEV 1 values were all significantly associated with confirmed recovery. In adjusted analyses, both first post-September 11, 2001, FEV 1 (hazard ratio [HR], 1.07 per 355-mL difference; 95% CI, 1.04–1.10) and FEV 1% predicted (HR, 1.08 per 10% predicted difference; 95% CI, 1.04–1.12) predicted confirmed recovery. WTC exposure had an inverse association with confirmed recovery in the model with FEV 1, with the earliest arrival group less likely to recover than the latest arrival group (HR, 0.73; 95% CI, 0.58–0.92). CONCLUSIONS: Higher FEV 1 and improvement in FEV 1 after September 11, 2001, predicted confirmed LRS recovery, supporting a physiologic basis for recovery and highlighting consideration of spirometry as part of any post exposure respiratory health assessment.

**Weiden M, Naveed B, Kwon S, et al. 2012.**

*Comparison of WTC dust size on macrophage inflammatory cytokine release in vivo and in vitro.* PLoS One. 7(7):e40016.

<https://doi.org/10.1371/journal.pone.0040016>

BACKGROUND: The WTC collapse exposed over 300,000 people to high concentrations

of WTC-PM; particulates up to approximately 50 mm were recovered from rescue workers' lungs. Elevated MDC and GM-CSF independently predicted subsequent lung injury in WTC-PM-exposed workers. Our hypotheses are that components of WTC dust strongly induce GM-CSF and MDC in AM; and that these two risk factors are in separate inflammatory pathways. METHODOLOGY/ PRINCIPAL FINDINGS: Normal adherent AM from 15 subjects without WTC-exposure were incubated in media alone, LPS 40 ng/mL, or suspensions of WTC-PM(10–53) or WTC-PM(2.5) at concentrations of 10, 50 or 100 microg/mL for 24 hours; supernatants assayed for 39 chemokines/cytokines. In addition, sera from WTC-exposed subjects who developed lung injury were assayed for the same cytokines. In the in vitro studies, cytokines formed two clusters with GM-CSF and MDC as a result of PM(10–53) and PM(2.5). GM-CSF clustered with IL-6 and IL-12(p70) at baseline, after exposure to WTC-PM(10–53) and in sera of WTC dust-exposed subjects (n=70) with WTC lung injury. Similarly, MDC clustered with GRO and MCP-1. WTC-PM(10–53) consistently induced more cytokine release than WTC-PM(2.5) at 100 microg/mL. Individual baseline expression correlated with WTC-PM-induced GM-CSF and MDC. CONCLUSIONS: WTC-PM(10–53) induced a stronger inflammatory response by human AM than WTC-PM(2.5). This large particle exposure may have contributed to the high incidence of lung injury in those exposed to particles at the WTC site. GM-CSF and MDC consistently cluster separately, suggesting a role for differential cytokine release in WTC-PM injury. Subject-specific response to WTC-PM may underlie individual susceptibility to lung injury after irritant dust exposure.

## 2013 (6)

**Aldrich T, Ye F, Hall C, et al. 2013.** *Longitudinal pulmonary function in newly hired, non- World Trade Center-exposed fire department City of New York firefighters: the first 5 years.* *Chest.* 143(3):791–797.

<https://doi.org/10.1378/chest.12-0675>

**BACKGROUND:** Few longitudinal studies characterize firefighters' pulmonary function. We sought to determine whether firefighters have excessive FEV (1) decline rates compared with control subjects. **METHODS:** We examined serial measurements of FEV(1) from about 6 months pre hire to approximately 5 years post hire in newly hired male, never smoking, non- Hispanic black and white firefighters, hired between 2003 and 2006, without prior respiratory disease or WTC exposure. Similarly defined Emergency Medical Service (EMS) workers served as control subjects. **RESULTS:** Through June 30, 2011, 940 firefighters (82%) and 97 EMS workers (72%) who met study criteria had four or more acceptable post hire spirometries. Pre hire FEV(1) averaged higher for firefighters than EMS workers (99% vs 95%), reflecting more stringent job entry criteria. FEV(1) (adjusted for baseline age and height) declined by an average of 45 mL/y both for firefighters and EMS workers, with Fire 2 EMS decline rate differences averaging 0.2 mL/y (CI, 2 9.2 to 9.6). Four percent of each group had FEV(1) less than the lower limit of normal before hire, increasing to 7% for firefighters and 17.5% for EMS workers, but similar percentages of both groups had adjusted FEV(1) decline rates 10%. Mixed effects modeling showed a significant influence of weight gain but not baseline weight: FEV(1) declined by about 8 mL/kg gained for both groups. Adjusting for weight change, FEV(1) decline averaged 38 mL/y for firefighters and

34 mL/y for EMS workers. **CONCLUSIONS:** During the first 5 years of duty, firefighters do not show greater longitudinal FEV(1) decline than EMS control subjects, and fewer of them develop abnormal lung function. Weight gain is associated with a small loss of lung function, of questionable clinical relevance in this fit and active population.

**Cho S, Nolan A, Echevarria G, et al. 2013.** *Chitotriosidase is a biomarker for the resistance to World Trade Center lung injury in New York City firefighters.* *Journal of Clinical Immunology.* 33(6):1134–1142.

<https://doi.org/10.1007/s10875-013-9913-2>

**PURPOSE:** WTC exposure caused airflow obstruction years after exposure. Chitinases and IgE are innate and humoral mediators of obstructive airway disease. We investigated if serum expression of chitinases and IgE early after WTC exposure predicts subsequent obstruction. **METHODS:** With a nested case-control design, 251 FDNY personnel had chitotriosidase, YKL-40 and IgE measured in serum drawn within months of 9/11/2001. The main outcome was subsequent Forced Expiratory Volume after 1 second/Forced Vital Capacity (FEV1/FVC) less than the lower limit of normal (LLN). Cases (N=125) had abnormal FEV1/FVC whereas controls had normal FEV1/FVC (N= 126). In a secondary analysis, resistant cases (N=66) had FEV1 (>=107%) one standard deviation above the mean. Logistic regression adjusted for age, BMI, exposure intensity and post-exposure FEV1/FVC modeled the association between early biomarkers and later lung function. **RESULTS:** Cases and Controls initially lost lung function. Controls recovered to pre- 9/11 FEV1 and FVC while cases continue to decline. Cases expressed lower serum chitotriosidase and higher IgE levels. Increase in IgE increased the odds of



airflow obstruction and decreased the odds of above average FEV1. Alternately, increasing chitotriosidase decreased the odds of abnormal FEV1/FVC and increased the odds of FEV1  $\geq 107\%$ . Serum YKL-40 was not associated with FEV1/FVC or FEV1 in this cohort. CONCLUSIONS: Increased serum chitotriosidase reduces the odds of developing obstruction after WTC- particulate matter exposure and is associated with recovery of lung function. Alternately, elevated IgE is a risk factor for airflow obstruction and progressive lung function decline.

**Kwon S, Weiden M, Echevarria G, et al. 2013.** *Early elevation of serum MMP-3 and MMP-12 predicts protection from World Trade Center-lung injury in New York City firefighters: A nested case-control study.* PLoS One. 8(10):e76099.

<https://doi.org/10.1371/journal.pone.0076099>

OBJECTIVE: After 9/11/2001, some Fire Department of New York (FDNY) workers had excessive lung function decline. We hypothesized that early serum matrix metalloproteinases (MMP) expression predicts World Trade Center-Lung Injury (WTC-LI) years later. METHODS: This is a nested case-control analysis of never-smoking male firefighters with normal pre-exposure Forced Expiratory Volume in one second (FEV1) who had serum drawn up to 155 days post 9/11/2001. Serum MMP1, 2,3,7,8, 9, 12 and 13 were measured. Cases of WTC-LI (N=70) were defined as having an FEV1 one standard deviation below the mean (FEV1  $\leq 77\%$ ) at subspecialty pulmonary evaluation (SPE) which was performed 32 months (IQR 21–53) post9/11. Controls (N=123) were randomly selected. We modeled MMP's ability as a predictor of cases status with logistic regression adjusted for time to blood draw,

exposure intensity, weight gain and pre-9/11 FEV1. RESULTS: Each log-increase in MMP-3 and MMP-12 showed reduced odds of developing WTC- LI by 73% and 54% respectively. MMP-3 and MMP-12 consistently clustered together in cases, controls, and the cohort. Increasing time to blood draw significantly and independently increased the risk of WTC-LI. CONCLUSIONS: Elevated serum levels of MMP-3 and MMP-12 reduce the risk of developing WTC-LI. At any level of MMP-3 or 12, increased time to blood draw is associated with a diminished protective effect.

**Niles J, Webber M, Cohen H, et al. 2013.** *The respiratory pyramid: From symptoms to disease in World Trade Center exposed firefighters.* American Journal of Industrial Medicine. 56(8):870–880.

<https://doi.org/10.1002/ajim.22171>

BACKGROUND: This study utilizes a four-level pyramid framework to understand the relationship between symptom reports and/or abnormal pulmonary function and diagnoses of airway diseases (AD), including asthma, recurrent bronchitis and COPD/emphysema in WTC-exposed firefighters. We compare the distribution of pyramid levels at two time-points: by 9/11/2005 and by 9/11/2010. METHODS: We studied 6,931 WTC-exposed FDNY firefighters who completed a monitoring exam during the early period and at least two additional follow-up exams 9/11/2005–9/11/2010. RESULTS: By 9/11/2005 the pyramid structure was as follows: 4,039 (58.3%) in Level 1, no respiratory evaluation or treatment; 1,608 (23.2%) in Level 2, evaluation or treatment without AD diagnosis; 1,005 (14.5%) in Level 3, a single AD diagnosis (asthma, emphysema/COPD, or recurrent bronchitis); 279 (4.0%) in Level 4, asthma and another AD. By 9/11/2010, the pyramid distribution changed considerably,

with Level 1 decreasing to 2,612 (37.7% of the cohort), and Levels 3 (N=1,530) and 4 (N=796) increasing to 22.1% and 11.5% of the cohort, respectively. Symptoms, spirometry measurements and healthcare utilization were associated with higher pyramid levels. CONCLUSIONS: Respiratory diagnoses, even four years after a major inhalation event, are not the only drivers of future healthcare utilization. Symptoms and abnormal FEV-1 values must also be considered if clinicians and healthcare administrators are to accurately anticipate future treatment needs, years after initial exposure.

**Weakley J, Webber M, Ye F, et al. 2013.** *Agreement between obstructive airways disease diagnoses from self-report questionnaires and medical records.* Preventive Medicine. 57(1):38–42.

<https://doi.org/10.1016/j.ypmed.2013.04.001>

**OBJECTIVE:** To evaluate agreement between self-reported obstructive airways disease (OAD) diagnoses of asthma, bronchitis, and chronic obstructive pulmonary disease (COPD)/emphysema obtained from the New York City Fire Department (FDNY) monitoring questionnaires with physician diagnoses from FDNY medical records. **METHOD:** We measured sensitivity, specificity, and agreement between self-report and physician OAD diagnoses in FDNY members enrolled in the WTC monitoring program who completed a questionnaire between 8/2005–1/2012. Using logistic models, we identified characteristics of those who self-report a physician diagnosis that is also reported by FDNY physicians. **RESULTS:** 20.3% of the study population (N=14,615) self-reported OAD, while 15.1% received FDNY physician OAD diagnoses. Self-reported asthma had the highest sensitivity (68.7%) and overall agreement

(91.9%) between sources. Non-asthma OAD had the lowest sensitivity (32.1%). Multivariate analyses showed that among those with an OAD diagnosis from FDNY medical records, inhaler use (OR=4.90, 95% CI=3.84–6.26) and respiratory symptoms (OR=1.55 [95% CI=1.25–1.92]-1.77 [95% CI=1.37–2.27]) were associated with self-reported OAD diagnoses. **CONCLUSION:** Among participants in the WTC monitoring program, sensitivity for self-reported OAD diagnoses ranges from good to poor and improves by considering inhaler use. These findings highlight the need for improved patient communication and education, especially for bronchitis or COPD/emphysema.

**Weiden M, Naveed B, Kwon S, et al. 2013.** *Cardiovascular biomarkers predict susceptibility to lung injury in World Trade Center dust-exposed firefighters.* The European Respiratory Journal. 2013;41:1023–1030.

<https://doi.org/10.1183/09031936.00077012>

Pulmonary vascular loss is an early feature of chronic obstructive pulmonary disease. Biomarkers of inflammation and of metabolic syndrome predict loss of lung function in WTC lung injury (LI). We investigated if other cardiovascular disease (CVD) biomarkers also predicted WTC-LI. This nested case-cohort study used 801 never-smoker, WTC-exposed firefighters with normal pre-9/11 lung function presenting for subspecialty pulmonary evaluation (SPE) before March 2008. A representative subcohort of 124 out of 801 subjects with serum drawn within 6 months of 9/11 defined CVD biomarker distribution. Post-9/11 forced expiratory volume in 1 s (FEV1) at defined cases were as follows: susceptible WTC-LI cases with FEV1  $\leq$ 77% predicted (66 out of 801) and resistant WTC-LI cases with FEV1  $>$ 77% predicted (68

out of 801). All models were adjusted for WTC exposure intensity, body mass index at SPE, age on 9/11 and pre-9/11 FEV1. Susceptible WTC-LI cases had higher levels of apolipoprotein-AII, C-reactive protein and macrophage inflammatory protein-4 with significant relative risks (RRs) of 3.85, 3.93 and 0.26, respectively, with an area under the curve (AUC) of 0.858. Resistant WTC-LI cases had significantly higher soluble vascular cell adhesion molecule and lower myeloperoxidase, with RRs of 2.24 and 2.89, respectively (AUC 0.830). Biomarkers of CVD in serum 6 months post-9/11 predicted either susceptibility or resistance to WTC-LI. These biomarkers may define pathways either producing or protecting subjects from pulmonary vascular disease and associated loss of lung function after an irritant exposure.

## 2014 (8)

**Cho S, Echevarria G, Kwon S, et al. 2014.**

*One airway: Biomarkers of protection from upper and lower airway injury after World Trade Center exposure.* *Respiratory Medicine.* 108(1):162–170.

<https://doi.org/10.1016/j.rmed.2013.11.002>

**BACKGROUND:** Firefighters exposed to WTC dust have developed chronic rhinosinusitis (CRS) and abnormal forced expiratory volume in 1 s (FEV1). Overlapping but distinct immune responses may be responsible for the clinical manifestations of upper and lower airway injury. We investigated whether a panel of inflammatory cytokines, either associated or not associated with WTC-LI, can predict future chronic rhinosinusitis disease and its severity. **METHODS:** Serum obtained within six months of 9/11/2001 from 179 WTC exposed firefighters presenting for subspecialty evaluation prior to 3/2008

was assayed for 39 cytokines. The main outcomes were medically managed CRS (N= 62) and more severe CRS cases requiring sinus surgery (N=14). We tested biomarker-CRS severity association using ordinal logistic regression analysis. **RESULTS:** Increasing serum IL-6, IL-8, GRO and neutrophil concentration reduced the risk of CRS progression. Conversely, increasing TNF-alpha increased the risk of progression. In a multivariable model adjusted for exposure intensity, increasing IL-6, TNF-alpha and neutrophil concentration remained significant predictors of progression. Elevated IL-6 levels and neutrophil counts also reduced the risk of abnormal FEV1 but in contrast to CRS, increased TNF-alpha did not increase the risk of abnormal FEV1. **CONCLUSIONS:** Our study demonstrates both independent and overlapping biomarker associations with upper and lower respiratory injury, and suggests that the innate immune response may play a protective role against CRS and abnormal lung function in those with WTC exposure.

**Cho S, Echevarria G, Lee Y, et al. 2014.** *YKL-40 is a protective biomarker for fatty liver in World Trade Center particulate matter-exposed firefighters.* *Journal of Molecular Biomarkers & Diagnosis.* 5:174.

<https://doi.org/10.4172/2155-9929.1000174>

**BACKGROUND:** Serum biomarkers of metabolic syndrome predict abnormal lung function in World Trade Center particulate matter (WTC-PM)-exposed Fire Department of New York (FDNY) rescue workers. In animal models, exposure to ambient PM induces non-alcoholic fatty liver disease (NAFLD), a well-known comorbidity of metabolic syndrome. YKL-40 is an inflammatory biomarker for both liver and lung disease. We tested if YKL40 is a biomarker for NAFLD in this dust- exposed cohort. **METHODS:** Using a

nested case-control design, we studied 131 FDNY personnel who had Computer Tomography performed within 5 years post 9/11. NAFLD was defined by a liver/spleen attenuation ratio of  $\leq 1$ . Serum biomarkers, lipid panel and liver function were measured in serum that had been drawn within 6 months of September 11, 2001. YKL-40 and chitotriosidase were assayed by ELISA. We tested biomarker and NAFLD association using logistic regression adjusted for age, BMI, and post-911 lung function. RESULTS: NAFLD was present in 29/131 (22%) of the cohort. In a multivariable model increasing YKL-40 was protective while increasing triglyceride and alkaline phosphatase were risk factors for NAFLD. CONCLUSIONS: Increased YKL-40 is a protective biomarker in non-alcoholic fatty liver disease. Further studies may reveal a link between PM-induced lung and liver diseases.

**Glaser M, Shah N, Webber M, et al. 2014.** *Obstructive sleep apnea and World Trade Center exposure.* Journal of Occupational and Environmental Medicine. 56(S10):S30–S40.

<https://doi.org/10.1097/JOM.0000000000000283>

OBJECTIVES: To describe the proportion of at risk WTC-exposed rescue/recovery workers with polysomnogram-confirmed obstructive sleep apnea (OSA) and examine the relationship between WTC exposures, physician-diagnosed gastroesophageal reflux disease (GERD), and rhinosinusitis and OSA. METHODS: A total of 636 male participants completed polysomnography from September 24, 2010, to September 23, 2012. Obstructive sleep apnea was classified as mild, moderate, or severe. Associations were tested using nominal polytomous logistic regression. RESULTS: Eighty-one percent of workers were diagnosed with OSA. Using logistic regression models, severe OSA

was associated with WTC exposure on September 11, 2001 (odds ratio, 1.91; 95% confidence interval, 1.15 to 3.17), GERD (odds ratio, 2.75; 95% confidence interval, 1.33 to 5.70), and comorbid GERD/rhinosinusitis (odds ratio, 2.31; 95% confidence interval, 1.22 to 4.40). CONCLUSIONS: We found significant associations between severe OSA and WTC exposure, and with diseases prevalent in this population. Accordingly, we recommend clinical evaluation, including polysomnography, for patients with high WTC exposure, other OSA risk factors, and a physician diagnosis of GERD or comorbid GERD and rhinosinusitis.

**Niles J, Webber M, Liu X, et al. 2014.** *The upper respiratory pyramid: early factors and later treatment utilization in World Trade Center exposed firefighters.* American Journal of Industrial Medicine. 57(8):857–865.

<https://doi.org/10.1002/ajim.22326>

BACKGROUND: We investigated early post 9/11 factors that could predict rhinosinusitis healthcare utilization costs up to 11 years later in 8,079 WTC-exposed rescue/recovery workers. METHODS: We used bivariate and multivariate analytic techniques to investigate utilization outcomes; we also used a pyramid framework to describe rhinosinusitis healthcare groups at early (by 9/11/2005) and late (by 9/11/2012) time points. RESULTS: Multivariate models showed that pre9/11/2005 chronic rhinosinusitis diagnoses and nasal symptoms predicted final year healthcare utilization outcomes more than a decade after WTC exposure. The relative proportion of workers on each pyramid level changed significantly during the study period. CONCLUSIONS: Diagnoses of chronic rhinosinusitis within 4 years of a major inhalation event only partially explain future healthcare utilization. Exposure intensity,

early symptoms and other factors must also be considered when anticipating future healthcare needs.

**Nolan A, Kwon S, Cho S, et al. 2014.** *MMP-2 and TIMP-1 predict healing of WTC-lung injury in New York City firefighters.* *Respiratory Research.* 15:5.

<https://doi.org/10.1186/1465-9921-15-5>

**RATIONALE:** After 9/11/2001, most FDNY workers had persistent lung function decline but some exposed workers recovered. We hypothesized that the protease/anti-protease balance in serum soon after exposure predicts subsequent recovery. **METHODS:** We performed a nested case-control study measuring biomarkers in serum drawn before 3/2002 and subsequent forced expiratory volume at one second (FEV1) on repeat spirometry before 3/2008. Serum was assayed for matrix metalloproteinases (MMP-1,2,3,7,8,9,12 and 13) and tissue inhibitors of metalloproteinases (TIMP-1,2,3,4). The representative sub-cohort defined analyte distribution and a concentration above 75th percentile defined elevated biomarker expression. An FEV1 one standard deviation above the mean defined resistance to airway injury. Logistic regression was adjusted for pre-9/11 FEV1, BMI, age and exposure intensity modeled the association between elevated biomarker expression and above average FEV1. **RESULTS:** FEV1 in cases and controls declined 10% of after 9/11/2001. Cases subsequently returned to 99% of their pre-exposure FEV1 while decline persisted in controls. Elevated TIMP-1 and MMP-2 increased the odds of resistance by 5.4 and 4.2 fold while elevated MMP-1 decreased it by 0.27 fold. **CONCLUSIONS:** Resistant cases displayed healing, returning to 99% of pre-exposure values. High TIMP-1 and MMP-2 predict healing. MMP/TIMP

balance reflects independent pathways to airway injury and repair after WTC exposure.

**Schenck E, Echevarria G, Girvin F, et al. 2014.** *Enlarged pulmonary artery is predicted by vascular injury biomarkers and is associated with WTC-Lung Injury in exposed fire fighters: a case-control study.* *BMJ Open.* 4(9):e005575.

<https://doi.org/10.1136/bmjopen-2014-005575>

**OBJECTIVES:** We hypothesise that there is an association between an elevated pulmonary artery/aorta (PA/A) and World Trade Center-Lung Injury (WTC-LI). We assessed if serum vascular disease biomarkers were predictive of an elevated PA/A. **DESIGN:** Retrospective case-cohort analysis of thoracic CT scans of WTC- exposed firefighters who were symptomatic between 9/12/2001 and 3/10/2008. Quantification of vascular-associated biomarkers from serum collected within 200 days of exposure. **SETTING:** Urban tertiary care centre and occupational healthcare centre. **PARTICIPANTS:** Male never-smoking firefighters with accurate pre-9/11 forced expiratory volume in 1 s (FEV1)  $\geq 75\%$ , serum sampled  $\leq 200$  days of exposure was the baseline cohort (n=801). A subcohort (n=97) with available CT scans and serum biomarkers was identified. WTC-LI was defined as FEV1  $\leq 77\%$  at the subspecialty pulmonary evaluation (n=34) and compared with controls (n=63) to determine the associated PA/A ratio. The subcohort was restratified based on PA/A  $\geq 0.92$  (n=38) and PA/A  $< 0.92$  (n=59) to determine serum vascular biomarkers that were predictive of this vasculopathy. **OUTCOME MEASURES:** The primary outcome of this study was to identify a PA/A ratio in a cohort of individuals exposed to WTC dust that was associated with WTC-LI. The secondary outcome was to identify serum biomarkers

predictive of the PA/A ratio using logistic regression. RESULTS: PA/A  $\geq$  0.92 was associated with WTC-LI, OR of 4.02 (95% CI 1.21 to 13.41;  $p=0.023$ ) when adjusted for exposure, body mass index and age at CT. Elevated macrophage derived chemokine and soluble endothelial selectin were predictive of PA/A  $\geq$  0.92, (OR, 95% CI 2.08, 1.05 to 4.11,  $p=0.036$ ; 1.33, 1.06 to 1.68,  $p=0.016$ , respectively), while the increased total plasminogen activator inhibitor 1 was predictive of not having PA/A  $\geq$  0.92 (OR 0.88, 0.79 to 0.98;  $p=0.024$ ). CONCLUSIONS: Elevated PA/A was associated with WTC-LI. Development of an elevated PA/A was predicted by biomarkers of vascular disease found in serum drawn within 6 months of WTC exposure. Increased PA/A is a potentially useful non-invasive biomarker of WTC-LI and warrants further study.

**Tsukiji J, Cho S, Echevarria G, et al. 2014.** *Lysophosphatidic acid and apolipoprotein A1 predict increased risk of developing World Trade Center-lung injury: a nested case-control study.* *Biomarkers.* 19(2):159–165.

<https://doi.org/10.3109/1354750X.2014.891047>

RATIONALE: Metabolic syndrome, inflammatory and vascular injury markers measured in serum after WTC exposures predict abnormal FEV1. We hypothesized that elevated LPA levels predict FEV1 < LLN. METHODS: Nested case-control study of WTC-exposed firefighters. Cases had FEV1 < LLN. Controls derived from the baseline cohort. Demographics, pulmonary function, serum lipids, LPA and ApoA1 were measured. RESULTS: LPA and ApoA1 levels were higher in cases than controls and predictive of case status. LPA increased the odds by 13% while ApoA1 increased the odds by 29% of an FEV1 < LLN in a multivariable model. CONCLUSIONS: Elevated LPA and ApoA1 are

predictive of a significantly increased risk of developing an FEV1 < LLN.

**Weakley J, Webber M, Ye F, et al. 2014.** *Agreement between upper respiratory diagnoses from self-report questionnaires and medical records in an occupational health setting.* *American Journal of Industrial Medicine.* 57(10):1181–1187.

<https://doi.org/10.1002/ajim.22353>

BACKGROUND: The FDNY-WTC Health Program monitors and treats WTC-related illnesses through regular physical exams, self-administered health questionnaires and treatment visits, as indicated. METHODS: We measured PPVs and NPVs of self-reported diagnoses of GERD and rhinosinusitis from the health questionnaires in relation to FDNY physician diagnoses from the medical record. RESULTS: Self-reported GERD had PPV and NPV of 54.0% and 95.7%, respectively; for rhinosinusitis, the PPV and NPV were 48.2% and 91.9%. These characteristics improved considerably (PPV 78.0% GERD and PPV 76.5% rhinosinusitis) in a subpopulation receiving medications from the FDNY-WTC Health Program. CONCLUSION: The PPV of self-reported diagnoses demonstrates only modest value in predicting physician diagnoses, although high NPVs suggest benefit in ruling out disease. In subgroups selected for their higher disease prevalence, self-reported diagnoses may be considerably more useful.

## 2015 (2)

**Loupasakis K, Berman J, Jaber N, et al. 2015.** *Refractory sarcoid arthritis in World Trade Center-exposed New York City firefighters: A case series.* *Journal of Clinical Rheumatology: Practical Reports on Rheumatic &*

Musculoskeletal Diseases. 21(1):19–23.

<https://doi.org/10.1097/RHU.0000000000000185>

**OBJECTIVE:** The objective of this study was to describe cases of sarcoid arthritis in fire-fighters from the FDNY who worked at the WTC site. **METHODS:** All WTC- exposed FDNY firefighters with sarcoidosis and related chronic inflammatory arthritis (n=11) are followed jointly by the FDNY-WTC Health Program and the Rheumatology Division at the Hospital for Special Surgery. Diagnoses of sarcoidosis were based on clinical, radiographic, and pathological criteria. Patient characteristics, WTC exposure information, smoking status, date of diagnosis, and pulmonary findings were obtained from FDNY-WTC database. Joint manifestations (symptoms and duration, distribution of joints involved), radiographic findings, and treatment responses were obtained from chart review. **RESULTS:** Nine of sixty FDNY firefighters who developed sarcoidosis since September 11, 2001, presented with poly-articular arthritis. Two others diagnosed pre-September 11, 2001, developed sarcoid arthritis after WTC exposure. All 11 were never cigarette smokers, and all performed rescue/recovery at the WTC site within three days of the attacks. All had biopsy- proven pulmonary sarcoidosis, and all required additional disease-modifying antirheumatic drugs for adequate control (stepwise progression from hydroxychloroquine to methotrexate to anti- tumor necrosis factor alpha agents) of their joint manifestations. **CONCLUSIONS:** Chronic inflammatory poly-arthritis appears to be an important manifestation of sarcoidosis in FDNY firefighters with sarcoidosis and WTC exposure. Their arthritis is chronic and, unlike arthritis in non-WTC-exposed sarcoid patients, inadequately responsive to conventional oral

disease-modifying antirheumatic drugs, often requiring anti-tumor necrosis factor alpha agents. Further studies are needed to determine the generalizability of these findings to other groups with varying levels of WTC exposure or with other occupational/ environmental exposures.

**Webber M, Moir W, Zeig-Owens R, et al. 2015.** *Nested case-control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers.* Arthritis & Rheumatology. 67(5):1369–76.

<https://doi.org/10.1002/art.39059>

**OBJECTIVE:** To test the *a priori* hypothesis that acute and chronic work exposures to the WTC site on or after September 11, 2001, were associated with risk of new-onset systemic autoimmune diseases. **METHODS:** A nested case- control study was performed in WTC rescue/ recovery workers who had received a rheumatologist-confirmed systemic autoimmune disease diagnosis between September 12, 2001, and September 11, 2013 (n=59), each of whom was individually matched to four randomly selected controls (n=236) on the basis of year of hire (+/-1 year), sex, race, and work assignment (fire-fighter or emergency medical service). Acute exposure was defined according to the earliest time of arrival (morning of 9/11 versus later) at the WTC site, and chronic exposure was defined as duration (number of months) of WTC site-related work. Rheumatologists were blinded with regard to each subject's exposure status. The conditional odds ratios (CORs) with 95% confidence intervals (95% CIs) for incident autoimmune disease were derived from exact conditional logistic regression models. **RESULTS:** Rheumatoid arthritis was the most common autoimmune diagnosis (37% of subjects), followed by spondyloarthritis (22%), inflammatory

myositis (14%), systemic lupus erythematosus (12%), systemic sclerosis (5%), Sjogren's syndrome (5%), antiphospholipid syndrome (3%), and granulomatosis with polyangiitis (Wegener's) (2%). The COR for incident autoimmune disease increased by 13% (COR 1.13, 95% CI 1.02–1.26) for each additional month worked at the WTC site. These odds were independent of the association between high acute exposure (working during the morning of 9/11) and disease outcome, which conveyed an elevated, but not statistically significant, risk (COR 1.85, 95% CI 0.86–3.89). CONCLUSION: Prolonged work at the WTC site, independent of acute exposure, was an important predictor of post-9/11 systemic autoimmune diseases. The WTC Health Program should expand surveillance efforts for those with extended exposures as early detection can facilitate early treatment, which has been shown to minimize organ damage and improve quality of life.

## 2016 (15)

**Aldrich T, Vossbrinck M, Zeig-Owens R, et al. 2016.** *Lung function trajectories in WTC-exposed NYC firefighters over 13 years: the roles of smoking and smoking cessation.* *Chest.* 149(6):1419–27.

<https://doi.org/10.1016/j.chest.2015.10.067>

BACKGROUND: WTC-exposed Fire Department of the City of New York (FDNY) firefighters lost, on average, 10% of lung function after 9/11, and >10% developed new obstructive airways disease. There was little recovery (on average) over the first 6 years. Follow-up into the next decade allowed us to determine the longer-term exposure effects and the roles of cigarette-smoking and cessation on lung function trajectories. METHODS: We examined serial

measurements of FEV1 from 3/11/2000 to 9/10/2014 among 10,641 WTC-exposed FDNY firefighters with known smoking and body weight histories. RESULTS: The median number of FEV1's during follow-up was 9; 15% arrived at the WTC during the morning of 9/11/2001; and 65% never smoked. Firefighters arriving the morning of 9/11/2001 averaged lower lung function than did lesser-exposed firefighters; this difference remained significant during most of follow-up ( $P < 0.05$ ). Never-smokers had significantly better lung function than current-smokers; former-smokers fell in-between, depending upon their cessation date. Those arriving the morning of 9/11/2001 were more likely to have an  $FEV1 < LLN$  compared with those arriving between 9/13/2001–9/24/2001 (odds ratio [OR] = 1.70,  $P < 0.01$ ). Current-smokers were more likely to have an  $FEV1 < LLN$  compared with: never-smokers (OR = 2.06,  $P < 0.01$ ), former-smokers who quit before 9/11/2001 (OR = 1.96,  $P < 0.01$ ); or, those who quit between 9/11/2001–3/10/2008 (OR = 1.49,  $P < 0.01$ ). CONCLUSIONS: 13 years after 9/11/2001, most firefighters continued to show a lack of lung function recovery, with the trajectory of decline differing by WTC-exposure and smoking-status. Unlike the immutable effect of WTC exposure, we demonstrated the benefit on lung function of smoking cessation in this unique occupational/environmental cohort.

**Aldrich T, Weakley J, Dhar S, et al. 2016.** *Bronchial reactivity and lung function after World Trade Center exposure.* *Chest.* 150(6):1333–1340.

<https://doi.org/10.1016/j.chest.2016.07.005>,



**BACKGROUND:** WTC-exposed rescue/recovery workers endured massive respiratory insult from inhalation of particulate matter and gases, resulting in respiratory symptoms, loss of lung function, and, for many, bronchial hyperreactivity (BHR). The persistence of respiratory symptoms and lung function abnormalities has been well-documented, while persistence of BHR has not been investigated. **METHODS:** 173 WTC-exposed firefighters with bronchial reactivity measured within two years after 9/11/2001 (9/11), (baseline methacholine challenge test [MCT]), were re-evaluated in 2013–2014 (follow-up-MCT). FEV1 measurements were obtained from the late pre-9/11, early post-9/11 and late post-9/11 periods. Respiratory symptoms and corticosteroid treatment were recorded. **RESULTS:** Bronchial reactivity remained stable (within one doubling dilution) for most (n=101, 58%). 16 of 28 (57%) with BHR (PC20<8mg/ml) at baseline had BHR at follow up, and an additional 27 of the 145 (19%) without BHR at baseline had BHR at follow-up. In multi-variable models, we found that BHR baseline was strongly associated with BHR follow-up (OR=6.46) and that BHR at follow-up was associated with an estimated 15.4 ml/year greater FEV1 decline than experienced by those without BHR at follow-up. Annual FEV1 decline was moderated by corticosteroid use. **CONCLUSIONS:** Persistent BHR and its deleterious influence on lung function suggest a role for airway inflammation in perpetuation of WTC-associated airway disease. In future massive occupational exposure to inorganic dust/gases, we recommend early and serial pulmonary function testing, including measurements of bronchial reactivity, when possible, and inhaled corticosteroid therapy for those with symptoms or pulmonary function tests consistent with airway disease.

**Boffetta P, Zeig-Owens R, Wallenstein S, et al. 2015.** *Cancer in World Trade Center responders: Findings from multiple cohorts and options for future study.* American Journal of Industrial Medicine. 59(2):96–105.

<https://doi.org/10.1002/ajim.22555>

**BACKGROUND:** Three longitudinal studies of cancer incidence in varied populations of WTC responders have been conducted. **METHODS:** We compared the design and results of the three studies. **RESULTS:** Separate analyses of these cohorts revealed excess cancer incidence in responders for all cancers combined and for cancers of the thyroid and prostate. Methodological dissimilarities included recruitment strategies, source of cohort members, demographic characteristics, overlap between cohorts, assessment of WTC and other occupational exposures and confounders, methods and duration of follow-up, approaches for statistical analysis, and latency analyses. **CONCLUSIONS:** The presence of three cohorts strengthens the effort of identifying and quantifying the cancer risk; the heterogeneity in design might increase sensitivity to the identification of cancers potentially associated with exposure. The presence and magnitude of an increased cancer risk remains to be fully elucidated. Continued long-term follow up with minimal longitudinal dropout is crucial to achieve this goal. Am. J. Ind. Med. 59:96–105, 2015. (c) 2015 Wiley Periodicals, Inc.

**Girvin F, Zeig-Owens R, Gupta D, et al. 2016.** *Radiologic features of World Trade Center-related sarcoidosis in exposed NYC Fire Department rescue workers.* Journal of Thoracic Imaging. 31(5):296–303.

<https://doi.org/10.1097/RTI.0000000000000230>

**PURPOSE:** An increased incidence of sarcoidosis has been demonstrated in firefighters, supporting the concern that occupational/environmental exposure may pose an etiologic risk factor. This incidence increased further after September 11, 2001 following exposure to WTC dust and gases. We review computed tomography (CT) features in this population, comparing the range of findings and physiological correlates with those typically reported in unexposed individuals with pulmonary sarcoidosis. **MATERIALS AND METHODS:** With CT imaging we retrospectively identified 46 patients with WTC-related sarcoidosis, between March 18, 2002 and April 5, 2014. Scans were independently reviewed by 2 dedicated thoracic radiologists and assessed for disease patterns and correlation with pulmonary functions. **RESULTS:** The majority (37/46; 80%) had symmetric mediastinal and hilar lymphadenopathy. Similarly, most (38/46; 83%) had perilymphatic nodules. Foci of ill-defined ground glass attenuation were present in 6 (13%). Coalescent nodularity was present in 15 (33%). Only 3 (7%) had parenchymal reticulation. A mixed pattern of lung findings was present in 21 (46%). When all forms of parenchymal disease were scored by zonal distribution, 21 (46%) had parenchymal disease predominantly involving mid and upper lungs; 11/46 (24%) had a random distribution without zonal predominance; 6/46 (13%) demonstrated atypical lower zone predominance. Whereas 15/46 (33%) had obstructive airways disease on pulmonary function tests, there were no CT findings that were predictive of obstructive airways disease. **CONCLUSIONS:** The majority of cases of WTC-related sarcoidosis demonstrated typical radiographic appearances of sarcoidosis, with symmetric hilar and mediastinal lymphadenopathy and mid to upper lung perilymphatic nodules; these

findings were consistent with other previously reported cases of sarcoid-like granulomatous disease in association with various alternate underlying etiologies. There was no correlation between disease patterns or extent on CT and pulmonary function testing, likely at least in part due to the overall mild extent of disease in this population.

**Hall C, Liu X, Zeig-Owens R, et al. 2015 May.** *The duration of an exposure response gradient between incident obstructive airways disease and work at the World Trade Center site: 2001–2011.* PLoS Currents.20:7.

<https://doi.org/10.1371/currents.dis.8a93e7682624698558a76a1fa8c5893f>

**BACKGROUND:** Adverse respiratory effects of World Trade Center (WTC) exposure have been widely documented, but the length of time that exposure remains associated with disease is uncertain. We estimate the incidence of new cases of physician-diagnosed obstructive airway disease (OAD) as a function of time since 9/11/2001 in WTC-exposed firefighters. **METHODS:** Exposure was categorized by first WTC arrival time: high (9/11/2001 AM); moderate (9/11/2001 PM or 9/12/2001); or low (9/13–24/2001). We modeled relative rates (RR) and 95% confidence intervals (CI) of OAD incidence by exposure over the first 10 years post- 9/11/2001, estimating the time(s) of change in the RR with change point models. We further examined the relationship between self-reported lower respiratory symptoms and physician diagnoses. **RESULTS:** Change points were observed at 15 and 84 months post-9/11/2001, with relative incidence rates for the high versus low exposure group of 4.02 (95% CI 2.62–6.16) prior to 15 months, 1.90 (95% CI 1.49–2.44) from months 16 to 84, and 1.20 (95% CI 0.92–1.56) thereafter. Incidence in all exposure groups increased after the WTC

health program began to offer free coverage of OAD medications in month 63. Self-reported lower respiratory symptoms in the first 15 months had 80.6% sensitivity, but only 35.9% specificity, for eventual OAD diagnoses. CONCLUSIONS: New OAD diagnoses are associated with WTC exposure for at least seven years. Some portion of the extended duration of that association may be due to delayed diagnoses. Nevertheless, our results support recognizing OAD among rescue workers as WTC-related even when diagnosed years after exposure.

**Kwon S, Putman B, Weakley J, et al. 2016.** *Blood eosinophils and World Trade Center exposure predict surgery in chronic rhinosinusitis. A 13.5-year longitudinal study.* *Annals of the American Thoracic Society.* 13(8):1253–61.

<https://doi.org/10.1513/AnnalsATS.201511-742OC>

**RATIONALE:** The WTC collapse generated caustic airborne particulates that caused chronic rhinosinusitis in exposed FDNY firefighters. Surgery was performed when symptoms remained uncontrolled despite medical management. **OBJECTIVES:** To identify predictors of surgical intervention for chronic rhinosinusitis in firefighters exposed to airborne irritants at the WTC collapse site. **METHODS:** We assessed in 8227 firefighters with WTC exposure between September 11, 2001 (9/11), and September 25, 2001, including WTC-site arrival time, months of rescue and recovery work, and eosinophil concentration measured between September 11, 2001, and March 10, 2003. We assessed the association of serum cytokines and immunoglobulins with eosinophil concentration and surgery for rhinosinusitis in 112 surgical cases and 376 control subjects with serum available from the first

6 months after exposure to the WTC collapse site. **MEASUREMENTS AND MAIN RESULTS:** Between September 11, 2001, and March 10, 2015, the surgery rate was 0.47 cases per 100 person-years. In the first 18 months post-9/11, surgical patients had higher mean blood eosinophil levels than study cohort patients (219 +/-155 vs. 191 +/-134;  $P < 0.0001$ ). Increased surgery risk was associated with increasing blood eosinophil counts (hazard ratio [HR], 1.12 per 100 cells/ $\mu$ l; 95% confidence interval [CI], 1.07–1.17;  $P < 0.001$ ); arriving at the WTC site on September 11, 2001, or September 12, 2001 (HR, 1.43; 95% CI, 1.04–1.99;  $P=0.03$ ); and working six months or longer at the WTC site (HR, 1.48; 95% CI, 1.14–1.93;  $P < 0.01$ ). Median blood eosinophil levels for surgical patients were above levels for the cohort in all 18-month intervals March 11, 2000, through March 10, 2015, using 51,163 measurements representing 97,733 person-years of observation. Increasing age, increasing IL-17A, and low IgA in serum from 2001 to 2002 predicted blood eosinophil concentration in surgical patients but not in control subjects ( $R(2)=0.26$ ,  $P < 0.0001$ ; vs.  $R(2)=0.008$ ,  $P=0.56$ ). **CONCLUSIONS:** Increasing blood eosinophil concentration predicts surgical intervention for chronic rhinosinusitis, particularly in those with intense acute and prolonged exposure to airborne irritants. WTC-exposed FDNY firefighters who underwent irritant-associated sinus surgery are immunologically different from the cohort. Surgical patients have a higher blood eosinophil levels that is associated with mediators of mucosal immunity.

**Mohr L. 2016.** *Longitudinal lung function decrements in firefighters who responded to the World Trade Center disaster: Important insights for the preservation of lung function in future disasters.* *Chest.* 149(6):1362–1364.

<https://doi.org/10.1016/j.chest.2016.03.056>

**BACKGROUND:** World Trade Center (WTC)-exposed Fire Department of the City of New York firefighters lost, on average, 10% of lung function after September 11, 2001, and >10% developed new obstructive airways disease. There was little recovery (on average) over the first 6 years. Follow-up into the next decade allowed us to determine the longer-term exposure effects and the roles of cigarette smoking and cessation on lung function trajectories. **METHODS:** We examined serial measurements of FEV1 from March 11, 2000, to September 10, 2014, among 10,641 WTC-exposed Fire Department of the City of New York firefighters with known smoking and body weight histories. **RESULTS:** The median number of FEV1 measurements during follow-up was 9; 15% of firefighters arrived at the WTC during the morning of September 11, 2001; and 65% never smoked. Firefighters arriving the morning of September 11, 2001 averaged lower lung function than did lesser exposed firefighters; this difference remained significant during most of follow-up ( $P < .05$ ). Never smokers had significantly better lung function than current smokers; former smokers fell in between, depending upon their cessation date. Those arriving the morning of September 11, 2001 were more likely to have an FEV1 < lower limits of normal compared with those arriving between September 13, 2001, and September 24, 2001 (OR  $\frac{1}{4}$  1.70,  $P < .01$ ). Current smokers were more likely to have an FEV1 < lower limits of normal compared with never smokers (OR  $\frac{1}{4}$  2.06,  $P < .01$ ), former smokers who quit before September 11, 2001 (OR  $\frac{1}{4}$  1.96,  $P < .01$ ), or those who quit between September 11, 2001 and March 10, 2008 (OR  $\frac{1}{4}$  1.49,  $P < .01$ ). **CONCLUSIONS:** Thirteen years after September 11, 2001, most firefighters

continued to show a lack of lung function recovery, with the trajectory of decline differing by WTC exposure and smoking status. Unlike the immutable effect of WTC exposure, we demonstrated the benefit on lung function of smoking cessation in this unique occupational/environmental cohort.

**Moir W, Zeig-Owens R, Daniels R, et al. 2016.** *Post-9/11 cancer incidence in World Trade Center-exposed New York City firefighters as compared to a pooled cohort of firefighters from San Francisco, Chicago and Philadelphia (9/11/2001–2009).* American Journal of Industrial Medicine. 59(9):722–30.

<https://doi.org/10.1002/ajim.22635>

**BACKGROUND:** We previously reported a modest excess of cancer in WTC-exposed firefighters versus the general population. This study aimed to separate the potential carcinogenic effects of firefighting and WTC exposure by comparing to a cohort of non-WTC-exposed firefighters. **METHODS:** Relative rates (RRs) for all cancers combined and individual cancer subtypes from 9/11/2001 to 12/31/2009 were modeled using Poisson regression comparing 11,457 WTC-exposed firefighters to 8,220 urban non-WTC-exposed firefighters. **RESULTS:** Compared with non-WTC-exposed firefighters, there was no difference in the RR of all cancers combined for WTC-exposed firefighters (RR=0.96, 95%CI: 0.83–1.12). Thyroid cancer was significantly elevated (RR=3.82, 95%CI: 1.07–20.81) from 2001 to 2009; this was attenuated (RR=3.43, 95%CI: 0.94–18.94) and non-significant when controlling for possible surveillance bias. Prostate cancer was elevated during the latter half (2005–2009; RR=1.38, 95%CI: 1.01–1.88). **CONCLUSIONS:** Further follow-up is needed to assess the relationship between WTC exposure and cancers with longer latency periods. Am. J.

Ind. Med. 59:722–730, 2016. (c) 2016 Wiley Periodicals, Inc.

**Weakley J, Hall C, Liu X, et al. 2016.** *The effect of World Trade Center exposure on the latency of chronic rhinosinusitis diagnoses in New York City firefighters: 2001–2011.* Occupational and Environmental Medicine. 73(4):280–3.

<https://doi.org/10.1136/oemed-2015-103094>

**Objective:** To assess how the effect of WTC exposure on physician-diagnosed chronic rhinosinusitis (CRS) in firefighters changed during the decade following the attack on 9/11 (11 September 2001 to 10 September 2011). **METHODS:** We examined temporal effects on the relation between WTC exposure and the incidence of physician diagnosed CRS in firefighters changed during the decade following the attack on 9/11 (11 September 2001 to 10 September 2011). Exposure was grouped by time of arrival at the WTC site as follows: (high) morning 11 September 2001 (n=1623); (moderate) afternoon 11 September 2001 or 12 September 2001 (n=7025); or (low) 13–24 September 2001 (n=1200). Piecewise exponential survival models were used to estimate incidences by exposure group, with change points in the relative incidences estimated by maximum likelihood. Results Incidences dramatically increased after 2007 due to a programmatic change that provided free medical treatment, but increases were similar in all exposure groups. For this reason, we observed no change point during the study period, meaning the relative incidence by exposure group (high vs moderate vs low) of CRS disease did not significantly change over the study period. The relative rate of developing CRS was 1.99 (95% CI=1.64 to 2.41) for high versus low exposure, and 1.52 (95% CI=1.28

to 1.80) for moderate versus low exposure during the 10 year follow up period. Conclusions The risk of CRS in FDNY firefighters appears increased with WTC-exposure, and has not diminished by time since exposure.

**Weiden M, Kwon S, Caraher E, et al. 2016.** *Biomarkers of World Trade Center particulate matter exposure: Physiology of distal airway and blood biomarkers that predict FEV(1) decline.* Seminars in Respiratory and Critical Care Medicine. 36(3):323–333.

<https://dx.doi.org/10.1055%2Fs-0035-1547349>

Biomarkers can be important predictors of disease severity and progression. The intense exposure to particulates and other toxins from the destruction of the WTC overwhelmed the lung's normal protective barriers. The Fire Department of New York (FDNY) cohort not only had baseline pre-exposure lung function measures but also had serum samples banked soon after their WTC exposure. This well-phenotyped group of highly exposed first responders is an ideal cohort for biomarker discovery and eventual validation. Disease progression was heterogeneous in this group in that some individuals subsequently developed abnormal lung function while others recovered. Airflow obstruction predominated in WTC-exposed patients who were symptomatic. Multiple independent disease pathways may cause this abnormal FEV1 after irritant exposure. WTC exposure activates one or more of these pathways causing abnormal FEV1 in an individual. Our hypothesis was that serum biomarkers expressed within 6 months after WTC exposure reflect active disease pathways and predict subsequent development or protection from abnormal FEV1 below the lower limit of normal known as WTC- Lung Injury (WTC-LI). We utilized a

nested case-cohort control design of previously healthy never smokers who sought subspecialty pulmonary evaluation to explore predictive biomarkers of WTC- LI. We have identified biomarkers of inflammation, metabolic derangement, protease/antiprotease balance, and vascular injury expressed in serum within 6 months of WTC exposure that were predictive of their FEV1 up to 7 years after their WTC exposure. Predicting future risk of airway injury after particulate exposures can focus monitoring and early treatment on a subset of patients in greatest need of these services.

**Yip J, Webber M, Zeig-Owens R, et al. 2016.** *FDNY and 9/11: Clinical services and health outcomes in World Trade Center-exposed firefighters and EMS workers from 2001 to 2016.* American Journal of Industrial Medicine. 59(9):695–708.

<https://doi.org/10.1002/ajim.22631>

**BACKGROUND:** After the WTC attacks on September 11, 2001, the Fire Department of the City of New York (FDNY) instituted a WTC medical monitoring and treatment program and established a data center to document health outcomes in the WTC-exposed workforce of approximately 16,000 firefighters and EMS workers. **METHODS:** FDNY schedules routine monitoring exams every 12–18 months and physical and mental health treatment appointments, as required. **RESULTS:** FDNY research studies have consistently found that early arrival to work and/ or prolonged work at the WTC-site increased the risks for adverse physical and mental health outcomes. To date, a substantial proportion has been diagnosed with obstructive airways disease, chronic rhinosinusitis, and gastroesophageal reflux disease; a quarter has two or more of these conditions. **CONCLUSIONS:** While much has

been learned, the entire spectrum and trajectory of WTC-related disorders and their mechanisms of onset and persistence remain to be fully described. *Am. J. Ind. Med.* 59:695–708, 2016. (c) 2016 Wiley Periodicals, Inc.

**Yip J, Zeig-Owens R, Hall C, et al. 2016.** *Health conditions as mediators of the association between World Trade Center exposure and health-related quality of life in firefighters and EMS workers.* Journal of Occupational and Environmental Medicine. 58(2):200–206.

<https://doi.org/10.1097/JOM.0000000000000597>

**Objective:** Studies have reported reduced health-related quality of life (HrQoL) in rescue/recovery workers for years post disaster. Few have examined specific post disaster physical and mental health conditions as mediators of the association between exposure to disaster and HrQoL. **Methods:** We used the Short Form-12 to measure HrQoL in 7190 male WTC-exposed first responders. Potential mediators included physician diagnoses obtained from medical records and mental health conditions obtained from questionnaires. **Results:** Among moderately and highly WTC-exposed workers, health conditions fully mediated the observed relationship between WTC-exposure and physical health functioning of HrQoL, and substantially mediated the association between WTC exposure and mental health functioning. **Conclusions:** Because WTC-related health conditions explain the relationship between WTC-exposure and HrQoL, medical monitoring with treatment of affected populations is necessary to mitigate the adverse effects of WTC-exposure on HrQoL.

**Yip J, Zeig-Owens R, Webber M, et al. 2016.** *World Trade Center-related physical*

and mental health burden among New York City Fire Department emergency medical service workers. *Occupational and Environmental Medicine*. 73(1):13–20.

<https://doi.org/10.1136/oemed-2014-102601>

**OBJECTIVES:** To describe the health burden among Fire Department of the City of New York (FDNY) emergency medical service (EMS) workers and examine its association with work at the WTC disaster site. **METHODS:** In this observational cohort study, we used FDNY physician diagnoses to estimate the cumulative incidence of physical health conditions including rhinosinusitis, gastroesophageal reflux disease (GERD), obstructive airways disease (OAD) and cancer among EMS workers and demographically similar firefighters who were active on 11 September 2001 (9/11). Validated screening instruments were used to estimate the prevalence of probable PTSD, probable depression and probable harmful alcohol use. We also analyzed the association between health conditions and WTC- exposure. **RESULTS:** Among 2281 EMS workers, the 12-year post-9/11 cumulative incidence (11 September 2001 to 31 December 2013) of rhinosinusitis was 10.6%; GERD 12.1%; OAD 11.8%; cancer 3.1%. The prevalence of probable PTSD up to 12 years after exposure was 7%; probable depression 16.7%; and probable harmful alcohol use 3%. Compared with unexposed, EMS workers who arrived earliest at the site had higher adjusted relative risks (aRR) for most conditions, including rhinosinusitis (aRR=3.7; 95% CI 2.2 to 6.0); GERD (aRR=3.8; 95% CI 2.4 to 6.1); OAD (aRR=2.4; 95% CI 1.7 to 3.6); probable PTSD (aRR=7.0; 95% CI 3.6 to 13.5); and, probable depression (aRR=2.3; 95% CI 1.6 to 3.1). **CONCLUSIONS:** In this 12-year study, we documented a high burden of health conditions associated with

WTC-exposure among FDNY EMS workers. These findings underscore the importance of continued monitoring and treatment of this workforce.

**Zeig-Owens R, Kablanian A, Webber M, et al. 2016.** *Agreement between self-reported and confirmed cancer diagnoses in New York City firefighters and EMS workers, 2001–2011.* *Public Health Reports*. 131(1):153–9.

<https://doi.org/10.1177/003335491613100122>

**OBJECTIVES:** Because of the delay in availability of cancer diagnoses from state cancer registries, self-reported diagnoses may be valuable in assessing the current cancer burden in many populations. We evaluated agreement between self-reported cancer diagnoses and state cancer registry- confirmed diagnoses among 21,437 firefighters and emergency medical service workers from the Fire Department of the City of New York. We also investigated the association between WTC exposure and other characteristics in relation to accurate reporting of cancer diagnoses. **METHODS:** Participants self-reported cancer status in questionnaires from October 2, 2001, to December 31, 2011. We obtained data on confirmed cancer diagnoses from nine state cancer registries, which we used as our gold standard. We calculated sensitivity, specificity, PPV, and NPV, comparing self-reported cancer diagnoses with confirmed cancer diagnoses. We used multivariable logistic regression models to assess the association between WTC exposure and correct self-report of cancer status, false-positive cancer reports, and false-negative cancer reports. **RESULTS:** Sensitivity and specificity for all cancers combined were 90.3% and 98.7%, respectively. Specificities and NPVs remained high in different cancer types, while sensitivities and PPVs

varied considerably. WTC exposure was not associated with accurate reporting. **CONCLUSION:** We found high specificities, NPVs, and general concordance between self-reported cancer diagnoses and registry-confirmed diagnoses. Given the low population prevalence of cancer, self-reported cancer diagnoses may be useful for determining non-cancer cases. Because of the low sensitivities and PPVs for some individual cancers, however, case confirmation with state cancer registries or medical records remains critically important.

**Zeig-Owens R, Nolan A, Putman B, et al. 2016.** *Biomarkers of patient intrinsic risk for upper and lower airway injury after exposure to the World Trade Center atrocity.* American Journal of Industrial Medicine. 59(9):788–894. [Review]

<https://doi.org/10.1002/ajim.22643>

**BACKGROUND:** High rates of upper and lower airways disease have occurred in Fire Department of the City of New York (FDNY) workers exposed to the WTC disaster site. Most experienced acute declines in pulmonary function, and some continued to experience decline over 14 years of follow-up. Similarly, some with rhinosinusitis had symptoms requiring sinus surgery. **AIM:** To increase generalizability of biomarker investigation, we describe biomarkers of risk for upper and lower airway injury that do not require stored serum. **METHODS:** We review WTC biomarker literature. **RESULTS:** Cytokines expressed in stored serum from the first 6 months post-9/11 can identify individuals at higher risk for future abnormal pulmonary function. **CONCLUSION:** This research will help identify individuals at high risk of lung and sinus disease that develop after these, or future, irritant exposures for

intensive monitoring and treatment. It may also identify targets for effective therapeutic interventions. *Am. J. Ind. Med.* 59:788–794, 2016. (c) 2016 Wiley Periodicals, Inc.

## 2017 (7)

**Caraher, EJ, Kwon S, Haider SH, et al. 2017.** *Receptor for advanced glycation end-products and World Trade Center particulate induced lung function loss: A case-cohort study and murine model of acute particulate exposure.* PLoS One 12(9):e0184331.

<http://doi.org/10.1371/journal.pone.0184331>

World Trade Center-particulate matter(WTC-PM) exposure and metabolic-risk are associated with WTC-Lung Injury (WTC-LI). The receptor for advanced glycation end-products (RAGE) is most highly expressed in the lung, mediates metabolic risk, and single-nucleotide polymorphisms at the AGER-locus predict forced expiratory volume (FEV). Our objectives were to test the hypotheses that RAGE is a biomarker of WTC-LI in the FDNY-cohort and that loss of RAGE in a murine model would protect against acute PM-induced lung disease. We know from previous work that early intense exposure at the time of the WTC collapse was most predictive of WTC-LI therefore we utilized a murine model of intense acute PM-exposure to determine if loss of RAGE is protective and to identify signaling/cytokine intermediates. This study builds on a continuing effort to identify serum biomarkers that predict the development of WTC-LI. A case-cohort design was used to analyze a focused cohort of male never-smokers with normal pre-9/11 lung function. Odds of developing WTC-LI increased by 1.2, 1.8 and 1.0 in firefighters with soluble RAGE



(sRAGE)  $\geq 97$  pg/mL, CRP  $\geq 2.4$  mg/L, and MMP-9  $\leq 397$  ng/mL, respectively, assessed in a multivariate logistic regression model (ROCAUC of 0.72). Wild type (WT) and RAGE-deficient (Ager<sup>-/-</sup>) mice were exposed to PM or PBS-control by oropharyngeal aspiration. Lung function, airway hyperreactivity, bronchoalveolar lavage, histology, transcription factors and plasma/BAL cytokines were quantified. WT-PM mice had decreased FEV and compliance, and increased airway resistance and methacholine reactivity after 24-hours. Decreased IFN- $\gamma$  and increased LPA were observed in WT-PM mice; similar findings have been reported for firefighters who eventually develop WTC-LI. In the murine model, lack of RAGE was protective from loss of lung function and airway hyperreactivity and was associated with modulation of MAP kinases. We conclude that in a multivariate adjusted model increased sRAGE is associated with WTC-LI. In our murine model, absence of RAGE mitigated acute deleterious effects of PM and may be a biologically plausible mediator of PM-related lung disease.

**Cleven K, Webber M, Zeig-Owens R, et al. 2017.** *Airway disease in rescue/recovery workers: Recent findings from the World Trade Center collapse.* Current Allergy and Asthma Reports. 17(1):5.

<https://doi.org/10.1007/s11882-017-0670-9>

**PURPOSE OF REVIEW:** Our goal is to summarize the airway disease literature since September 11, 2001 (9/11), focusing on studies published since 2011 in WTC-exposed rescue/recovery workers. **RECENT FINDINGS:** Since 2011, studies have confirmed relationships between initial WTC exposure intensity, severity of symptoms, airway disease diagnoses, and biomarkers of disease progression. Studies continue to document

ongoing morbidity in rescue/recovery workers over 10 years after 9/11. Future research should further identify correlates of symptom persistence and new airway disease diagnoses. The unique characteristics of the airway diseases in this population warrant ongoing monitoring and treatment. [review article]

**Huho A, Foulke L, Jennings T, et al. 2017.** *The role of serum amyloid A staining of granulomatous tissues for the diagnosis of sarcoidosis.* Respiratory Medicine. 126:1–8.

<https://doi.org/10.1016/j.rmed.2017.03.009>

**Background:** Previous studies demonstrated that SAA staining of sarcoidosis granulomas was qualitatively and quantitatively different from other granulomatous diseases. These data suggest that positive SAA staining of granulomatous tissue may have adequate specificity to establish a diagnosis of sarcoidosis. Our objective was to determine the diagnostic specificity of SAA staining for sarcoidosis relative to other granulomatous disorders. **Methods:** Pathological specimens demonstrating granulomatous inflammation were retrospectively identified at one institution, plus 4 specimens were obtained from NYC firefighters with biopsy-confirmed WTC “sarcoidosis-like” pulmonary disease. Specimens were analyzed if specific diagnoses related to the granulomatous inflammation were confirmed through medical record review. SAA staining was performed using previously developed methods. Two pathologists, blinded to each other and the diagnoses, determined if the stained material was SAA positive or negative. Discordant results were adjudicated by the two pathologists. **Measurements and main results:** 106 specimens were analyzed from 100 patients, with 36 biopsies (34%) from sarcoidosis tissues and 70 (66%) from other granulomatous

disorders. The Cohen Kappa correlation between the two pathologists for SAA staining positivity was excellent (0.85, 0.73–0.98). The overall specificity of SAA staining for the diagnosis of sarcoidosis was 84% (59/70). The sensitivity was 44% (16/36). Conclusions: Although SAA staining of various granulomatous tissues was fairly specific for the diagnosis of sarcoidosis, the specificity was inadequate for SAA staining to be used as a diagnostic test for sarcoidosis in isolation. These data suggest that SAA production may not be a universal mechanism in the development of sarcoidosis.

**Liu X, Yip J, Zeig-Owens R, et al. 2017.** The Effect of World Trade Center Exposure on the Timing of Diagnoses of Obstructive Airway Disease, Chronic Rhinosinusitis, and Gastroesophageal Reflux Disease. *Frontiers in public health* 5: 2.

<https://doi.org/10.3389/fpubh.2017.00002>

**OBJECTIVES:** In a cohort of rescue/recovery workers exposed to the dust that resulted from the collapse of the World Trade Center (WTC), we assessed how a diagnosis of obstructive airways disease (OAD) affected the likelihood of a subsequent diagnosis of chronic rhinosinusitis (CRS) or gastroesophageal reflux disease (GERD). We also assessed whether OAD acted as a mediator of the association between exposure to the WTC rescue/recovery effort and CRS and GERD diagnoses. **METHODS:** In this prospective cohort study, we analyzed Fire Department of the City of New York physician diagnoses of OAD, CRS, and GERD that were first documented between September 11, 2001, and September 10, 2011, among 8,968 WTC-exposed firefighters. We used piecewise exponential survival models to evaluate whether OAD was a risk factor for either CRS or GERD and to assess OAD as a

possible mediator. **RESULTS:** An OAD diagnosis significantly increased the risks for subsequent CRS [relative rate (RR), 4.24; 95% CI, 3.78-4.76] and GERD (RR, 3.21; 95% CI, 2.93-3.52) diagnoses. Further, 21% of the WTC exposure effect (high vs. low intensity) on GERD and 13% of the effect (high vs. low intensity) on CRS were mediated by a prior OAD diagnosis. **CONCLUSION:** Individuals with an OAD diagnosis had elevated risks for subsequent diagnoses of CRS or GERD. Part of the effect of WTC exposure on CRS and GERD diagnoses is mediated by prior diagnoses of OAD; this mediation effect of OAD may reflect biological pathways or health-care utilization practices.

**Summerhill E, Hoyle G, Jordt S, et al. 2017.** *An Official American Thoracic Society Workshop Report: Chemical Inhalational Disasters: Biology of Lung Injury, Development of Novel Therapeutics, and Medical Preparedness.* *Ann Am Thorac Soc.*

<https://doi.org/10.1513/AnnalsATS.201704-297WS>

This report is based upon the proceedings from the Inhalational Lung Injury Workshop jointly sponsored by the American Thoracic Society (ATS) and the National Institute of Health (NIH)/National Institute of Neurologic Disorders and Stroke (NINDS) Countermeasures Against Chemical Threats (CounterACT) program on May 21, 2013 in Philadelphia, PA. The CounterACT program facilitates research leading to the development of new and improved medical countermeasures for chemical threat agents. The workshop was initiated by the Terrorism and Inhalational Disasters (TID) Section of the Environmental, Occupational, and Population Health Assembly (EOPH) of the ATS. Participants included both domestic and international experts in the field, as well

as representatives from U.S. governmental funding agencies. The meeting objectives were to (1) provide a forum to review the evidence supporting current standard medical therapies, (2) present updates on our understanding of the epidemiology and underlying pathophysiology of inhalational lung injuries, (3) discuss innovative investigative approaches to further delineating mechanisms of lung injury and identifying new specific therapeutic targets, (4) present promising novel medical countermeasures, (5) facilitate collaborative research efforts, and (6) identify challenges and future directions in the ongoing development, manufacture, and distribution of effective and specific medical countermeasures. Specific inhalational toxins discussed included irritants/pulmonary toxicants (chlorine gas, bromine, and phosgene), vesicants (sulfur mustard), chemical asphyxiants (cyanide), particulates (World Trade Center dust) and respirable nerve agents. Key Words: Acute Respiratory Distress Syndrome, Acute Lung Injury, Reactive Airways Disease, Toxic Inhalation, Disasters.

**Vossbrinck M, Zeig-Owens R, Hall CB, et al. 2017.** *Post-9/11/2001 lung function trajectories by sex and race in World Trade Center-exposed New York City emergency medical service workers.* Occupational and Environmental Medicine 74(3):200-203.

<http://dx.doi.org/10.1136/oemed-2016-103619>

Objective: To determine whether lung function trajectories after 9/11/2001 (9/11) differed by sex or race/ethnicity in World Trade Center-exposed Fire Department of the City of New York emergency medical service (EMS) workers. Method: Serial cross-sectional study of pulmonary function tests (PFTs) taken between 9/11 and 9/10/2015. We used data from routine PFTs (forced expiratory

volume in 1 s (FEV1) and FEV1% predicted), conducted at 12–18 month intervals. FEV1 and FEV1% predicted were assessed over time, stratified by sex, and race/ethnicity. We also assessed FEV1 and FEV1% predicted in current, former and never-smokers. Results: Among 1817 EMS workers, 334 (18.4%) were women, 979 (53.9%) self-identified as white and 939 (51.6%) were never-smokers. The median follow-up was 13.1 years (IQR 10.5–13.6), and the median number of PFTs per person was 11 (IQR 7–13). After large declines associated with 9/11, there was no discernible recovery in lung function. In analyses limited to never-smokers, the trajectory of decline in adjusted FEV1 and FEV1% predicted was relatively parallel for men and women in the 3 racial/ethnic groups. Similarly, small differences in FEV1 annual decline between groups were not clinically meaningful. Analyses including ever-smokers were essentially the same. Conclusions: 14 years after 9/11, most EMS workers continued to demonstrate a lack of lung function recovery. The trajectories of lung function decline, however, were parallel by sex and by race/ethnicity. These findings support the use of routine, serial measures of lung function over time in first responders and demonstrate no sex or racial sensitivity to exposure-related lung function decline.

**Webber M, Yip J, Zeig-Owens R, et al. 2017.** *Post-9/11 sarcoidosis in WTC-exposed firefighters and emergency medical service workers.* Respiratory Medicine. 132(2017): 232-237.

<https://doi.org/10.1016/j.rmed.2017.06.004>

INTRODUCTION: The World Trade Center (WTC) disaster released a huge quantity and variety of toxicants into the environment. To-date, studies from each of the three major cohorts of WTC-exposed workers have

suggested “greater than expected” numbers of post-9/11 cases in some workers. We undertook this study to estimate the incidence of post-9/11 sarcoidosis in approximately 13,000 male firefighters and EMS workers enrolled in The Fire Department of the City of New York (FDNY) WTC Health Program; to compare FDNY incidence to rates from unexposed, demographically similar men in the Rochester Epidemiology Project (REP); and, to examine rates by level of WTC exposure. METHODS: We calculated incidence of sarcoidosis diagnosed from 9/12/2001 to 9/11/2015, and generated expected sex- and age-specific rates based on REP rates. Standardized incidence ratios (SIR) based on REP rates, and 95% confidence intervals (95% CI) were estimated. Two sensitivity analyses limited cases to those with intra-thoracic symptoms or biopsy confirmation. RESULTS: We identified 68 post-9/11 cases in the FDNY cohort. Overall, FDNY rates were significantly higher than expected rates (SIR=2.8; 95% CI=2.2, 3.6). Including only symptomatic cases, the SIR decreased (SIR=2.2; 95% CI=1.5, 3.0), but remained significantly elevated. SIRs ranged from 2.7 (95% CI=2.0, 3.5) in the lower WTC exposure group to 4.2 (95% CI = 1.9, 8.0) in the most highly exposed. CONCLUSIONS: We found excess incident post-9/11 sarcoidosis in WTC-exposed workers. Continued surveillance, particularly of those most highly exposed, is necessary to identify those with sarcoidosis and to follow them for possible adverse effects including functional impairments and organ damage.

## 2018 ( 7 )

**Crowley G, Kwon S, Haider SH, et al. 2018.** Metabolomics of World Trade Center-Lung Injury: a machine learning approach. *BMJ*

*Open Respiratory Research.* 5(1):e000274.

<https://doi.org/10.1136/bmjresp-2017-000274>

Introduction: Biomarkers of metabolic syndrome expressed soon after World Trade Center (WTC) exposure predict development of WTC Lung Injury (WTC-LI). The metabolome remains an untapped resource with potential to comprehensively characterise many aspects of WTC-LI. This case-control study identified a clinically relevant, robust subset of metabolic contributors of WTC-LI through comprehensive high-dimensional metabolic profiling and integration of machine learning techniques. Methods: Never-smoking, male, WTC-exposed firefighters with normal pre-9/11 lung function were segregated by post-9/11 lung function. Cases of WTC-LI (forced expiratory volume in 1s <lower limit of normal, n=15) and controls (n=15) were identified from previous cohorts. The metabolome of serum drawn within 6 months of 9/11 was quantified. Machine learning was used for dimension reduction to identify metabolites associated with WTC-LI. Results: 580 metabolites qualified for random forests (RF) analysis to identify a refined metabolite profile that yielded maximal class separation. RF of the refined profile correctly classified subjects with a 93.3% estimated success rate. 5 clusters of metabolites emerged within the refined profile. Prominent subpathways include known mediators of lung disease such as sphingolipids (elevated in cases of WTC-LI), and branched-chain amino acids (reduced in cases of WTC-LI). Principal component analysis of the refined profile explained 68.3% of variance in five components, demonstrating class separation. Conclusion: Analysis of the metabolome of WTC-exposed 9/11 rescue workers has identified biologically plausible pathways associated with loss of lung function. Since

metabolites are proximal markers of disease processes, metabolites could capture the complexity of past exposures and better inform treatment. These pathways warrant further mechanistic research.

**Haider SH, Kwon S, Lam R, et al. 2018.**

*Predictive biomarkers of gastroesophageal reflux disease and Barrett's esophagus in World Trade Center exposed firefighters: A 15 year longitudinal study.* Scientific Reports 18(1): 3106.

<https://doi.org/10.1038/s41598-018-21334-9>

Gastroesophageal reflux disease (GERD) and Barrett's Esophagus (BE), which are prevalent in the World Trade Center (WTC) exposed and general populations, negatively impact quality of life and cost of healthcare. GERD, a risk factor of BE, is linked to obstructive airways disease (OAD). We aim to identify serum biomarkers of GERD/BE, and assess the respiratory and clinical phenotype of a longitudinal cohort of never-smoking, male, WTC-exposed rescue workers presenting with pulmonary symptoms. Biomarkers collected soon after WTC-exposure were evaluated in optimized predictive models of GERD/BE. In the WTC-exposed cohort, the prevalence of BE is at least 6 times higher than in the general population. GERD/BE cases had similar lung function, DLCO, bronchodilator response and long-acting beta-agonist use compared to controls. In confounder-adjusted regression models,  $\text{TNF-}\alpha \geq 6 \text{ pg/mL}$  predicted both GERD and BE. GERD was also predicted by C-peptide  $\geq 360 \text{ pg/mL}$ , while BE was predicted by fractalkine  $\geq 250 \text{ pg/mL}$  and IP-10  $\geq 290 \text{ pg/mL}$ . Finally, participants with GERD had significantly increased use of short-acting  $\beta$ -agonist compared to controls. Overall,

biomarkers sampled prior to GERD/BE presentation showed strong predictive abilities of disease development. This study frames future investigations to further our understanding of aerodigestive pathology due to particulate matter exposure.

**Hena KM, Yip J, Jaber N, et al. 2018.** *Clinical course of sarcoidosis in World Trade Center-exposed firefighters.* Chest 153: 114–123.

<https://doi.org/10.1016/j.chest.2017.10.014>

**BACKGROUND:** Sarcoidosis is believed to represent a genetically primed, abnormal immune response to an antigen exposure or inflammatory trigger, with both genetic and environmental factors playing a role in disease onset and phenotypic expression. In a population of firefighters with post-World Trade Center (WTC) 9/11/2001 (9/11) sarcoidosis, we have a unique opportunity to describe the clinical course of incident sarcoidosis during the 15 years postexposure and, on average, 8 years following diagnosis. **METHODS:** Among the WTC-exposed cohort, 74 firefighters with post-9/11 sarcoidosis were identified through medical records review. A total of 59 were enrolled in follow-up studies. For each participant, the World Association of Sarcoidosis and Other Granulomatous Diseases organ assessment tool was used to categorize the sarcoidosis involvement of each organ system at time of diagnosis and at follow-up. **RESULTS:** The incidence of sarcoidosis post-9/11 was 25 per 100,000. Radiographic resolution of intrathoracic involvement occurred in 24 (45%) subjects. Lung function for nearly all subjects was within normal limits. Extrathoracic involvement increased, most prominently joints (15%) and cardiac (16%) involvement. There was no evidence of calcium dysmetabolism. Few subjects had ocu-

lar (5%) or skin (2%) involvement, and none had beryllium sensitization. Most (76%) subjects did not receive any treatment. CONCLUSIONS: Extrathoracic disease was more prevalent in WTC-related sarcoidosis than reported for patients with sarcoidosis without WTC exposure or for other exposure-related granulomatous diseases (beryllium disease and hypersensitivity pneumonitis). Cardiac involvement would have been missed if evaluation stopped after ECG, 48-h recordings, and echocardiogram. Our results also support the need for advanced cardiac screening in asymptomatic patients with strenuous, stressful, public safety occupations, given the potential fatality of a missed diagnosis.

**Landgren O, Zeig-Owens R, Gircz O, et al. 2018.** Multiple Myeloma and Its Precursor Disease Among Firefighters Exposed to the World Trade Center Disaster. *JAMA Oncol.* [epub ahead of print] May 2, 2018.

<https://doi.org/10.1001/jamaoncol.2018.0509>

Importance: The World Trade Center (WTC) attacks on September 11, 2001, created an unprecedented environmental exposure to known and suspected carcinogens suggested to increase the risk of multiple myeloma. Multiple myeloma is consistently preceded by the precursor states of monoclonal gammopathy of undetermined significance (MGUS) and light-chain MGUS, detectable in peripheral blood. Objective: To characterize WTC-exposed firefighters with a diagnosis of multiple myeloma and to conduct a screening study for MGUS and light-chain MGUS. Design, Setting, and Participants: Case series of multiple myeloma in firefighters diagnosed between September 11, 2001, and July 1, 2017, together with a seroprevalence

study of MGUS in serum samples collected from Fire Department of the City of New York (FDNY) firefighters between December 2013 and October 2015. Participants included all WTC-exposed FDNY white, male firefighters with a confirmed physician diagnosis of multiple myeloma (n = 16) and WTC-exposed FDNY white male firefighters older than 50 years with available serum samples (n = 781). Exposures: WTC exposure defined as rescue and/or recovery work at the WTC site between September 11, 2001, and July 25, 2002. Main Outcomes and Measures: Multiple myeloma case information, and age-adjusted and age-specific prevalence rates for overall MGUS (ie, MGUS and light-chain MGUS), MGUS, and light-chain MGUS. Results: Sixteen WTC-exposed white male firefighters received a diagnosis of multiple myeloma after September 11, 2001; median age at diagnosis was 57 years (interquartile range, 50-68 years). Serum/urine monoclonal protein isotype/free light-chain data were available for 14 cases; 7 (50%) had light-chain multiple myeloma. In a subset of 7 patients, myeloma cells were assessed for CD20 expression; 5 (71%) were CD20 positive. In the screening study, we assayed peripheral blood from 781 WTC-exposed firefighters. The age-standardized prevalence rate of MGUS and light-chain MGUS combined was 7.63 per 100 persons (95% CI, 5.45-9.81), 1.8-fold higher than rates from the Olmsted County, Minnesota, white male reference population (relative rate, 1.76; 95% CI, 1.34-2.29). The age-standardized prevalence rate of light-chain MGUS was more than 3-fold higher than in the same reference population (relative rate, 3.13; 95% CI, 1.99-4.93). Conclusions and Relevance: Environmental exposure to the WTC disaster site is associated with myeloma precursor disease (MGUS and light-chain MGUS) and may be a risk factor for the de-

velopment of multiple myeloma at an earlier age, particularly the light-chain subtype.

**Singh A, Zeig-Owens R, Moir W, et al. 2018.** Estimation of Future Cancer Burden Among Rescue and Recovery Workers Exposed to the World Trade Center Disaster. *JAMA Oncol.*4(6):828-831.

<https://doi.org/10.1001/jamaoncol.2018.0504>

Importance: Elevated rates of cancer have been reported in individuals exposed to the World Trade Center (WTC) disaster, including Fire Department of the City of New York (FDNY) rescue and recovery workers. Objective: To project the future burden of cancer in WTC-exposed FDNY rescue and recovery workers by estimating the 20-year cancer incidence. Design, Setting, and Participants: A total of 14474 WTC-exposed FDNY employees who were cancer-free on January 1, 2012; subgroup analyses were conducted of the cohort's white male population (n = 12374). In this closed-cohort study, we projected cancer incidence for the January 1, 2012, to December 31, 2031, period. Simulations were run using demographic-specific New York City (NYC) cancer and national mortality rates for each individual, summed for the whole cohort, and performed 1000 times to produce mean estimates. Additional analyses in the subgroup of white men compared case counts produced by using 2007-2011 FDNY WTC Health Program (FDNY-WTCHP) cancer rates vs NYC rates. Average and 20-year aggregate costs of first-year cancer care were estimated using claims data. Exposures: World Trade Center disaster exposure defined as rescue and recovery work at the WTC site at any time from September 11, 2001, to July 25, 2002. Main Outcomes and Measures: (1) Projected number of incident cancers in the full cohort, based on NYC cancer rates; (2) cancer incidence estimates in the subgroup projected using

FDNY-WTCHP vs NYC rates; and (3) estimated first-year treatment costs of incident cancers. Results: On January 1, 2012, the cohort was 96.8% male, 87.1% white, and had a mean (SD) age of 50.2 (9.2) years. The projected number of incident cancer cases was 2960 (95% CI, 2883-3037). In our subgroup analyses using FDNY-WTCHP vs NYC cancer rates, the projected number of new cases in white men was elevated (2714 [95% CI, 2638-2786] vs 2596 [95% CI, 2524-2668]). Accordingly, we expect more prostate (1437 [95% CI, 1383-1495] vs 863 [95% CI, 816-910]), thyroid (73 [95% CI, 60-86] vs 57 [95% CI, 44-69]), and melanoma cases (201 [95% CI, 179-223] vs 131 [95% CI, 112-150]), but fewer lung (237 [95% CI, 212-262] vs 373 [95% CI, 343-405]), colorectal (172 [95% CI, 152-191] vs 267 [95% CI, 241-292]), and kidney cancers (66 [95% CI, 54-80] vs 132 [95% CI, 114-152]) ( $P < .001$  for all comparisons). The estimated 20-year cost of first-year treatment was \$235835412 (95% CI, \$187582227-\$284088597). Conclusions and Relevance: We project that the FDNY-WTCHP cohort will experience a greater cancer burden than would be expected from a demographically similar population. This underscores the importance of cancer prevention efforts and routine screening in WTC-exposed rescue and recovery workers.

**Webber MP, Liu Y, Cohen HW, et al. 2018.** *Incidence and prevalence of antibody to hepatitis C virus in FDNY first responders before and after work at the World Trade Center disaster site.* Am J Ind Med. [epub ahead of print] June 21, 2018.

<https://doi.org/10.1002/ajim.22871>

**BACKGROUND:** The goals of this study were to assess the impact of work at the World Trade Center (WTC) site in relation to new,

post-9/11/2001 (9/11) antibody to hepatitis C Virus (anti-HCV); and, evaluate secular trends in WTC-exposed male Fire Department of New York City (FDNY) Firefighters and Emergency Medical Services (EMS) responders. **METHODS:** FDNY monitors responder health through physical exams and routine blood work. We used descriptive statistics to compare trans-9/11 and post-9/11 incidence and to assess trends in prevalence from 2000 to 2012. **RESULTS:** Trans-9/11 incidence of new anti-HCV was 0.42 per 100 persons compared with post-9/11 incidence of 0.34 ( $P = 0.68$ ). Overall seroprevalence was 1.3%; rates declined from 1.79 per 100 to 0.49 per 100 over time ( $P < 0.0001$ ). **CONCLUSIONS:** Work at the WTC was not associated with new infection. Biennial seroprevalence in responders declined over time, supporting the FDNY decision to discontinue routine annual testing in this cohort.

**Zeig-Owens R, Singh A, Aldrich TK, et al 2018.** *Blood Leukocyte Concentrations, FEV<sub>1</sub> Decline, and Airflow Limitation. A 15-Year Longitudinal Study of World Trade Center-exposed Firefighters.* Annals of the American Thoracic Society. 15(2):173–183.

<https://doi.org/10.1513/AnnalsATS.201703-276OC>

**RATIONALE:** Rescue/recovery work at the World Trade Center disaster site (WTC) caused a proximate decline in lung function in Fire Department of the City of New York firefighters. A subset of this cohort experienced an accelerated rate of lung function decline over 15 years of post-September 11, 2001 (9/11) follow-up. **OBJECTIVES:** To determine if early postexposure blood leukocyte concentrations are biomarkers for subsequent FEV<sub>1</sub> decline and incident airflow limitation.



**METHODS:** Individual rates of forced expiratory volume in 1 second (FEV<sub>1</sub>) change were calculated for 9,434 firefighters using 88,709 spirometric measurements taken between September 11, 2001, and September 10, 2016. We categorized FEV<sub>1</sub> change rates into three trajectories: accelerated FEV<sub>1</sub> decline (FEV<sub>1</sub> loss >64 ml/yr), expected FEV<sub>1</sub> decline (FEV<sub>1</sub> loss between 0 and 64 ml/yr), and improved FEV<sub>1</sub> (positive rate of change >0 ml/yr). Occurrence of FEV<sub>1</sub>/FVC less than 0.70 after 9/11 defined incident airflow limitation. Using regression models, we assessed associations of post-9/11 blood eosinophil and neutrophil concentrations with subsequent FEV<sub>1</sub> decline and airflow limitation, adjusted for age, race, smoking, height, WTC exposure level, weight change, and baseline lung function. **RESULTS:** Accelerated FEV<sub>1</sub> decline occurred in 12.7% of participants (1,199 of 9,434), whereas post-9/11 FEV<sub>1</sub> improvement occurred in 8.3% (780 of 9,434). Higher blood eosinophil and neutrophil concentrations were each associated with accelerated FEV<sub>1</sub> decline after adjustment for covariates (odds ratio [OR], 1.10 per 100 eosinophils/mm<sup>3</sup>; 95% confidence interval [CI], 1.05-1.15; and OR, 1.10 per 1,000 neutrophils/mm<sup>3</sup>; 95% CI, 1.05-1.15, respectively). Mul-

tivariable-adjusted linear regression models showed that a higher blood neutrophil concentration was associated with a faster rate of FEV<sub>1</sub> decline (1.14 ml/yr decline per 1,000 neutrophils/mm<sup>3</sup>; 95% CI, 0.69-1.60 ml/yr; P<0.001). Higher blood eosinophil concentrations were associated with a faster rate of FEV<sub>1</sub> decline in ever-smokers (1.46 ml/yr decline per 100 eosinophils/mm<sup>3</sup>; 95% CI, 0.65-2.26 ml/yr; P<0.001) but not in never-smokers (P for interaction=0.004). Higher eosinophil concentrations were also associated with incident airflow limitation (adjusted hazard ratio, 1.10 per 100 eosinophils/mm<sup>3</sup>; 95% CI, 1.04-1.15). Compared with the expected FEV<sub>1</sub> decline group, individuals experiencing accelerated FEV<sub>1</sub> decline were more likely to have incident airflow limitation (adjusted OR, 4.12; 95% CI, 3.30-5.14). **CONCLUSIONS:** Higher post-9/11 blood neutrophil and eosinophil concentrations were associated with subsequent accelerated FEV<sub>1</sub> decline in WTC-exposed firefighters. Both higher blood eosinophil concentrations and accelerated FEV<sub>1</sub> decline were associated with incident airflow limitation in WTC-exposed firefighters.

## Appendix 2, Section 4

### WTC General Responders Data Center Research Publications

## WTC General Responders

### Data Center Research Publications

#### 2002 (1)

**Levin S, Herbert R, Skloot G, et al. 2002.** *Health effects of World Trade Center site workers. American Journal of Industrial Medicine.* 42(6):545–547. [no abstract]

<https://doi.org/10.1002/ajim.10154>

#### 2004 (4)

**Landrigan P, Lioy P, Thurston G, et al. 2004.** *Health and environmental consequences of the World Trade Center disaster. Environmental Health Perspectives.* 112(6):731–739.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1241968/>

The attack on the WTC created an acute environmental disaster of enormous magnitude. This study characterizes the environmental exposures resulting from destruction of the WTC and assesses their effects on health. Methods include ambient air sampling; analyses of outdoor and indoor settled dust; high-altitude imaging

and modeling of the atmospheric plume; inhalation studies of WTC dust in mice; and clinical examinations, community surveys, and prospective epidemiologic studies of exposed populations. WTC dust was found to consist predominantly (95%) of coarse particles and contained pulverized cement, glass fibers, asbestos, lead, polycyclic aromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs), and polychlorinated furans and dioxins. Airborne particulate levels were highest immediately after the attack and declined thereafter. Particulate levels decreased sharply with distance from the WTC. Dust pH was highly alkaline (pH 9.0–11.0). Mice exposed to WTC dust showed only moderate pulmonary inflammation but marked bronchial hyperreactivity. Evaluation of 10,116 firefighters showed exposure-related increases in cough and bronchial hyperreactivity. Evaluation of 183 cleanup workers showed new-onset cough (33%), wheeze (18%), and phlegm production (24%). Increased frequency of new-onset cough, wheeze, and shortness of breath were also observed in community residents. Follow-up of 182 pregnant women who were either inside or near the WTC on 11 September showed a 2-fold increase in small-for-gestational-age (SGA) infants. In summary, environmental exposures after the WTC disaster were associated with significant adverse effects on health. The high alkalinity of WTC dust produced bronchial hyperreactivity, persistent cough, and increased risk of asthma. Plausible causes of the observed increase in SGA infants include

maternal exposures to PAH and particulates. Future risk of mesothelioma may be increased, particularly among workers and volunteers exposed occupationally to asbestos. Continuing follow-up of all exposed populations is required to document the long-term consequences of the disaster.

**Levin S, Herbert R, Moline J, et al. 2004.** *Physical health status of World Trade Center rescue and recovery workers and volunteers – New York City, July 2002–August 2004.* *Morbidity and Mortality Weekly.* 53(35):807–812. [no abstract]

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5335a1.htm>

**Skloot G, Goldman M, Fischler D, et al. 2004.** *Respiratory symptoms and physiologic assessment of ironworkers at the World Trade Center disaster site.* *Chest.* 125(4):1248–1255.

<https://doi.org/10.1378/chest.125.4.1248>

**STUDY OBJECTIVES:** To characterize respiratory abnormalities in a convenience sample of ironworkers exposed at the WTC disaster site for varying lengths of time between September 11, 2001, and February 8, 2002. **DESIGN:** Cross-sectional study. **SETTING:** The Mount Sinai Medical Center, a large tertiary hospital. **PARTICIPANTS:** Ninety-six ironworkers engaged in rescue and recovery with exposure onset between September 11, 2001, and September 15, 2001, who responded to an invitation to undergo respiratory evaluation. **MEASUREMENTS:** Medical and exposure history, physical examination, spirometry, forced oscillation (FO), and chest radiographs. The relationships of prevalence of respiratory symptoms and presence of obstructive physiology to smoking, exposure on September 11, duration of exposure, and type of respiratory protection were examined using univariate and linear

and logistic regression analyses. **RESULTS:** Seventy-four of 96 workers (77%) had one or more respiratory symptoms (similar in smokers [49 of 63 subjects, 78%] and non-smokers [25 of 33 subjects, 76%]). Cough was the most common symptom (62 of 96 subjects, 65%), and was associated with exposure on September 11. Chest examination and radiograph findings were abnormal in 10 subjects (10%) and 19 subjects (20%), respectively. FO revealed dysfunction in 34 of 64 subjects tested (53%), while spirometry suggested obstruction in only 11 subjects (17%). Lack of a respirator with canister was a risk factor for large airway dysfunction, and cigarette smoking was a risk factor for small airway dysfunction. No other relationships reached statistical significance. **CONCLUSIONS:** Respiratory symptoms occurred in the majority of ironworkers at the WTC disaster site and were not attributable to smoking. Exposure on September 11 was associated with a greater prevalence of cough. Objective evidence of lung disease was less common. Spirometry underestimated the prevalence of lung function abnormalities in comparison to FO. Continuing evaluation of symptoms, chest radiographs, and airway dysfunction should determine whether long-term clinical sequelae will exist.

**Smith R, Katz C, Holmes A, et al. 2004.** *Mental health status of World Trade Center rescue and recovery workers and volunteers New York City, July 2002– August 2004.* *Morbidity and Mortality Weekly.* 53(35):812–815.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5335a2.htm>

After the September 11, 2001, attacks on the WTC, a comprehensive screening program was established to evaluate the physical and mental health of rescue and recovery workers and volunteers. Persons were eligible for this program if they participated in the WTC rescue or recovery efforts and met specific time criteria for exposure to the site. During July 16, 2002--August 6, 2004, the program evaluated 11,768 workers and volunteers. This report summarizes data analyzed from a subset of 1,138 of the 11,768 participants evaluated at the Mount Sinai School of Medicine during July 16-- December 31, 2002. On the basis of one or more standardized screening questionnaires, approximately half (51%) of participants met threshold criteria for a clinical mental health evaluation. Continued surveillance is needed to assess the long-term psychological impact of the aftermath of the 9/11 attacks and to determine needs for continued treatment.

## 2005 (2)

**Boscarino J, Adams R, Stuber J, et al. 2005.** *Disparities in mental health treatment following the World Trade Center Disaster: implications for mental health care and health services research.* *Journal of Traumatic Stress.* 18(4):287–297.

<https://doi.org/10.1002/jts.20039>

To assess disparities in mental health

treatment in New York City (NYC) after the World Trade Center Disaster (WTCDD) reported previously related to care access, we conducted analyses among a cross-sectional survey of adults who had PTSD or major depression (N=473) one year after the event. The dependent variables examined were use of mental health services, in general, and use of mental health services related to the WTCDD. Similar dependent variables were developed for medication usage. Although a number of bivariate results were statistically significant for post disaster mental health visits, in a multivariate logistic regression model, only WTCDD exposure remained significant. For service utilization related to the WTCDD, the multivariate results indicated that African Americans were less likely to have had these visits compared to Whites, while those with a regular doctor, who had greater exposure to WTCDD events, and those who had a perievent panic attack were more likely to have had such visits. In terms of medication use, multivariate results suggested that African Americans were less likely to use post disaster medications, whereas persons 45 + years old and those with a regular doctor, were more likely to use them. For WTCDD-related medication use, multivariate models indicated that African Americans were less likely to use medications, relative to Whites, while those between 45 and 64 years old, those with a regular doctor, those exposed to more WTCDD events, and those who had a perievent panic attack, were more likely to have taken medications related to the disaster. The primary reason respondents gave for not seeking treatment (55% of subsample) was that they did not believe that they had a problem (73%). Other reasons were that they wanted to solve the problem on their own (5%), had problems accessing services (6%), had financial problems (4%), or had a fear of treatment

(4%). Despite the availability of free mental health services offered in a supportive and potentially less stigmatizing environment post disaster, there still appeared to be barriers to receiving post disaster services among those presumably in need of care.

**Wolff M, Teitelbaum S, Liroy P, et al. 2005.** *Exposures among pregnant women near the World Trade Center site on 11 September 2001.* Environmental Health Perspectives. 113(6):739–748.

<https://dx.doi.org/10.1289%2Fehp.7694>

We have characterized environmental exposures among 187 women who were pregnant, were at or near the WTC on or soon after 11 September 2001, and are enrolled in a prospective cohort study of health effects. Exposures were assessed by estimating time spent in five zones around the WTC and by developing an exposure index (EI) based on plume reconstruction modeling. The daily reconstructed dust levels were correlated with levels of particulate matter < or =2.5 microm in aerodynamic diameter (PM<sub>2.5</sub>;  $r=0.68$ ) or PM<sub>10</sub> ( $r=0.73-0.93$ ) reported from 26 September through 8 October 2001 at four of six sites near the WTC whose data we examined. Biomarkers were measured in a subset. Most (71%) of these women were located within eight blocks of the WTC at 0900 hr on 11 September, and 12 women were in one of the two WTC towers. Daily EIs were determined to be highest immediately after 11 September and became much lower but remained highly variable over the next 4 weeks. The weekly summary EI was associated strongly with women's perception of air quality from week 2 to week 4 after the collapse ( $p < 0.0001$ ). The highest levels of polycyclic aromatic hydrocarbon-deoxyribonucleic acid (PAH-DNA) adducts were seen among women whose

blood was collected sooner after 11 September, but levels showed no significant associations with EI or other potential WTC exposure sources. Lead and cobalt in urine were weakly correlated with sigmaEI, but not among samples collected closest to 11 September. Plasma OC levels were low. The median polychlorinated biphenyl level (sum of congeners 118, 138, 153, 180) was 84 ng/g lipid and had a nonsignificant positive association with sigmaEI ( $p > 0.05$ ). 1,2,3,4,6,7,8-Heptachlorodibenzodioxin levels (median, 30 pg/g lipid) were similar to levels reported in WTC-exposed firefighters but were not associated with EI. This report indicates intense bystander exposure after the WTC collapse and provides information about nonoccupational exposures among a vulnerable population of pregnant women.

## 2006 (4)

**Herbert R, Moline J, Skloot G, et al. 2006.** *The World Trade Center disaster and the health of workers: five-year assessment of a unique medical screening program.* Environmental Health Perspectives. 114(12):1853–1858.

<https://dx.doi.org/10.1289%2Fehp.9592>

BACKGROUND: Approximately 40000 rescue and recovery workers were exposed to caustic dust and toxic pollutants following the 11 September 2001 attacks on the WTC. These workers included traditional first responders, such as firefighters and police, and a diverse population of construction, utility, and public sector workers. METHODS: To characterize WTC-related health effects, the WTC Worker and Volunteer Medical Screening Program was established. This multicenter clinical program provides free standardized examinations to

responders. Examinations include medical, mental health, and exposure assessment questionnaires; physical examinations; spirometry; and chest X rays. RESULTS: Of 9,442 responders examined between July 2002 and April 2004, 69% reported new or worsened respiratory symptoms while performing WTC work. Symptoms persisted to the time of examination in 59% of these workers. Among those who had been asymptomatic before September 11, 61% developed respiratory symptoms while performing WTC work. Twenty-eight percent had abnormal spirometry; forced vital capacity (FVC) was low in 21%; and obstruction was present in 5%. Among nonsmokers, 27% had abnormal spirometry compared with 13% in the general U.S. population. Prevalence of low FVC among nonsmokers was 5-fold greater than in the U.S. population (20% vs. 4%). Respiratory symptoms and spirometry abnormalities were significantly associated with early arrival at the site. CONCLUSION: WTC responders had exposure-related increases in respiratory symptoms and pulmonary function test abnormalities that persisted up to 2.5 years after the attacks. Long-term medical monitoring is required to track persistence of these abnormalities and identify late effects, including possible malignancies. Lessons learned should guide future responses to civil disasters.

**Katz C, Smith R, Silverton M, et al. 2006.** *A mental health program for ground zero rescue and recovery workers: Cases and observations.* *Psychiatric Services.* 57(9):1335–1338.  
<https://doi.org/10.1176/ps.2006.57.9.1335>

Clinical vignettes from the WTC Worker and Volunteer Mental Health Monitoring and Treatment Program at the Mount Sinai Medical Center in New York City are presented.

The hospital-based program pairs mental health screenings with federally funded occupational medical screenings to identify persons with mental health problems related to their rescue and recovery roles. The program also provides on-site mental health treatment. The cases illustrate the diverse mental health needs of the rescue and recovery workers, some of whom initially sought treatment years after September 11, 2001. The cases show that in addition to symptoms of PTSD, workers experienced survivor guilt, distressing memories of childhood trauma, shame associated with intense feelings, substance abuse relapse, psychosis, and problems with family relationships.

**Katz C, Herbert R, Levin S, et al. 2006.** The World Trade Center worker/volunteer mental health screening program. *9/11: Mental Health in the Wake of Terrorist Attacks.* Ed. Neria Y, Gross R, Marshall R, et al. New York City, NY: Cambridge University Press, 2006. 355–377. [Book Chapter]

<http://doi.org/10.1017/CBO9780511544132.023>

**Moline J, Herbert R, Nguyen N. 2006.** *Health consequences of the September 11 World Trade Center attacks: a review.* *Cancer Investigation.* 24(3):294–301.

<https://doi.org/10.1080/07357900600633965>

In the aftermath of the September 11 WTC attack, a large number of people sustained potential exposures to smoke, dust, particulate matter, and a variety of toxins, including asbestos, pulverized concrete, glass fibers, polycyclic aromatic hydrocarbons (PAHs), and polychlorinated furans and dioxins. Additionally, many had exposure to psychological traumatogens. The most common effects seen to date are respiratory and mental health consequences. The

long-term consequences of exposures are not yet known, and there remains concern about the potential for late-emerging diseases such as cancers. This article reviews WTC-related health effects, the spectrum of exposures and how they were documented, and discusses future preventive efforts.

## 2007 (2)

**Mendelson D, Roggeveen M, Levin S, et al. 2007.** *Air trapping detected on end-expiratory high-resolution computed tomography in symptomatic World Trade Center rescue and recovery workers.* *Journal of Occupational and Environmental Health.* 49(8):840–845.

<https://doi.org/10.1097/JOM.0b013e3180d09e87>

**OBJECTIVES:** We utilized end-expiratory chest computed tomography (CT) to investigate air trapping (AT) in symptomatic former World Trade Center (WTC) workers, and correlated the findings with clinical, physiological, and exposure-related characteristics. **METHODS:** Twenty-nine WTC workers with lower respiratory symptoms were evaluated. Clinical data included symptom inventories, quantitative respiratory symptom scores, WTC dust exposure duration, pulmonary function tests, and inspiratory and end-expiratory high-resolution chest CT scans. The latter were scored quantitatively for AT (by two methods) and interstitial changes, and those scores were correlated with the clinical data. **RESULTS:** The two AT scoring methods yielded highly correlated results. AT was demonstrated in 25 of 29 patients, with scores ranging from 0 to 24 (mean, 10.6). There was a statistically significant correlation between AT and the duration of dust exposure. AT scores were significantly higher in patients with restrictive lung function data, and in lifetime

nonsmokers. **CONCLUSIONS:** Our data suggest that AT from small airways disease may account for some of the reported clinical and pulmonary functional abnormalities in WTC dust-exposed workers, and support the use of high-resolution CT scans in the investigation and characterization of the pulmonary ailments of selected workers.

**Tao X, Massa J, Ashwell L, et al. 2007.** *The World Trade Center clean up and recovery worker cohort study: respiratory health amongst cleanup workers approximately 20 months after initial exposure at the disaster site.* *Journal of Occupational and Environmental Medicine.* 49(10):1063–1072.

<https://doi.org/10.1097/JOM.0b013e31815ac4f8>

**OBJECTIVE:** Respiratory health among cleanup workers at the WTC disaster site was evaluated approximately 20 months after the initial exposure to assess the risk of lower respiratory symptoms. **METHODS:** In 2003 a self-administered questionnaire requesting information about site experience, current respiratory and historical health, and smoking was sent to 4,546 workers employed at the site (response 25%), and 2103 workers who were never at the WTC (response 12%). **RESULTS:** As compared with those never at the site, WTC workers were more than three times as likely to report any lower respiratory symptoms (rate ratio=3.40, 95% confidence interval: 2.334.94). **CONCLUSIONS:** These results suggest an impact on respiratory health related to work experience at the WTC and indicate further monitoring to address potential long-term effects.

## 2008 (12)

**Bills C, Levy N, Sharma V, et al. 2008.** *Mental health of workers and volunteers responding to events of 9/11: review of the literature.* Mount Sinai Journal of Medicine. 75(2):115–127.

<https://doi.org/10.1002/msj.20026>

**BACKGROUND:** Disaster workers responding to the events of September 11th were exposed to traumatic events. No study has systematically investigated the diverse mental health status and needs of the heterogeneous population of disaster workers responding to the events of September 11th. **METHODS:** Using PubMed and Medline and the search terms of “September 11, 2001” or “September 11” or “9/11” or “WTC” or “World Trade Center”, the authors reviewed all articles that examined the mental health outcomes of workers at one of the three September 11th crash sites or the Fresh Kills landfill in New York City. **RESULTS:** In total, 25 articles met study inclusion criteria, often using different methodologies. The articles described varying degrees of mental health symptomatology, risk factors for adverse mental health outcomes, and utilization of mental health services. **CONCLUSIONS:** The mental health needs of workers exposed to the events of September 11th ranged from little to no care to pharmacotherapy. A range of risk factors, including exposures at the WTC site and occupational activities, impacted on these needs but the role of specific mental health interventions was less clear. These findings suggest the need for a future program for disaster workers consisting of an accessible mental health treatment service supported by comprehensive post disaster surveillance and emphasis on pre-disaster mental wellness. A number of

areas for further consideration and study were identified, including the need for a more diverse exploration of involved responder populations as well as investigation of potential mental health outcomes beyond PTSD.

**de la Hoz R, Christie J, Teamer J, et al. 2008.** *Reflux symptoms and disorders and pulmonary disease in former World Trade Center rescue and recovery workers and volunteers.* Journal of Occupational and Environmental Medicine. 50(12):1351–1354.

<https://doi.org/10.1097/JOM.0b013e3181845f9b>

**BACKGROUND:** Gastroesophageal reflux disease is one of the most prevalent conditions among former WTC rescue and recovery workers. The reason for this proposed association with an inhalation injury is unclear. In this study, we clinically characterized the reflux disorders in former WTC workers, and we investigated their association with pulmonary function abnormalities and with clinical diagnoses of other WTC-related diseases. **METHODS:** Forty-two former WTC workers underwent the following testing: symptom inventories, physical examination, spirometry, esophagogastroduodenoscopy, and 24-hour pH monitoring studies for the evaluation of chronic reflux-like symptoms. Patients were classified into two groups based on clinical evaluation: group 1 (reflux patients) including definitive reflux disorders (gastroesophageal reflux, non-erosive reflux, nonacid reflux, and laryngopharyngeal reflux diseases) and group 2 (no-reflux patients) patients without clinically significant reflux disease, including functional heartburn, and hypersensitive esophagus disorder. **RESULTS:** The reflux and no-reflux patients had significantly different Johnson-DeMeester scores and esophageal acid exposure times.



Patients with reflux disorders were more likely to have reduced forced vital capacity ( $\chi^2=5.49$ ,  $P=0.031$ ) and also more likely to have been diagnosed with a lower airway disease ( $\chi^2=7.14$ ,  $P=0.008$ ). We found no significant association between reflux and psychiatric disorders ( $\chi^2=0.02$ ,  $P=0.89$ ), levels of exposure at the WTC site, or incidence of dry cough, or other upper airway disorders. CONCLUSIONS: A spectrum of reflux symptoms and disorders are present in WTC responders. Our data suggest that the presence of reflux disease is related to that of pulmonary function abnormality suggestive of air trapping and a diagnosis of a lower respiratory disease.

**de la Hoz R, Hill S, Chasan R, et al. 2008.** *Health care and social issues of immigrant rescue and recovery workers at the World Trade Center site.* Journal of Occupational and Environmental Medicine. 50(12):1329–1334.

<https://doi.org/10.1097/JOM.0b013e31818ff6fd>

This article reviews the experience of a unique occupational group of WTC workers: immigrant workers. This group is comprised largely of men, laborers, who are first-generation immigrants. The majority of these workers are from Latin America (predominantly from Ecuador and Colombia) or from Eastern Europe (predominantly from Poland). Our data shows that the disease profile observed in these workers was what we have previously reported for WTC working population as a whole. Recent reports have begun to document the disproportionate burden of occupational hazards, injuries, and illnesses experienced by immigrant workers in the United States. The WTC experience of immigrants exemplified this burden but, additionally, highlighted that this burden is exacerbated by limitations in access to appropriate health care, disability and

compensation benefits, and vocational rehabilitation services. A clinical program that was designed to address the complex medical and psychosocial needs of these workers in a comprehensive manner was successfully established. Full justice for these workers depends on larger societal changes.

**de la Hoz R, Shohet M, Bienenfeld L, et al. 2008.** *Vocal cord dysfunction in former WTC rescue and recovery workers and volunteers.* American Journal of Industrial Medicine. 51(3):161–165.

<https://doi.org/10.1002/ajim.20541>

BACKGROUND: Vocal cord dysfunction (VCD) is a condition characterized by paradoxical partial adduction of the vocal cords on inspiration. It has been associated with exposures to irritants, as well as with psychological illnesses and conditions. Workers who participated in the recovery of the WTC disaster site were exposed to a large amount of irritants as well as considerable psychological stressors. We describe the clinical characteristics of 10 symptomatic former WTC workers diagnosed with this condition, as well as the frequency of spirometric findings suggestive of variable extrathoracic obstruction. METHODS: Workers who became symptomatic after their WTC work experience have been evaluated clinically by a multidisciplinary team at an academic medical center. The evaluation included history, physical examination, chest radiograph, blood tests, and pre- and post-bronchodilator spirometry in all patients. Additional evaluations and diagnostic tests included otolaryngological evaluation with flexible rhinolaryngoscopy and stroboscopy, gastroenterological and psychiatric evaluations. A randomly selected sample of 172 spirometry results were reviewed for evidence of inspiratory flow limitation.

**RESULTS:** Variable extrathoracic obstruction was found in 18.6% of the spirometries. Ten patients were diagnosed with VCD. In addition to symptoms suggestive of co-morbid conditions (particularly rhinitis and acid reflux disease), most of the 10 patients had (1) hoarseness, (2) dyspnea that was not associated with bronchial hyperreactivity, or (3) dyspnea associated with asthma, with either mild bronchial hyperreactivity and/or poor response to asthma treatment. **CONCLUSIONS:** VCD appears to be part of the spectrum of airway disorders caused by occupational exposures at the WTC disaster site. Further study of this association is warranted.

**de la Hoz R, Shohet M, Chasan R, et al. 2008.** *Occupational toxicant inhalation injury: the WTC experience.* International Archives of Occupational and Environmental Health. 81(4):479–485.

<https://doi.org/10.1007/s00420-007-0240-x>

**OBJECTIVE AND METHODS:** Clinical descriptive data is presented on a group of 554 former workers and volunteers (with more than 90 different occupations) at the WTC disaster site. A subsample of 168 workers (30% of the group) was selected to examine lower airway disease risk in relation to smoking and WTC exposure variables. **RESULTS:** Five diagnostic categories clearly predominate: upper airway disease (78.5%), gastroesophageal reflux disease (57.6%), lower airway disease (48.9%), psychological (41.9%) and chronic musculoskeletal illnesses (17.8%). The most frequent pattern of presentation was a combination of the first three of those categories (29.8%). Associations were found between arrival at the WTC site within the first 48 h of the terrorist attack and lower airway and gastroesophageal reflux disease, and between past or present cigarette

smoking and lower airway disease. **CONCLUSION:** Occupational exposures at the WTC remain consistently associated with a disease profile, which includes five major diagnostic categories. These conditions often coexist in different combinations, which (as expected) mutually enhances their clinical expression, complicates medical management, and slows recovery. Cigarette smoking and early arrival at the WTC site appear to be risk factors for lower airway disease diagnosis.

**Enright P, Skloot G, Herbert R. 2008.** *Standardization of spirometry in assessment of responders following manmade disasters: World Trade Center worker and volunteer medical screening program.* Mount Sinai Journal of Medicine. 75(2):109–114.

<http://doi.org/10.1002/msj.20027>

**BACKGROUND:** Spirometry is the most commonly used pulmonary function test to screen individuals for suspected lung disease. It is also used for screening workers with exposures to agents associated with pulmonary diseases. Although the American Thoracic Society (ATS) provides guidelines for spirometers and spirometry techniques, many factors are not standardized, so that results from individual pulmonary function laboratories vary substantially. These differences can create substantial difficulties in using data pooled from multiple sites to understand health consequences of disasters that involve exposures to pulmonary toxins. This article describes the approach used to minimize these differences for a consortium of institutions who are providing medical monitoring examinations to WTC responders. The protocol improved upon the minimal ATS guidelines. **METHODS:** Spirometric measurements were obtained before and after use of a bronchodilator. A fourth-generation

spirometer was chosen that exceeded ATS spirometer accuracy standards. The accuracy was verified at the beginning of each day of testing. Technologists who performed the spirometry tests were centrally trained and certified and received regular reports on their performance. Reference values and normal ranges were obtained from the National Health and Nutrition Examination Survey (NHANES III) data set. A standardized interpretation flowchart was followed to reduce misclassification rates for airway obstruction and restriction. Patients with spirometric abnormalities were referred for more extensive diagnostic testing. RESULTS: More than 12,000 spirometry tests were performed during the first examination. The 20 spirometers used at the 6 participating institutions maintained accuracy within 3% for more than 4 years. Overall, more than 80% of the test sessions met ATS quality goals. Spirometry abnormality rates exceeded those obtained for adults who participated in the NHANES III survey. CONCLUSIONS: The program allowed standardization of the performance and interpretation of spirometry results across multiple institutions. This facilitated reliable and rapid diagnosis of lung disease in the large number of WTC responders screened. We recommend this approach for postdisaster pulmonary evaluations in other settings.

**Landrigan P, Forman J, Galvez M, et al. 2008.** *Impact of September 11 World Trade Center disaster on children and pregnant women.* Mount Sinai Journal of Medicine. 75(2):129–134.

<https://doi.org/10.1002/msj.20032>

BACKGROUND: Children are uniquely sensitive to toxic exposures in the environment. This sensitivity reflects children's disproportionately heavy exposures coupled with the

biologic vulnerability that is a consequence of their passage through the complex transitions of early development. METHODS AND RESULTS: To assess effects on children's health associated with the attacks on the World Trade Center (WTC) of September 11, 2001, research teams at the Mount Sinai School of Medicine and other academic health centers in New York City launched a series of clinical and epidemiologic studies. Mount Sinai investigators undertook a prospective analysis of pregnancy outcomes in 182 women who were pregnant on September 11, 2001, and who had been either inside or within 0.5 miles of the WTC at the time of the attacks; they found a doubling in incidence of intrauterine growth retardation (IUGR) among infants born to exposed mothers as compared to infants born to unexposed women in northern Manhattan. A Columbia research team examined pregnancy outcomes in 329 women who lived, worked or gave birth in lower Manhattan in the 9 months after September 11; they found that these women gave birth to infants with significantly lower birth weight and shorter length than women living at greater distances from Ground Zero. NYU investigators documented increased numbers of new asthma cases and aggravations of preexisting asthma in children living in lower Manhattan. Mount Sinai mental health researchers documented a significant increase in mental health problems in children who directly witnessed the attacks and subsequent traumatic events; these problems were most severe in children with a past history of psychological trauma. The New York City Department of Health and Mental Hygiene established a WTC Registry that has enrolled over 70,000 persons of all ages in lower Manhattan and will follow the health of these populations to document on

a continuing basis the health consequences of September 11.

**Moline J, Herbert R, Levin S, et al. 2008.** *WTC medical monitoring and treatment program: comprehensive health care response in aftermath of disaster.* *Mount Sinai Journal of Medicine.* 75(2):67–75.

<https://doi.org/10.1002/msj.20022>

The attack on the WTC on September 11th, 2001 exposed thousands of individuals to an unprecedented mix of chemicals, combustion products and micronized building materials. Clinicians at the Mount Sinai Irving Selikoff Center for Occupational and Environmental Medicine, in partnership with affected stakeholder organizations, developed a medical screening program to evaluate the health status of workers and volunteers who spent time at the WTC site and thus sustained exposure in the aftermath of September 11th. Standardized questionnaires were adapted for use in this unique population and all clinicians underwent training to ensure comparability. The WTC Worker and Volunteer Medical Screening Program (MSP) received federal funding in April 2002 and examinations began in July 2002. The MSP and the follow up medical monitoring program has successfully recruited nearly 22,000 responders, and serves as a model for the rapid development of a medical screening program to assess the health of populations exposed to environmental hazards as a result of natural and man-made disasters. The MSP constitutes a successful screening program for WTC responders. We discuss the challenges that confronted the program; the absence of a prior model for the rapid development of a program to evaluate results from mixed chemical exposures; little documentation of the size of the exposed population or of

who might have been exposed; and uncertainty about both the nature and potential severity of immediate and long-term health effects.

**Reissman D, Howard J. 2008.** *Responder safety and health: Preparing for future disasters.* *Mount Sinai Journal of Medicine.* 75(2):135–141.

<https://doi.org/10.1002/msj.20024>

This article reviews lessons learned about managing the safety and health of workers who were involved in disaster response, recovery, and cleanup after the 2001 WTC disaster. The first two sections review ongoing responder health burdens and the tragic toll of this disaster from a worker safety and health perspective. The remaining sections address changes in federal infrastructure, response planning, and resources for protection of response and recovery personnel. Proper preparation includes pre-event and “just-in-time” disaster-worker training on likely hazards, organizational assets for hazard monitoring, and hands-on instruction in the use of assigned protective equipment. Good planning includes predeployment medical review to ensure “fitness for duty” and considers the following: (1) personal risk factors, (2) hazards likely to be associated with particular field locations, and (3) risks involved with assigned tasks (eg., workload and pace, work/rest cycles, available resources, and team/supervisory dynamics). Planning also should address worker health surveillance, medical monitoring, and availability of medical care (including mental health services). Disaster safety managers should anticipate likely hazards within planning scenarios and prepare asset inventories to facilitate making timely safety decisions. Disaster safety management begins immediately and provides ongoing real-time

guidance to incident leadership at all levels of government. Robust standards must be met to reliably protect workers/responders. An integrated and measurable multi-agency safety management function must be built into the incident command system before an incident occurs. This function delineates roles and responsibilities for rapid exposure assessments, ensuring cross-agency consistency in data interpretation, and timely, effective communication of information and control strategies. The ability to perform this safety management function should be tested and evaluated in exercise simulations and drills at multiple levels. Joint planning and exercising of the safety management plan and its function are effective ways to build inter-agency relationships and to be more systemic in managing logistics for safety equipment and converging personnel. Planning must include mechanisms to enable safety decisions to be implemented—such as effective and rapid scene control (site access), personnel tracking, and safety enforcement. Worker safety and health preparedness and leadership are essential for protecting workers and promoting resiliency among personnel involved in disaster response, recovery, and cleanup.

**Savitz D, Oxman R, Metzger K, et al. 2008.** *Epidemiologic research on man-made disasters: strategies and implications of cohort definition for World Trade Center worker and volunteer surveillance program.* Mount Sinai Journal of Medicine. 75(2):77–87.

<https://doi.org/10.1002/msj.20023>

Studies of long-term health consequences of disasters face unique methodologic challenges. The authors focused on studies of the health of cleanup and recovery workers, who are often poorly enumerated at the outset and difficult to follow over time.

Comparison of the experience at the WTC disaster with 4 past incidents of chemical and radiation releases at Seveso, Italy; Bhopal, India; Chernobyl, Ukraine; and Three Mile Island, USA, provided useful contrasts. Each event had methodologic advantages and disadvantages that depended on the nature of the disaster and the availability of records on area residents, and the emergency-response and cleanup protocol. The WTC Worker Monitoring Program has well-defined eligibility criteria but lacks information on the universe of eligible workers to characterize response proportions or the potential for distortion of reported health effects. Non-participation may result from lack of interest, lack of awareness of the program, availability of another source of medical care, medical conditions precluding participation, inability to take time off from work, moving out of the area, death, or shift from initially ineligible to eligible status. Some of these considerations suggest selective participation by the sickest individuals, whereas others favor participation by the healthiest. The greatest concern with the validity of inferences regarding elevated health risks relative to external populations is the potential for selective enrollment among those who are affected. If there were a large pool of nonparticipating workers and those who suffered ill health were most motivated to enroll, the rates of disease among participants would be substantially higher than among all those eligible for the program. Future disaster follow-up studies would benefit substantially by having access to accurate estimates of the number of workers and information on the individuals who contributed to the cleanup and recovery effort.

**Stellman S, Smith R, Katz C, et al. 2008.** *Enduring mental health morbidity and social function impairment in World Trade Center*

*rescue, recovery, and cleanup workers: the psychological dimension of an environmental health disaster.* Environmental Health Perspectives. 116(9):1248–1253.

<https://doi.org/10.1289/ehp.11164>

**BACKGROUND:** The WTC attacks exposed thousands of workers to hazardous environmental conditions and psychological trauma. In 2002, to assess the health of these workers, Congress directed the National Institute for Occupational Safety and Health to establish the WTC Medical Monitoring and Treatment Program. This program has established a large cohort of WTC rescue, recovery, and cleanup workers. We previously documented extensive pulmonary dysfunction in this cohort related to toxic environmental exposures. **OBJECTIVES:** Our objective in this study was to describe mental health outcomes, social function impairment, and psychiatric comorbidity in the WTC worker cohort, as well as perceived symptomatology in workers' children. **METHODS:** Ten to 61 months after the WTC attack, 10,132 WTC workers completed a self-administered mental health questionnaire. **RESULTS:** Of the workers who completed the questionnaire, 11.1% met criteria for probable PTSD, 8.8% met criteria for probable depression, 5.0% met criteria for probable panic disorder, and 62% met criteria for substantial stress reaction. PTSD prevalence was comparable to that seen in returning Afghanistan war veterans and was much higher than in the U.S. general population. Point prevalence declined from 13.5% to 9.7% over the 5 years of observation. Comorbidity was extensive and included extremely high risks for impairment of social function. PTSD was significantly associated with loss of family members and friends, disruption of family, work, and social life, and higher

rates of behavioral symptoms in children of workers. **CONCLUSIONS:** Working in 9/11 recovery operations is associated with chronic impairment of mental health and social functioning. Psychological distress and psychopathology in WTC workers greatly exceed population norms. Surveillance and treatment programs continue to be needed.

**Szeinuk J, Padilla M, de la Hoz R. 2008.** *Potential for diffuse parenchymal lung disease after exposures at World Trade Center disaster site.* Mount Sinai Journal of Medicine. 75(2):101–107.

<https://doi.org/10.1002/msj.20025>

**OBJECTIVE:** The diffuse parenchymal lung diseases (DPLDs) are a heterogeneous group of disorders that result from damage to the lung parenchyma. While the cause of most DPLDs remains unknown, extensive epidemiological and experimental evidence has linked exposure to environmental toxins to the pathogenesis of some of those diseases. The purpose of this review is to examine the potential relation between exposure to toxins released from the WTC collapse on September 11th, 2001 and the development of DPLD based on published evidence up to date. **METHODS:** We examine such evidence from two points of view, (1) exposure, and (2) histopathogenesis. **EXPOSURE:** Analyses of WTC-dust and particle size demonstrate that some portion of the dust was composed of particles small enough to penetrate deep into the lungs, reaching distal airways and alveoli. The presence of such particles has been confirmed in studies of induced sputum and bronchoalveolar lavage in WTC-exposed firefighters. **Histopathogenesis:** In vitro and animal experiments and patient evidence suggest that WTC dust is capable of inducing a pulmonary interstitial inflammatory response. **RESULTS:** To date, there have

been limited clinical reports documenting the development of diffuse parenchymal responses following exposure to WTC dust. No single common pathologic response has been described. The one common denominator in the reports is that the individuals who developed disease were heavily exposed either during the disaster or during the initial 2–to-3 days following the disaster. CONCLUSION: DLPDs are probably associated with heavy or extended exposure to the toxins released at the WTC disaster site. Coupled with the historical experience with exposures to occupational toxins this mandates continued long-term clinical observation of this cohort.

## 2009 (6)

**Bills C, Dodson N, Stellman J, et al. 2009.** *Stories behind the symptoms: a qualitative analysis of the narratives of 9/11 rescue and recovery workers.* The Psychiatric Quarterly. 80(3):173–189.

<https://doi.org/10.1007/s11126-009-9105-7>

A qualitative study of the experiences of rescue and recovery workers/volunteers at Ground Zero following the terrorist attacks of 9/11/01 is reported. Information was extracted from a semi-structured clinical evaluation of 416 responders who were the initial participants in a large scale medical and mental health screening and treatment program for 9/11 responders. Qualitative analysis revealed themes that spanned four categories: occupational roles, exposures, attitudes/experiences, and outcomes related to the experience of Ground Zero. Themes included details regarding Ground Zero roles, grotesque experiences such as smells, the sense of the surreal nature of

responding, and a turning to rituals to cope after leaving Ground Zero. These findings personalize the symptom reports and diagnoses that have resulted from the 9/11 responders' exposure to Ground Zero, yielding richer information than would otherwise be available for addressing the psychological dimensions of disasters. This work shows that large scale qualitative surveillance of trauma-exposed populations is both relevant and feasible.

**Chiu S, Webber M, Zeig-Owens R, et al. 2010.** *Validation of the Center for Epidemiologic Studies depression scale in screening for major depressive disorder among retired firefighters exposed to the World Trade Center disaster.* Journal of Affective Disorders. 121(3):212–219.

<https://doi.org/10.1016/j.jad.2009.05.028>

BACKGROUND: We evaluated the performance of a modified Center of Epidemiologic Studies Depression Scale (CES-D-m), which captured symptoms in the past month, in comparison to the Diagnostic Interview Schedule (DIS) in identification of major depressive disorder (MDD) in WTC-exposed retired Fire Department, City of New York (FDNY) firefighters. METHODS: From 12/2005 to 7/2007, FDNY enrolled retired firefighters in its Medical Monitoring and Treatment Program. All participants completed the CES-D-m and the DIS on the same day. Sensitivity, specificity, receiver operating characteristic (ROC) curves, and Youden's index were used to assess properties of the CES-D-m. Multivariate logistic regression analyses were also used. RESULTS: 7% of 1915 retired male firefighters were diagnosed with MDD using the DIS. Using the most common CES-D cutoff score of 16, the prevalence of elevated risk was 36%, which declined to 23% using a cutoff score of 22,

as determined by Youden's index. At 22, CESD-m sensitivity was 0.84, specificity was 0.82, and the area under the ROC curve was 0.89 relative to DIS MDD diagnosis. LIMITATIONS: Participants were more likely than non-participants to live in the New York City area. CONCLUSIONS: This is the first study of WTC rescue/recovery workers to assess the performance of a one-month version of the CES-D. The CES-D-m performed well in identifying those at elevated risk. Since diagnostic follow-up is time consuming and costly, it is important to correctly distinguish those at elevated risk using a screening tool that has been validated in the population under study.

**de la Hoz R, Shohet M, Wisnivesky J, et al. 2009.** *Atopy and upper and lower airway disease among former World Trade Center workers and volunteers.* *Journal of Occupational and Environmental Medicine.* 51(9):992–995.

<https://doi.org/10.1097/JOM.0b013e3181b32093>

OBJECTIVE: A large number of workers seemed to have developed upper and lower airway disease (UAD and LAD, respectively) in relation to their occupational exposures at the World Trade Center (WTC) disaster site. This study examined atopy as a risk factor for presumably WTC-related UAD and LAD. METHODS: Atopy was examined in 136 former WTC workers and volunteers by radioallergosorbent test, skin prick testing, or both. Overall prevalence of atopy was estimated, and bivariate and multivariate logistic regression analyses were conducted to examine associations of atopy with WTC-related UAD and LAD. RESULTS: Atopy was prevalent in 54.4% of these WTC workers. Atopy was associated with higher symptom severity scores for both WTC-related UAD and LAD. Atopy was a predictor of WTC-related UAD but not LAD.

Early arrival at the WTC site, and pre-2001 asthma diagnosis were predictors of LAD. CONCLUSION: The prevalence of atopy in this population is similar to what has been described for the general U.S. population. Atopy seemed to be a risk factor for presumably WTC-related UAD but not for LAD.

**Katz C, Levin S, Herbert R, et al. 2009.** *Psychiatric symptoms in Ground Zero ironworkers in the aftermath of 9/11: Prevalence and predictors.* *Psychiatric Bulletin.* 33(2):49–52.

<https://doi.org/10.1192/pb.bp.107.018663>

Aims and method: To establish the prevalence of, and risk factors for, psychiatric symptoms in Ground Zero ironworkers. Questionnaires commonly used to screen for psychiatric symptoms were completed by 124 workers. Results: We have established the prevalence of screening positive for symptoms of post-traumatic stress disorder, panic attacks, generalized anxiety, depression and alcohol misuse. Among the risk factors were alcohol misuse, injury to or death of a family member, friend or co-worker at Ground Zero and one or more adverse life events since 9/11. Clinical implications: Ironworkers at Ground Zero tend to have significant psychiatric symptoms likely to be associated with the traumatic experience of working there during the clean-up operation. Risk factors for psychiatric symptoms were established. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

**Moline J, Herbert R, Crowley L, et al. 2009.** *Multiple myeloma in World Trade Center responders: a case series.* *Journal of Occupational and Environmental Medicine.* 51(8):896–902.

<https://doi.org/10.1097/JOM.0b013e3181ad49c8>



**OBJECTIVES:** We report on cases of multiple myeloma (MM) observed in WTC responders registered in the WTC Medical Program. **METHODS:** Possible cases of MM diagnosed between September 11, 2001, and September 10, 2007, in responders were confirmed if they met the World Health Organization and Mayo Clinic diagnostic criteria. **RESULTS:** Among 28,252 responders of known sex and age, eight cases of MM were observed (6.8 expected). Four of these cases were observed in responders younger than 45 years at the time of diagnosis (1.2 expected). A slight deficit of MM cases was observed in responders older than 45 years (4 observed, 5.6 expected). **CONCLUSION:** In this case series, we observe an unusual number of MM cases in WTC responders under 45 years. This finding underscores the importance of maintaining surveillance for cancer and other emerging diseases in this highly exposed population.

**Skloot G, Schechter C, Herbert R, et al. 2009.** *Longitudinal assessment of spirometry in the World Trade Center medical monitoring program.* *Chest.* 135(2):492–498.

<https://doi.org/10.1378/chest.08-1391>

**BACKGROUND:** Multiple studies have demonstrated an initial high prevalence of spirometric abnormalities following WTC disaster exposure. We assessed prevalence of spirometric abnormalities and changes in spirometry between baseline and first follow-up evaluation in participants in the WTC Worker and Volunteer Medical Monitoring Program. We also determined the predictors of spirometric change between the two examinations. **METHODS:** Prebronchodilator and postbronchodilator spirometry, demographics, occupational history, smoking status, and respiratory symptoms and exposure onset were obtained at both

examinations (about 3 years apart). **RESULTS:** At the second examination, 24.1% of individuals had abnormal spirometry findings. The predominant defect was a low FVC without obstruction (16.1%). Between examinations, the majority of individuals did not have a greater-than-expected decline in lung function. The mean declines in prebronchodilator FEV(1) and FVC were 13 mL/yr and 2 mL/yr, respectively (postbronchodilator results were similar and not reported). Significant predictors of greater average decline between examinations were lack of bronchodilator responsiveness at examination 1 and weight gain [corrected]. **CONCLUSIONS:** Elevated rates of spirometric abnormalities were present at both examinations, with reduced FVC most common. Although the majority had a normal decline in lung function, lack of bronchodilator response at examination 1 and weight gain were significantly associated with greater-than-normal lung function declines [corrected]. Due to the presence of spirometric abnormalities > 5 years after the disaster in many exposed individuals, longer-term monitoring of WTC responders is essential.

## 2010 (8)

**Dalton P, Opiekun R, Gould M, et al. 2010.** *Chemosensory loss: functional consequences of the World Trade Center disaster.* *Environmental Health Perspectives.* 118(9):1251–1256.

<https://doi.org/10.1289/ehp.1001924>

**BACKGROUND:** Individuals involved in rescue, recovery, demolition, and cleanup at the WTC site were exposed to a complex mixture of airborne smoke, dust, combustion gases, acid mists, and metal fumes. Such exposures have the potential to impair

nasal chemosensory (olfactory and trigeminal) function. **OBJECTIVE:** The goal of this study was to evaluate the prevalence of chemosensory dysfunction and nasalinflammation among these individuals. **METHODS:** We studied 102 individuals who worked or volunteered at the WTC site in the days and weeks during and after 11 September 2001 (9/11) and a comparison group with no WTC exposure matched to each participant on age, sex, and job title. Participants were comprehensively evaluated for chemosensory function and nasal inflammation in a single session. Individual exposure history was obtained from self-reported questionnaires. **RESULTS:** The prevalence of olfactory and trigeminal nerve sensitivity loss was significantly greater in the WTC-exposed group relative to the comparison group [prevalence ratios (95% confidence intervals)=1.96 (1.2–3.3) and 3.28 (2.7– 3.9) for odor and irritation thresholds, respectively]. Among the WTC responders, however, individuals caught in the dust cloud from the collapse on 9/11 exhibited the most profound trigeminal loss. Analysis of the nasal lavage samples supported the clinical findings of chronic nasal inflammation among the WTC- exposed cohort. **CONCLUSIONS:** The prevalence of significant chemosensory impairment in the WTC-exposed group more than 2 years after their exposure raises concerns for these individuals when the ability to detect airborne odors or irritants is a critical safety factor. **RELEVANCE TO CLINICAL PRACTICE:** This outcome highlights the need for chemosensory evaluations among individuals with exposure to acute high or chronic levels of airborne pollutants.

**de la Hoz R. 2010.** *Occupational asthma and lower airway disease among World Trade Center workers and volunteers.* *Current Allergy and Asthma Reports.* 10(4):287–294.

<https://doi.org/10.1007/s11882-010-0120-4>

The WTC disaster and its recovery work involved a range of hazardous occupational exposures that have not been fully characterized but can be reasonably assumed to have the potential to cause mucosal inflammation in the upper and lower airways. A high prevalence of lower airway disease (LAD) symptoms was reported by several early surveys. Clinical studies further categorized the diagnoses as irritant-induced asthma (of subacute onset), nonspecific chronic bronchitis, chronic bronchiolitis, or aggravated preexistent obstructive pulmonary disease in a substantial proportion of patients. Risk factors for WTC-related LAD included early (on September 11 or 12, 2001) arrival at the WTC site and work at the pile of the collapsed towers. Cigarette smoking (but not atopy) also seemed to be a risk factor for LAD. No data thus far suggest an increased incidence of neoplastic or interstitial lung disease, but ongoing surveillance is clearly necessary.

**de la Hoz R, Aurora R, Landsbergis P, et al. 2010.** *Snoring and obstructive sleep apnea among former World Trade Center rescue workers and volunteers.* *Journal of Occupational and Environmental Medicine.* 52(1):29–32.

<https://doi.org/10.1097/JOM.0b013e3181c2bb18>

**BACKGROUND:** Snoring is a common symptom among workers with adverse health effects from their WTC occupational exposures. Rhinitis and upper airway disease are highly prevalent among these workers. Rhinitis has been associated with snoring and, in some studies, with obstructive sleep apnea (OSA). We examined the association of WTC exposure and findings on nocturnal polysomnogram, as well as known predictors of

OSA in this patient population. **METHODS:** One hundred participants with snoring underwent a polysomnogram to exclude OSA. Comorbidities had been previously evaluated and treated. The apnea-hypopnea index (AHI) defined and categorized the severity of OSA. Age, sex, body mass index (BMI), and WTC exposure variables were examined in bivariate and multiple regression analyses. **RESULTS:** Our study sample had a similar prevalence of five major disease categories, as we previously reported. OSA was diagnosed in 62% of the patients and was not associated with any of those disease categories. A trend toward increasing AHI with increasing WTC exposure duration failed to reach the statistical significance ( $P=0.14$ ) in multiple regression analysis. An elevated AHI was associated with BMI ( $P=0.003$ ) and male sex ( $P < 0.001$ ). **CONCLUSIONS:** OSA was associated with BMI and male sex but not with occupational WTC exposure indicators in this patient population.

**de la Hoz R, Shohet M, Cohen J. 2010.** *Occupational rhinosinusitis and upper airway disease: the World Trade Center experience.* *Current Allergy and Asthma Reports.* 10(2):77–83.

<https://doi.org/10.1007/s11882-010-0088-0>

The WTC disaster and its recovery work involved a range of hazardous occupational exposures that have not been fully characterized but that can be reasonably assumed to have the potential to cause mucosal inflammation, preferentially (but not exclusively) in the upper airway. A high prevalence of rhinosinusitis and upper airway disease (UAD) symptoms was reported by several early surveys. Clinical studies demonstrated objective, clinically significant, and persistent chronic perennial rhinosinusitis and UAD—with or without seasonal

exacerbation—in a large proportion of patients. Demonstration of an association between UAD and available exposure indicators has been limited. Atopy seemed to be associated with increased UAD symptom severity and to be a risk factor for upper, but not lower, airway disease. WTC-related UAD is considered an irritant-induced disease but not, in many cases, of acute onset. No data thus far suggest an increased upper airway cancer incidence.

**Enright P, Skloot G, Cox-Ganser J, et al. 2010.** *Quality of spirometry performed by 13,599 participants in the World Trade Center Worker and Volunteer Medical Screening Program.* *Respiratory Care.* 55(3):303–309.

<http://rc.rcjournal.com/content/55/3/303.short>

**OBJECTIVE:** To determine the ability of spirometry technicians in the WTC Worker and Volunteer Medical Screening Program to meet American Thoracic Society spirometry quality goals. **METHODS:** Spirometry technicians were trained centrally and performed spirometry sessions at 6 sites in the greater New York City area. We reviewed and graded the spirometry results for quality every month. **RESULTS:** About 80% (range 70–88%) of the spirometry sessions met the American Thoracic Society spirometry goals. In general, the spirometry technicians with the most experience were more successful in meeting the quality goals. Participant characteristics explained very little of the quality variability. **CONCLUSIONS:** The overall spirometry quality in this multicenter program was very good. Efforts to improve spirometry quality should focus on the performance of individual spirometry technicians.

**Skloot G, Edwards N, Enright P. 2010.** *Four-year calibration stability of the Easyone*

portable spirometer. *Respiratory Care*. 55(7):873–877.

<http://rc.rcjournal.com/content/55/7/873.short>

**BACKGROUND:** Clinical practice guidelines recommend daily spirometer calibration checks and weekly linearity checks. The long-term stability of the volume and flow accuracy of a specific model of spirometer should be carefully characterized before modification of the frequency of calibration checks is considered for that model of spirometer. **METHODS:** The EasyOne ultrasonic flow-sensing spirometer was chosen for use by the clinical centers at the 2002 inception of the WTC Worker and Volunteer Medical Screening Program. The screening program quality-control procedure required that the expiratory and inspiratory volume accuracy of each spirometer be checked every day of testing, and the flow accuracy (linearity) checked every week. The calibration check results were transferred to a central database for summary. **RESULTS:** Over 5,000 calibration-check results (4,109 single-speed and 1,189 three-speed) were accumulated from a total of 34 spirometers during the period February 2003 through March 2007. The mean single-speed calibration errors (and 5th-95th percentiles) were -2 mL (-80 to 70 mL) for exhalation and -10 mL (-80 to 60 mL) for inhalation. 98% of the exhalation and 97% of the inhalation calibration checks were accurate within 3.0%. There was no evidence of significant non-linearity according to the results of the 3-speed calibration checks (mean errors of -3, -5, and -6 mL at each speed). **CONCLUSIONS:** The EasyOne retained inhalation and exhalation volume accuracy of better than 3% for at least 4 years. Routine multiple-speed volume calibration checks may not be necessary with the EasyOne. The acceptability

and repeatability of patient efforts should be the primary focus of quality-assurance programs with spirometers that have been demonstrated to remain accurate for long periods. 2010 Daedalus Enterprises.

**Wallenstein S, Bodian C, Herbert R. 2010.** A capture-recapture problem when information is obtained from two qualitatively different sources. *Communications in Statistics - Theory and Methods*. 39(15):2688–2700. [no abstract]

<http://dx.doi.org/10.1080/03610920903094691>

**Wu M, Gordon R, Herbert R, et al. 2010.** *Case report: Lung disease in World Trade Center responders exposed to dust and smoke: Carbon nanotubes found in the lungs of World Trade Center patients and dust samples.* *Environmental Health Perspectives*. 118(4):499–504.

<https://doi.org/10.1289/ehp.0901159>

**CONTEXT:** After the collapse of the WTC on 11 September 2001, a dense cloud of dust containing high levels of airborne pollutants covered Manhattan and parts of Brooklyn, New York. Between 60,000 and 70,000 responders were exposed. Many reported adverse health effects. **CASE PRESENTATION:** In this report we describe clinical, pathologic, and mineralogic findings in seven previously healthy responders who were exposed to WTC dust on either 11 September or 12 September 2001, who developed severe respiratory impairment or unexplained radiologic findings and underwent video-assisted thoracoscopic surgical lung biopsy procedures at Mount Sinai Medical Center. WTC dust samples were also examined. We found that three of the seven responders had severe or moderate restrictive disease clinically. Histopathology showed interstitial lung disease consistent with

small airways disease, bronchiolocentric parenchymal disease, and nonnecrotizing granulomatous condition. Tissue mineralogic analyses showed variable amounts of sheets of aluminum and magnesium silicates, chrysotile asbestos, calcium phosphate, and calcium sulfate. Small shards of glass containing mostly silica and magnesium were also found. Carbon nanotubes (CNT) of various sizes and lengths were noted. CNT were also identified in four of seven WTC dust samples. **DISCUSSION:** These findings confirm the previously reported association between WTC dust exposure and bronchiolar and interstitial lung disease. Long-term monitoring of responders will be needed to elucidate the full extent of this problem. The finding of CNT in both WTC dust and lung tissues is unexpected and requires further study.

## 2011 (8)

**Altman K, Desai S, Moline J, et al. 2011.** *Odor identification ability and self-reported upper respiratory symptoms in workers at the post-9/11 World Trade Center site.* International Archives of Occupational and Environmental Health. 84(2):131–137.

<https://doi.org/10.1007/s00420-010-0556-9>

Following the WTC collapse on September 11, 2001, more than 40,000 people were exposed to a complex mixture of inhalable nanoparticles and toxic chemicals. While many developed chronic respiratory symptoms, to what degree olfaction was compromised is unclear. A previous WTC Medical Monitoring and Treatment Program study found that olfactory and nasal trigeminal thresholds were altered by the toxic exposure, but not scores on a 20–odor smell identification test. **OBJECTIVES:** To employ

a well-validated 40–item smell identification test to definitively establish whether the ability to identify odors is compromised in a cohort of WTC-exposed individuals and, if so, whether the degree of compromise is associated with self-reported severity of rhinitic symptoms. **METHODS:** The University of Pennsylvania Smell Identification Test (UPSIT) was administered to 99 WTC-exposed persons and 99 matched normal controls. The Sino- Nasal Outcomes Test (SNOT-20) was administered to the 99 WTC-exposed persons and compared to the UPSIT scores. **RESULTS:** The mean (SD) UPSIT scores were lower in the WTC-exposed group than in age-, sex-, and smoking history-matched controls [respective scores: 30.05 (5.08) vs 35.94 (3.76);  $p=0.003$ ], an effect present in a subgroup of 19 subjects additionally matched on occupation ( $p < 0.001$ ). Fifteen percent of the exposed subjects had severe microsmia, but only 3% anosmia. SNOT-20 scores were unrelated to UPSIT scores ( $r=0.20$ ;  $p=0.11$ ). **CONCLUSION:** Exposure to WTC air pollution was associated with a decrement in the ability to identify odors, implying that such exposure had a greater influence on smell function than previously realized.

**Crowley L, Herbert R, Moline J, et al. 2011.** *“Sarcoid like” granulomatous pulmonary disease in World Trade Center disaster responders.* American Journal of Industrial Medicine. 54(3):175–184.

<https://doi.org/10.1002/ajim.20924>

**BACKGROUND:** More than 20,000 responders have been examined through the WTC Medical Monitoring and Treatment Program since September 11, 2001. Studies on WTC firefighters have shown elevated rates of sarcoidosis. The main objective of this study was to report the incidence of “sarcoid like” granulomatous pulmonary disease in other

WTC responders. METHODS: Cases of sarcoid like granulomatous pulmonary disease were identified by: patient self-report, physician report and ICD-9 codes. Each case was evaluated by three pulmonologists using the ACCESS criteria and only “definite”-cases are reported. RESULTS: Thirty-eight patients were classified as “definite” cases. Six-year incidence was 192/100,000. The peak annual incidence of 54 per 100,000 person-years occurred between 9/11/2003 and 9/11/2004. Incidence in black responders was nearly double that of white responders. Low FVC was the most common spirometric abnormality. CONCLUSIONS: Sarcoid like granulomatous pulmonary disease is present among the WTC responders. While the incidence is lower than that reported among firefighters, it is higher than expected.

**Crowley L, Herbert R, Moline J, et al. 2011.** *Response to Dr. Reich’s letter: “Sarcoid-like” granulomatous pulmonary disease in World Trade Center disaster responders: influence of incidence computation methodology in inferring airborne dust causation: “Sarcoid-like” granulomatous pulmonary disease in World Trade Center disaster responders.* American Journal of Industrial Medicine. 54(11):894–895. [no abstract]

<https://doi.org/10.1002/ajim.20995>

**de la Hoz R. 2011.** *Occupational lower airway disease in relation to World Trade Center inhalation exposure.* Current Opinion in Allergy and Clinical Immunology. 11(2):97–102.

<https://doi.org/10.1097/ACI.0b013e3283449063>

PURPOSE OF REVIEW: To summarize the knowledge about the occupational lower airway diseases that seem related to exposures at the WTC disaster site. RECENT FINDINGS: Those diseases have been characterized as irritant-induced asthma, chronic

nonspecific bronchitis, chronic bronchiolitis/small airway disease, and aggravated preexistent chronic obstructive lung disease (most frequently chronic obstructive pulmonary disease, but also asthma), with the expected overlapping features among them. One remarkable characteristic of the irritant-induced asthma observed among these workers was the slow onset of symptoms and long delay in clinical diagnoses. SUMMARY: Longitudinal studies suggest that both the incidence and the associated functional decline of these predominantly obstructive lung diseases stabilized several years ago, but longer follow-up is clearly necessary.

**Perritt K, Herbert R, Levin S, et al. 2011.** *Work-related injuries and illnesses reported by World Trade Center response workers and volunteers.* Prehospital and Disaster Medicine. 26(6):401–407.

<https://doi.org/10.1017/S1049023X12000143>

INTRODUCTION: In 2002, the Mount Sinai Center for Occupational and Environmental Medicine, with support from the National Institute for Occupational Safety and Health (NIOSH), began coordinating the WTC Worker and Volunteer Medical Screening Program (MSP) to monitor the health of qualified WTC responders. Enrolled participants were offered a clinical examination; interviewed to collect medical, mental health, and exposure information; and requested to complete a self-administered medical questionnaire. The objective of this study was to better understand work-related injuries and illnesses sustained on-site by WTC responders. METHODS: A descriptive analysis of select data from the MSP self-administered medical questionnaire was conducted. Data collected July 2002 through April 2004 from MSP participants enrolled at the Mount

Sinai clinic were reviewed using univariate statistical techniques. **RESULTS:** Records from 7,810 participants were analyzed, with most participants associated with either the construction industry (n=2,623, 34%) or law enforcement (n=2,036, 26%). Approximately a third of the participants (n= 2,486, 32%) reported at least one injury or illness requiring medical treatment that was sustained during WTC work/volunteer activities. Of the total 4,768 injuries/illnesses reported by these participants, respiratory complaints were most common (n=1,350, 28%), followed by traumatic injuries excluding eye injuries (n= 961, 20%), eye injuries/ ailments (n=709, 15%), chest pain (n=375, 8%), headaches (n=359, 8%), skin conditions (n= 178, 4%), and digestive system conditions (n=163, 3%). Participants reported that 36% of injuries/illnesses were treated off- site and 29% were treated on-site, with the remaining not specifying treatment location. Off-site treatment was prevalent for respiratory complaints, psychological stress, and chest pain. On-site treatment was predominate for eye injuries/ailments and traumatic injuries excluding eye injuries. **CONCLUSION:** Study results underscore the need for rapid deployment of personal protective equipment for disaster responders and medical care stations mobilized near disaster worksites. Additionally, the results, many of which are comparable to findings from previous WTC studies where data were collected in real- time, indicate that a screening program such as the MSP may be effective in retrospectively providing general information on disaster responder demographics and work-related injuries and illnesses.

**Udasin I, Schechter C, Crowley L, et al. 2011.** *Respiratory symptoms were associated with lower spirometry results during the*

*first examination of WTC responders.* Journal of Occupational and Environmental Medicine. 53(1):49–54.

<https://doi.org/10.1097/JOM.0b013e3182028e5c>

**OBJECTIVE:** Determine if WTC disaster responders had lower lung function and higher bronchodilator responsiveness than those with respiratory symptoms and conditions. **METHODS:** We evaluated cardinal respiratory symptoms (dyspnea, wheezing, dry cough, productive cough) and determined the difference in FEV1, FVC, and bronchodilator responsiveness. **RESULTS:** All respiratory symptoms were associated with a lower FEV1 and FVC, and a larger bronchodilator response. Responders reporting chronic productive cough, starting during WTC work and persisting, had a mean FEV1 109 mL lower than those without chronic persistent cough; their odds of having abnormally low FEV1 was 1.40 times higher; and they were 1.65 times as likely to demonstrate bronchodilator responsiveness. **CONCLUSIONS:** Responders reporting chronic persistent cough, wheezing or dyspnea at first medical examination were more likely to have lower lung function and bronchodilator responsiveness.

**Wisnivesky J, Teitelbaum S, Todd A, et al. 2011.** *Persistence of multiple illnesses in World Trade Center rescue and recovery workers: a cohort study.* Lancet. 378(9794):888–897.

[https://doi.org/10.1016/S0140-6736\(11\)61180-X](https://doi.org/10.1016/S0140-6736(11)61180-X)

**BACKGROUND:** More than 50,000 people participated in the rescue and recovery work that followed the Sept 11, 2001 (9/11) attacks on the WTC. Multiple health problems in these workers were reported in the early years after the disaster. We report incidence and prevalence rates of physical

and mental health disorders during the 9 years since the attacks, examine their associations with occupational exposures, and quantify physical and mental health comorbidities. **METHODS:** In this longitudinal study of a large cohort of WTC rescue and recovery workers, we gathered data from 27,449 participants in the WTC Screening, Monitoring, and Treatment Program. The study population included police officers, firefighters, construction workers, and municipal workers. We used the Kaplan-Meier procedure to estimate cumulative and annual incidence of physical disorders (asthma, sinusitis, and gastro-oesophageal reflux disease), mental health disorders (depression, post-traumatic stress disorder [PTSD], and panic disorder), and spirometric abnormalities. Incidence rates were assessed also by level of exposure (days worked at the WTC site and exposure to the dust cloud). **FINDINGS:** 9-year cumulative incidence of asthma was 27.6% (number at risk: 7027), sinusitis 42.3% (5870), and gastro-oesophageal reflux disease 39.3% (5650). In police officers, cumulative incidence of depression was 7.0% (number at risk: 3648), PTSD 9.3% (3761), and panic disorder 8.4% (3780). In other rescue and recovery workers, cumulative incidence of depression was 27.5% (number at risk: 4200), PTSD 31.9% (4342), and panic disorder 21.2% (4953). 9-year cumulative incidence for spirometric abnormalities was 41.8% (number at risk: 5769); three-quarters of these abnormalities were low forced vital capacity. Incidence of most disorders was highest in workers with greatest WTC exposure. Extensive comorbidity was reported within and between physical and mental health disorders. **INTERPRETATION:** Nine years after the 9/11 WTC attacks, rescue and recovery workers continue to have a substantial burden of physical and mental health problems.

These findings emphasize the need for continued monitoring and treatment of the WTC rescue and recovery population. **FUNDING:** Centers for Disease Control and Prevention and National Institute for Occupational Safety and Health.

**Woskie S, Kim H, Freund A, et al. 2011.** *World Trade Center disaster: assessment of responder occupations, work locations, and job tasks.* American Journal of Industrial Medicine. 54(9):681–695.

<http://doi.org/10.1002/ajim.20997>

**BACKGROUND:** To date there have been no comprehensive reports of the work performed by 9/11 WTC responders. **METHODS:** 18,969 responders enrolled in the WTC Medical Monitoring and Treatment Program were used to describe workers' pre-9/11 occupations, WTC work activities and locations from September 11, 2001 to June 2002. **RESULTS:** The most common pre-9/11 occupation was protective services (47%); other common occupations included construction, telecommunications, transportation, and support services workers. 14% served as volunteers. Almost one-half began work on 9/11 and >80% reported working on or adjacent to the "pile" at Ground Zero. Initially, the most common activity was search and rescue but subsequently, the activities of most responders related to their pre-9/11 occupations. Other major activities included security; personnel support; buildings and grounds cleaning; and telecommunications repair. **CONCLUSIONS:** The spatial, temporal, occupational, and task-related taxonomy reported here will aid the development of a job-exposure matrix, assist in assessment of disease risk, and improve planning and training for responders in future urban disasters.



**2012 (6)**

**de la Hoz R, Mallea J, Kramer S, et al. 2012.** *Polysomnographic diagnoses among former World Trade Center rescue workers and volunteers.* Archives of Occupational and Environmental Medicine. 67(4):239–242.

<https://doi.org/10.1080/19338244.2012.725230>

An increased risk for obstructive sleep apnea (OSA) has been suggested for WTC-exposed workers. The authors reviewed the results from nocturnal polysomnograms (PSGs), to investigate diagnostic differences between WTC-exposed and -unexposed subjects. Six hundred fifty-six nocturnal PSGs performed at our sleep center were reviewed, 272 of them in former WTC workers. Seven diagnostic categories were compared between the 2 groups by bivariate and logistic regression analyses. The WTC group had a significantly higher predominance of the male gender, but slightly lower body mass index (BMI). There was no significant difference in the distribution of PSG diagnoses between the two groups in unadjusted ( $p=.56$ ) or adjusted ( $p=.49$ ) analyses. The authors did not identify a significant difference in PSG diagnoses between the WTC-exposed and -unexposed subjects. OSA was significantly associated with age, BMI, and gender in this patient population.

**Katz C, Jutras-Aswad D, Kiliman M, et al. 2012.** *Alcohol use in Polish 9/11 responders: implications for cross-cultural treatment.* Journal of Psychiatric Practice. 18(1):55–63.

<https://doi.org/10.1097/01.pra.0000410989.46346.14>

More than 35,000 individuals are estimated to have responded to the WTC site following the terrorist attacks of September 11, 2001. The federally funded WTC Medical

Monitoring and Treatment Program (WTC-MMTP) provides medical monitoring and occupational medicine treatment as well as counseling regarding entitlements and benefits to the workers and volunteers who participated in the WTC response. A major component of the WTCMMTP is the WTC Mental Health Program (WTCMHP), which offers annual mental health assessments and ongoing treatment for those found to have 9/11 associated mental health problems. In the program's 9.5 years of evaluating and treating mental health problems in thousands of Ground Zero responders, diversity in multiple domains (e.g., gender, family, profession and employment status, state of physical health, cultural identity, and immigration status) has been a hallmark of the population served by the program. To illustrate the types of issues that arise in treating this diverse patient population, the authors first present a representative case involving a Polish asbestos worker with an alcohol use disorder. They then discuss how accepted alcohol treatment modalities can and often must be modified in providing psychiatric treatment to Polish responders, in particular, and to foreign-born patients in general. Treatment modalities discussed include cognitive and behavioral therapy, relapse prevention strategies, psychodynamic therapy, motivational approaches, family therapy, group peer support, and pharmacotherapy. Implications for the practice of addiction psychiatry, cultural psychiatry, and disaster psychiatry are discussed.

**Kim H, Herbert R, Landrigan P, et al. 2012.** *Increased rates of asthma among World Trade Center disaster responders.* American Journal of Industrial Medicine. 55(1):44–53.

<https://doi.org/10.1002/ajim.21025>

BACKGROUND: Studies have documented

high rates of asthma symptoms among responders to the WTC disaster. However, whether there are increased rates of asthma among responders compared to the general population is unknown. **METHODS:** The study population consisted of a prospective cohort of 20,834 responders participating in the WTC Medical Monitoring and Treatment Program between July 2002 and December 2007. We calculated prevalence and standardized morbidity ratios (SMRs) of lifetime asthma and 12-month asthma (defined as  $\geq 1$  attacks in the prior 12 months) among WTC responders. The comparison population consisted of  $>200,000$  adults who completed the National Health Interview Survey in 2000 (for pre-9/11 comparisons) and between 2002 and 2007 (for post-9/11 comparisons). **RESULTS:** WTC responders were on average 43  $\pm$  9 years old, 86% male, 59% white, and 42% had an occupation in protective services. The lifetime prevalence of asthma in the general population was relatively constant at about 10% from 2000 to 2007. However, among WTC responders, lifetime prevalence increased from 3% in 2000, to 13% in 2002, and 19% in 2007. The age-adjusted overall SMR for lifetime asthma among WTC responders was 1.8 (95% CI: 1.8–1.9) for men and 2.0 (95% CI: 1.9–2.1) for women. Twelve-month asthma was also more frequent among WTC responders compared to the general population (SMR 2.4, 95% CI: 2.2–2.5) for men and 2.2 (95% CI: 2.0–2.5) for women. **CONCLUSIONS:** WTC responders are at an increased risk of asthma as measured by lifetime prevalence or active disease.

**Lucchini R, Crane M, Crowley L, et al. 2012.** *The World Trade Center health surveillance program: results of the first 10 years and implications for prevention.* *Giornale Italiano di Medicina del Lavoro ed Ergonomia.* 34(S3):529–533.

<http://www.medscape.com/medline/abstract/23405708>

**BACKGROUND:** The terrorist attacks on the WTC of September 11, 2001 resulted in the deaths of 2,823 persons. They also generated a long-lasting burden of multiple physical and mental health illnesses among the cohort of 50,000 rescue workers who responded to the attacks and in the 400,000 residents and workers in nearby areas of New York City. A comprehensive health surveillance program was developed from the first months after the accidents and was further developed in the subsequent years. Individual exposure and health data were stored in ad hoc databases and produced epidemiological outcomes on the various exposure-related illnesses. **METHODS:** About 10 years of longitudinal assessment of this large cohort of WTC rescue and recovery workers, yielded data from participants in the WTC Screening, Monitoring, and Treatment Program. Police officers, firefighters, construction workers, and municipal workers were included in the cohort. Cumulative and annual incidence were estimated for various physical disorders including asthma, sinusitis, and gastroesophageal reflux disease, mental health disorders including depression, post-traumatic stress disorder [PTSD], and panic disorder. Respiratory functionality was also assessed. Exposure was characterized with qualitative parameter including working on the pile and being engulfed in the dust cloud, and quantitative parameters including the time of arrival on site and the exposure duration.

**RESULTS:** Upper and lower respiratory conditions such as rhinosinusitis and asthma have been found in a significant number of people in WTC-exposed populations. A lack of appropriate respiratory protection may have contributed to these effects. Other commonly observed physical health conditions include gastro-esophageal reflux disease, obstructive sleep apnea and musculoskeletal injuries. Many WTC-exposed individuals also suffer from mental health conditions, primarily post-traumatic stress disorder, depression, panic disorder, and substantial stress reaction. Recent studies suggest that WTC exposure may increase the risk of cancer and of mortality from cardiac disease. **CONCLUSION:** Ten years of systematic health surveillance after the 9/11 WTC attacks, show long lasting burden of physical and mental health problems. Continued monitoring and treatment of this population is needed for early diagnoses of initial clinical conditions that can be treated more effectively. The experience of September 11 offers also indications on how to approach the acute and delayed health effects of civilian catastrophes. Critical lessons are derived about the importance of having trained responders--medical and non-medical--in place in advance of disasters, and about the need to proceed with adequate exposure assessment in a timely manner.

**Luft B, Schechter C, Kotov R, et al. 2012.** *Exposure, probable PTSD and lower respiratory illness among World Trade Center rescue, recovery and clean-up workers.* *Psychological Medicine.* 42(5):1069–1079.

<https://doi.org/10.1017/S003329171100256X>

**BACKGROUND:** Thousands of rescue and recovery workers descended on the WTC in the wake of the terrorist attack of September

11, 2001 (9/11). Recent studies show that respiratory illness and PTSD are the hallmark health problems, but relationships between them are poorly understood. The current study examined this link and evaluated contributions of WTC exposures. **METHOD:** Participants were 8508 police and 12 333 non-traditional responders examined at the WTC Medical Monitoring and Treatment Program (WTC-MMTP), a clinic network in the New York area established by the National Institute for Occupational Safety and Health (NIOSH). We used structural equation modeling (SEM) to explore patterns of association among exposures, other risk factors, probable WTC-related PTSD [based on the PCL], physician-assessed respiratory symptoms arising after 9/11 and present at examination, and abnormal pulmonary functioning defined by low forced vital capacity (FVC). **RESULTS:** Fewer police than non-traditional responders had probable PTSD (5.9% v. 23.0%) and respiratory symptoms (22.5% v. 28.4%), whereas pulmonary function was similar. PTSD and respiratory symptoms were moderately correlated ( $r=0.28$  for police and  $0.27$  for non-traditional responders). Exposure was more strongly associated with respiratory symptoms than with PTSD or lung function. The SEM model that best fit the data in both groups suggested that PTSD statistically mediated the association of exposure with respiratory symptoms. **CONCLUSIONS:** Although longitudinal data are needed to confirm the mediation hypothesis, the link between PTSD and respiratory symptoms is noteworthy and calls for further investigation. The findings also support the value of integrated medical and psychiatric treatment for disaster responders.

**Pietrzak R, Schechter C, Bromet E, et al. 2012.** The burden of full and subsyndromal

posttraumatic stress disorder among police involved in the World Trade Center rescue and recovery effort. *Journal of Psychiatric Research*. 46(7):835–842.

<https://doi.org/10.1016/j.jpsychires.2012.03.011>

**BACKGROUND:** This study examined the prevalence, correlates, and perceived mental healthcare needs associated with subsyndromal PTSD in police involved in the World Trade Center (WTC) rescue and recovery effort. **METHODS:** A total of 8466 police completed an interview/survey as part of the WTC Medical monitoring and Treatment Program an average of four years after 9/11/2001. **RESULTS:** The past month prevalence of full and subsyndromal WTC-related PTSD was 5.4% and 15.4%, respectively. Loss of someone or knowing someone injured on 9/11 (odds ratios [ORs]=1.561.86), pre- 9/11 stressors (ORs=1.30–1.50), family support (ORs=0.83–0.94), and union membership (ORs=0.50–0.52) were associated with both full and subsyndromal PTSD. Exposure to the dust cloud (OR=1.36), performing search and rescue work (OR=1.29), and work support (OR=0.89) were additionally associated with subsyndromal PTSD. Rates of comorbid depression, panic disorder, and alcohol use problems (ORs=3.82–41.74), and somatic symptoms and functional difficulties (ORs=1.30–1.95) were highest among police with full PTSD, with intermediate rates among police with subsyndromal PTSD (ORs=2.93–7.02; and ORs=1.18–1.60, respectively). Police with full and subsyndromal PTSD were significantly more likely than controls to report needing mental healthcare (41.1% and 19.8%, respectively, versus 6.8% in trauma controls). **CONCLUSIONS:** These results underscore the importance of a more inclusive and dimensional conceptualization of PTSD, particularly in professions

such as police, as operational definitions and conventional screening cut-points may underestimate the psychological burden for this population. Accordingly, psychiatric clinicians should assess for disaster-related subsyndromal PTSD symptoms in disaster response personnel.

## 2013 (3)

**Crane M, Milek D, Globina Y, et al. 2013.** *Health effects of the World Trade Center 9/11 disaster: An overview*. *Fire Technology*. 49(3):813–825. [Review Article]

<http://doi.org/10.1007/s10694-012-0284-7>

More than ten years after the September 11, 2001 WTC disaster, 9/11 responders and lower Manhattan community residents still suffer from the adverse health consequences of this horrific event. Upper and lower respiratory conditions such as rhinosinusitis and asthma have been found in a significant number of people in WTC-exposed populations. A lack of appropriate respiratory protection may have contributed to these effects. Other commonly observed physical health conditions include gastro-esophageal reflux disease, obstructive sleep apnea and musculoskeletal injuries. Many WTC-exposed individuals also suffer from mental health conditions, primarily post-traumatic stress disorder, depression, panic disorder, and substantial stress reaction. Recent studies suggest that WTC exposure may increase the risk of cancer and of mortality from cardiac disease. Further research should be conducted to fully understand the impact of the WTC disaster on the health of these populations.

**Ruggero C, Kotov R, Callahan J, et al. 2013.** *PTSD symptom dimensions and their*

relationship to functioning in World Trade Center responders. *Psychiatry Research*. 120(3): 1049–1055.

<https://doi.org/10.1016/j.psychres.2013.08.052>

PTSD symptoms are common among responders to the 9/11 attacks on the WTC and can lead to impairment, yet it is unclear which symptom dimensions are responsible for poorer functioning. Moreover, how best to classify PTSD symptoms remains a topic of controversy. The present study tested competing models of PTSD dimensions and then assessed which were most strongly associated with social/ occupational impairment, depression, and alcohol abuse. WTC responders (n=954) enrolled in the Long Island site of the WTC Health Program between 2005 and 2006 were administered standard self-report measures. Confirmatory factor analysis confirmed the superiority of four-factor models of PTSD over the DSM-IV three-factor model. In selecting between four-factor models, evidence was mixed, but some support emerged for a broad dysphoria dimension mapping closely onto depression and contributing strongly to functional impairment. This study confirmed in a new population the need to revise PTSD symptom classification to reflect four dimensions, but raises questions about how symptoms are categorized. Results suggest that targeted treatment of symptoms may provide the most benefit, and that treatment of dysphoria-related symptoms in disaster relief workers may have the most benefit for social and occupational functioning.

**Solan S, Wallenstein S, Shapiro M, et al. 2013.** *Cancer incidence in World Trade Center rescue and recovery workers, 2001–2008.* *Environmental Health Perspectives*. 121(6):699–704.

<https://doi.org/10.1289/ehp.1205894>

**BACKGROUND:** WTC rescue and recovery workers were exposed to a complex mix of pollutants and carcinogens. **OBJECTIVE:** The purpose of this investigation was to evaluate cancer incidence in responders during the first 7 years after 11 September 2001. **METHODS:** Cancers among 20,984 consented participants in the WTC Health Program were identified through linkage to state tumor registries in New York, New Jersey, Connecticut, and Pennsylvania. Standardized incidence ratios (SIRs) were calculated to compare cancers diagnosed in responders to predicted numbers for the general population. Multivariate regression models were used to estimate associations with degree of exposure. **RESULTS:** A total of 575 cancers were diagnosed in 552 individuals. Increases above registry-based expectations were noted for all cancer sites combined (SIR=1.15; 95% CI: 1.06, 1.25), thyroid cancer (SIR=2.39; 95% CI: 1.70, 3.27), prostate cancer (SIR=1.21; 95% CI: 1.01, 1.44), combined hematopoietic and lymphoid cancers (SIR=1.36; 95% CI: 1.07, 1.71), and soft tissue cancers (SIR=2.26; 95% CI: 1.13, 4.05). When restricted to 302 cancers diagnosed  $\geq$  6 months after enrollment, the SIR for all cancers decreased to 1.06 (95% CI: 0.94, 1.18), but thyroid and prostate cancer diagnoses remained greater than expected. All cancers combined were increased in very highly exposed responders and among those exposed to significant amounts of dust, compared with responders who reported lower levels of exposure. **CONCLUSION:** Estimates should be interpreted with caution given the short follow-up and long latency period for most cancers, the intensive medical surveillance of this cohort, and the small numbers of cancers at specific sites. However, our findings highlight the

need for continued follow-up and surveillance of WTC responders.

## 2014 (6)

**Crane M, Cho H, Landrigan P. 2014.** *Implications of the World Trade Center Health Program (WTC Health Program) for the public health response to the Great East Japan Earthquake.* *Industrial Health.* 52(1):5–12.

<https://doi.org/10.2486/indhealth.2013-0205>

The attacks on the WTC on September 11, 2001 resulted in a serious burden of physical and mental illness for the 50,000 rescue workers that responded to 9/11 as well as the 400,000 residents and workers in the surrounding areas of New York City. The Zadroga Act of 2010 established the WTC Health Program to provide monitoring and treatment of WTC exposure-related conditions and health surveillance for the responder and survivor populations. Several reports have highlighted the applicability of insights gained from the WTC Health Program to the public health response to the Great East Japan Earthquake. Optimal exposure monitoring processes and attention to the welfare of vulnerable exposed subgroups are critical aspects of the response to both incidents. The ongoing mental health care concerns of 9/11 patients accentuate the need for accessible and appropriately skilled mental health care in Fukushima. Active efforts to demonstrate transparency and to promote community involvement in the public health response will be highly important in establishing successful long-term monitoring and treatment programs for the exposed populations in Fukushima.

**Crane M, Levy-Carrick M, Crowley L, et al. 2014.** *The response to September 11: a*

*disaster case study.* *Annals of Global Health.* 80(4):320–331.

<https://doi.org/10.1016/j.aogh.2014.08.215>

**BACKGROUND:** The response to 9/11 continues into its 14th year. The WTC Health Program, a long-term monitoring and treatment program now funded by the Zadroga Act of 2010, includes >60,000 WTC disaster responders and community members (“survivors”). The aim of this review is to identify several elements that have had a critical impact on the evolution of the WTC response and, directly or indirectly, the health of the WTC-exposed population. It further explores post-disaster monitoring efforts, recent scientific findings from the WTC Health Program, and some implications of this experience for ongoing and future environmental disaster response. **FINDINGS:** Transparency and responsiveness, site safety and worker training, assessment of acute and chronic exposure, and development of clinical expertise are interconnected elements determining efficacy of disaster response. **CONCLUSION:** Even in a relatively well-resourced environment, challenges regarding allocation of appropriate attention to vulnerable populations and integration of treatment response to significant medical and mental health comorbidities remain areas of ongoing programmatic development.

**Freund A, Zuckerman N, Luo H, et al. 2014.** *Diesel and silica monitoring at two sites following Hurricane Sandy.* *Journal of Occupational and Environmental Hygiene.* 11(9):D131–D143.

<http://dx.doi.org/10.1080/15459624.2014.904518>

Following Hurricane Sandy, which hit New York City and New Jersey in October 2012, industrial hygienists from the Mount Sinai and Bellevue/ New York University

occupational medicine clinics conducted monitoring for diesel exhaust and silica in lower Manhattan and Rockaway Peninsula. Average daytime elemental carbon levels at three stations in lower Manhattan on December 4, 2012, ranged from 9 to 18  $\mu\text{g}/\text{m}^3$ . Sub-micron particle counts at various times on the same day were over 200,000 particles per cubic centimeter on many streets in lower Manhattan. In Rockaway Peninsula on December 12, 2012, all average daytime elemental carbon levels were below a detection limit of approximately 7  $\mu\text{g}/\text{m}^3$ . The average daytime crystalline silica dust concentration was below detection at two sites on Rockaway Peninsula, and was 0.015  $\text{mg}/\text{m}^3$  quartz where sand was being replaced on the beach. The daily average levels of elemental carbon and airborne particulates that we measured are in the range of levels that have been found to cause respiratory effects in sensitive sub-populations like asthmatic patients after 2 hr of exposure. Control of exposure to diesel exhaust must be considered following natural disasters where diesel-powered equipment is used in cleanup and recovery. Although peak silica exposures were not likely captured in this study, but were reported by a government agency to have exceeded recommended guidelines for at least one cleanup worker, we recommend further study of silica exposures when debris removal operations or traffic create visible levels of suspended dust from soil or sand.

**Litcher-Kelly L, Lam Y, Broihier J, et al. 2014.** *Longitudinal study of the impact of psychological distress symptoms on new-onset upper gastrointestinal symptoms in World Trade Center responders.* *Psychosomatic Medicine.* 76(9):686–693.

<https://doi.org/10.1097/PSY.0000000000000116>

**OBJECTIVES:** Research on the health of workers involved in the cleanup after the attack on the WTC on September 11, 2001, has documented high rates of psychological distress and upper gastrointestinal (GI) symptoms. The current article examines the concurrent and longitudinal associations of psychological distress with development of new-onset upper GI symptoms in a large sample of WTC responders. **METHODS:** A cohort of 10,953 WTC responders monitored by the WTC Health Program participated in the study. Two occupational groups were examined, police and nontraditional responders. The cohort was free of upper GI symptoms or diagnoses at their first visit (3 years after September 11, 2001). Logistic regression was used to analyze the relationships between concurrent and preceding psychological distress symptoms of depression, generalized anxiety, panic, and probable PTSD with the development of new-onset upper GI symptoms at 3-year follow-up (6 years after September 11, 2001). **RESULTS:** Across both occupation groups, psychological distress symptoms at Visit 1 were significantly related to the development of GI symptoms by Visit 2 (odds ratios ranging from 1.9 to 5.4). The results for the concurrent relationships were similar. In addition, there were significant dose-response relationships between the number of co-occurring psychological distress symptoms at Visits 1 and 2, and increased new-onset upper GI symptoms at Visit 2. **CONCLUSIONS:** In this large sample of WTC responders, psychological distress symptoms assessed at 3 years after 9/11 are related to reporting upper GI symptoms 6 years after 9/11.

**Pietrzak R, Feder A, Schechter C, et al. 2014.** *Dimensional structure and course of post-traumatic stress symptomatology in World Trade Center responders: An 8-year*

*prospective cohort study*. *Psychological Medicine*. 44(10):2085–2098.

<https://doi.org/10.1017/S0033291713002924>

**BACKGROUND:** PTSD in response to the WTC disaster of 11 September 2001 (9/11) is one of the most prevalent and persistent health conditions among both professional (e.g. police) and non-traditional (e.g. construction worker) WTC responders, even several years after 9/11. However, little is known about the dimensionality and natural course of WTC-related PTSD symptomatology in these populations. **METHOD:** Data were analyzed from 10 835 WTC responders, including 4035 police and 6800 non-traditional responders who were evaluated as part of the WTC Health Program, a clinic network in the New York area established by the National Institute for Occupational Safety and Health. Confirmatory factor analyses (CFAs) were used to evaluate structural models of PTSD symptom dimensionality; and autoregressive cross-lagged (ARCL) panel regressions were used to examine the prospective interrelationships among PTSD symptom clusters at 3, 6 and 8 years after 9/11. **RESULTS:** CFAs suggested that five stable symptom clusters best represent PTSD symptom dimensionality in both police and non-traditional WTC responders. This five-factor model was also invariant over time with respect to factor loadings and structural parameters, thereby demonstrating its longitudinal stability. ARCL panel regression analyses revealed that hyperarousal symptoms had a prominent role in predicting other symptom clusters of PTSD, with anxious arousal symptoms primarily driving re-experiencing symptoms, and dysphoric arousal symptoms primarily driving emotional numbing symptoms over time. **CONCLUSIONS:** Results of this study suggest that disaster-related PTSD symptomatology

in WTC responders is best represented by five symptom dimensions. Anxious arousal symptoms, which are characterized by hypervigilance and exaggerated startle, may primarily drive re-experiencing symptoms, while dysphoric arousal symptoms, which are characterized by sleep disturbance, irritability/anger and concentration difficulties, may primarily drive emotional numbing symptoms over time. These results underscore the importance of assessment, monitoring and early intervention of hyperarousal symptoms in WTC and other disaster responders.

**Pietrzak R, Feder A, Singh R, et al. 2014.** *Trajectories of PTSD risk and resilience in World Trade Center responders: An 8-year prospective cohort study*. *Psychological Medicine*. 44(1):205–219.

<https://doi.org/10.1017/S0033291713000597>

**BACKGROUND:** Longitudinal symptoms of PTSD are often characterized by heterogeneous trajectories, which may have unique pre-, peri- and post-trauma risk and protective factors. To date, however, no study has evaluated the nature and determinants of predominant trajectories of PTSD symptoms in WTC responders. **METHOD:** A total of 10835 WTC responders, including 4035 professional police responders and 6800 non-traditional responders (e.g. construction workers) who participated in the WTC Health Program (WTC-HP), were evaluated an average of 3, 6 and 8 years after the WTC attacks. **RESULTS:** Among police responders, longitudinal PTSD symptoms were best characterized by four classes, with the majority (77.8%) in a resistant/resilient trajectory and the remainder exhibiting chronic (5.3%), recovering (8.4%) or delayed-onset (8.5%) symptom trajectories. Among non-traditional responders, a six-class



solution was optimal, with fewer responders in a resistant/resilient trajectory (58.0%) and the remainder exhibiting recovering (12.3%), severe chronic (9.5%), subsyndromal increasing (7.3%), Delayed-onset (6.7%) and moderate chronic (6.2%) trajectories. Prior psychiatric history, Hispanic ethnicity, severity of WTC exposure and WTC-related medical conditions were most strongly associated with symptomatic trajectories of PTSD symptoms in both groups of responders, whereas greater education and family and work support while working at the WTC site were protective against several of these trajectories. CONCLUSIONS: Trajectories of PTSD symptoms in WTC responders are heterogeneous and associated uniquely with pre-, peri and post-trauma risk and protective factors. Police responders were more likely than non-traditional responders to exhibit a resistant/resilient trajectory. These results underscore the importance of prevention, screening and treatment efforts that target high-risk disaster responders, particularly those with prior psychiatric history, high levels of trauma exposure and work-related medical morbidities.

## 2015 (6)

**Dasaro C, Holden W, Berman K, et al. 2015.** *Cohort profile: World Trade Center Health Program general responder cohort.* International Journal of Epidemiology. 46(2):e9. [no abstract]

<https://doi.org/10.1093/ije/dyv099>

**Farris S, Paulus D, Gonzalez A, et al. 2015.** *Anxiety sensitivity mediates the association between post-traumatic stress symptom severity and interoceptive threat-related smoking abstinence expectancies among World Trade Center disaster-exposed smokers.*

Addictive Behaviors. 51:204–210.

<https://doi.org/10.1016/j.addbeh.2015.07.031>

INTRODUCTION: Anxiety sensitivity (fear of internal anxiety-relevant bodily sensations) is an individual difference variable that is associated with the development and maintenance of PTSD and is also involved in the maintenance/relapse of smoking. Abstinence expectancies are crucial to smoking maintenance; yet, past work has not explored how PTSD symptom severity and anxiety sensitivity contribute to them. METHOD: Participants were 122 treatment-seeking daily smokers (36.1% female; Mage=49.2, SD=9.7; cigarettes per day: M=18.3, SD=15.2) who were exposed to the WTC disaster on September 11, 2001, and responded to an advertisement for a clinical smoking cessation trial. The indirect effect of anxiety sensitivity was tested in terms of the effect of PTSD symptom severity on smoking abstinence expectancies (i.e., anxiety sensitivity as a statistical mediator). RESULTS: PTSD symptom severity was positively associated with interoceptive threat-related smoking abstinence expectancies: expecting harmful consequences (beta=.33,  $p<.001$ ) and somatic symptoms (beta=.26,  $p=.007$ ). PTSD symptom severity was also significantly associated with anxiety sensitivity (beta=.27,  $p=.003$ ). Anxiety sensitivity mediated the association between PTSD symptom severity and expectancies about the harmful consequences (beta=.09, CI95%=.02–.21; DeltaR(2)=.076) and somatic symptoms (beta=.11, CI95%=.02–.24; DeltaR(2)=.123) from smoking abstinence, with medium effect sizes (Kappa(2)=.08 and .10, respectively). CONCLUSIONS: These data document the role of PTSD symptoms in threat-based expectancies about smoking abstinence and suggest anxiety sensitivity may underlie the associations between PTSD symptom

severity and abstinence expectancies.

**Kotov R, Bromet E, Schechter C, et al. 2015.** *Posttraumatic stress disorder and the risk of respiratory symptoms in World Trade Center responders: Longitudinal test of a pathway.* *Psychosomatic Medicine.* 77(4):438–48.

<https://doi.org/10.1097/PSY.0000000000000179>

**OBJECTIVE:** PTSD is associated with high medical morbidity, but the nature of this association remains unclear. Among responders to the WTC disaster, PTSD is highly comorbid with LRS, which cannot be explained by exposure alone. We sought to examine this association longitudinally to establish the direction of the effects and evaluate potential pathways to comorbidity. **METHODS:** Eighteen thousand eight hundred ninety six responders (8466 police and 10,430 non-traditional responders) participating in the WTC Health Program were first evaluated between 2002 and 2010 and assessed again two and a half years later. Lower respiratory symptoms were ascertained by medical staff, abnormal pulmonary function by spirometry, and probable WTC-related PTSD with a symptom inventory. **RESULTS:** In both groups of responders, initial PTSD (standardized regression coefficient:  $\beta=0.20$  and  $0.23$ ) and abnormal pulmonary function ( $\beta=0.12$  and  $0.12$ ) predicted LRS two and a half years later after controlling for initial LRS and covariates. At follow-up, LRS onset was 2.0 times more likely and remission 1.8 times less likely in responders with initial PTSD than in responders without. Moreover, PTSD mediated, in part, the association between WTC exposures and development of LRS ( $p < .0001$ ). Initial LRS and abnormal pulmonary function did not consistently predict PTSD onset. **CONCLUSIONS:** These analyses provide further evidence that PTSD

is a risk factor for respiratory symptoms and are consistent with evidence implicating physiological dysregulation associated with PTSD in the development of medical conditions. If these effects are verified experimentally, treatment of PTSD may prove helpful in managing physical and mental health of disaster responders.

**Zvolensky M, Farris S, Kotov R, et al. 2015.** *Posttraumatic stress symptoms and smoking among World Trade Center disaster responders: A longitudinal investigation.* *Comprehensive Psychiatry.* 63:46–54.

<https://doi.org/10.1016/j.comppsy.2015.08.006>

**Purpose:** The current longitudinal study examined PTSD symptom severity in relation to smoking abstinence and reduction over time among responders to the WTC disaster. **Method:** Participants were 763 police and 1881 non-traditional (e.g., construction workers) WTC responders who reported being smokers at an initial examination obtained between July 2002 and July 2011 at the WTC Health Program. WTC responders were reassessed, on average, two and a half years later. **Results:** For police WTC responders, higher levels of WTC-related PTSD symptoms at the initial visit were associated with a decreased likelihood of smoking abstinence ( $OR=0.98$ ,  $p=.002$ ) and with decreased smoking reduction ( $\beta=-.06$ ,  $p=.012$ ) at the follow-up visit. WTC-related PTSD symptom severity was not related to likelihood of smoking abstinence or change in number of cigarettes smoked among non-traditional responders. Post hoc analyses suggested that for police, hyperarousal PTSD symptoms were predictive of decreased abstinence likelihood at the follow-up visit ( $OR=0.56$ ,  $p=.006$ ). **Discussion:** The present findings suggest that PTSD symptoms may be differentially related to

smoking behavior among police and non-traditional WTC responders in a naturalistic, longitudinal investigation. Future work may benefit from exploring further which aspects of PTSD (as compared to each other and to common variance) explain smoking maintenance.

**Zvolensky M, Farris S, Kotov R, et al. 2015.** *World Trade Center disaster and sensitization to subsequent life stress: A longitudinal study of disaster responders.* Preventive Medicine. 75:70–74.

<https://doi.org/10.1016/j.ypped.2015.03.017>

**PURPOSE:** The current study examined the role of WTC disaster exposure (hours spent working on the site, dust cloud exposure, and losing friend/loved one) in exacerbating the effects of post-disaster life stress on PTSD symptoms and overall functioning among WTC responders. **METHOD:** Participants were 18,896 responders (8466 police officers and 10,430 non-traditional responders) participating in the WTC Health Program who completed an initial examination between July 2002 and April 2010, and were reassessed an average of two years later. **RESULTS:** Among police responders, there was a significant interaction, such that the effect of post-disaster life stress on later PTSD symptoms and overall functioning was stronger among police responders who had greater WTC disaster exposure (beta's=.029 and .054, respectively, for PTSD symptoms and overall functioning). This moderating effect was absent in non-traditional responders. Across both groups, post-disaster life stress also consistently was related to the dependent variables in a more robust manner than WTC exposure. **DISCUSSION:** The present findings suggest that WTC exposure may compound post-disaster life stress, thereby resulting in a more chronic course

of PTSD symptoms and reduced functioning among police responders.

**Zvolensky M, Kotov R, Schechter C, et al. 2015.** *Post-disaster stressful life events and WTC-related posttraumatic stress, depressive symptoms, and overall functioning among responders to the World Trade Center disaster.* Journal of Psychiatric Research. 61:97–105.

<https://doi.org/10.1016/j.jpsychires.2014.11.010>

**BACKGROUND:** The current study examined contributions of post-disaster stressful life events in relation to the maintenance of WTC-related PTSD, depressive symptoms, and overall functioning among rescue, recovery, and clean-up workers who responded to the September 11, 2001, WTC terrorist attacks. **METHODS:** Participants were 18,896 WTC responders, including 8466 police officers and 10,430 non-traditional responders (85.8% male; 86.4% Caucasian; M(age)=39.5, SD=8.8) participating in the WTC Health Program who completed an initial examination between July 2002 and April 2010, and who were reassessed, on average, two and a half years later. **RESULTS:** Path analyses were conducted to evaluate contributions of life events to the maintenance of WTC-related PTSD, depressive symptoms, and overall functioning. These analyses were stratified by police and non-traditional responder groups and adjusted for age, sex, time from 9/11 to initial visit, WTC exposures (three WTC contextual exposures: co-worker, friend, or a relative died in the disaster; co-worker, friend, or a relative injured in the disaster; and responder was exposed to the dust cloud on 9/11), and interval from initial to first follow-up visit. In both groups, WTC-related PTSD, depressive symptoms, and overall functioning

were stable over the follow-up period. WTC exposures were related to these three outcomes at the initial assessment. WTC-related PTSD, depressive symptoms, and overall functioning, at the initial assessment each predicted the occurrence of post-disaster stressful life events, as measured by Disaster Supplement of the Diagnostic Interview Schedule. Post-disaster stressful life events, in turn, were associated with subsequent mental health, indicating partial mediation of the stability of observed mental health. **CONCLUSIONS:** The present findings suggest a dynamic interplay between exposure, post-disaster stressful life events, and WTC-related PTSD, depressive symptoms, and overall functioning among WTC disaster responders.

## 2016 (20)

**Arie S. 2016.** *Health effects of 9/11 terror attacks continue to grow.* *BMJ.* 354:i4979.

<https://doi.org/10.1136/bmj.i4979>

Some 15 years after the terrorist attack on New York on 11 September 2001, at least 1000 people, including many emergency responders, are known to have died from illnesses related to their exposure to toxic dust, and 37 000 people are officially recognized as sick. In the next five years, the death toll from health problems related to the New York attacks is likely to exceed the 2753 deaths on the day that two hijacked passenger jets were flown into the twin towers of the WTC, according to Jim Melius, a doctor who also advises the White House on worker health and chairs the steering committee overseeing the US government's health program for 9/11 responders. "There are a lot of people who are very, very ill with lung disease who will see at least 10 years

taken from their normal life span," he told the Guardian. "We are already seeing many more premature deaths occurring, and among younger people, from the cancers." The dust and debris around the WTC contained asbestos, lead, glass, heavy metals, concrete, and poisonous gases as well as exploding jet fuel and fragments of dead bodies. The WTC Health Program provides monitoring and treatment for a list of conditions that are officially recognized as 9/11 related, including airway and digestive disorders, mental health conditions, musculoskeletal disorders, and cancers ([www.cdc.gov/wtc/conditions.html](http://www.cdc.gov/wtc/conditions.html)). This year, Christine Todd Whitman, the head of the Environmental Protection Agency in 2001, admitted for the first time that she was wrong to assure people after the attack that the air was safe. "We did the very best we could at the time with the knowledge we had," she said.

**Boffetta P, Zeig-Owens R, Wallenstein S, et al. 2016.** *Cancer in World Trade Center responders: Findings from multiple cohorts and options for future study.* *American Journal of Industrial Medicine.* 59(2):96–105.

<https://doi.org/10.1002/ajim.22555>

**BACKGROUND:** Three longitudinal studies of cancer incidence in varied populations of WTC responders have been conducted. **METHODS:** We compared the design and results of the three studies. **RESULTS:** Separate analyses of these cohorts revealed excess cancer incidence in responders for all cancers combined and for cancers of the thyroid and prostate. Methodological dissimilarities included recruitment strategies, source of cohort members, demographic characteristics, overlap between cohorts, assessment of WTC and other occupational exposures and confounders, methods and duration of follow-up, approaches for

statistical analysis, and latency analyses. **CONCLUSIONS:** The presence of three cohorts strengthens the effort of identifying and quantifying the cancer risk; the heterogeneity in design might increase sensitivity to the identification of cancers potentially associated with exposure. The presence and magnitude of an increased cancer risk remains to be fully elucidated. Continued long-term follow up with minimal longitudinal dropout is crucial to achieve this goal. *Am. J. Ind. Med.* 59:96–105, 2015. (c) 2015 Wiley Periodicals, Inc.

**de la Hoz R, Jeon Y, Miller G, et al. 2016.** *Posttraumatic stress disorder, bronchodilator response, and incident asthma in World Trade Center rescue and recovery workers.* *American Journal of Respiratory and Critical Care Medicine.* 194(11):1383–1391.

<https://doi.org/10.1164/rccm.201605-1067OC>

**RATIONALE:** Post-traumatic stress disorder (PTSD) has been associated with asthma in cross-sectional studies. Whether PTSD leads to clinically significant bronchodilator response (BDR) or new-onset asthma is unknown. **OBJECTIVE AND METHODS:** We examined the relation between probable PTSD and both BDR and incident asthma in a high-risk cohort of 11,481 WTC workers in New York (NY), including 6,133 never smokers without a previous diagnosis of asthma. Of the 6,133 never smokers without asthma, 3,757 (61.3%) completed a follow-up visit several years later (mean=4.95 years, interquartile range= 3.74–5.90 years). At the baseline visit, probable PTSD was defined as a score  $\geq 44$  points in the PCL questionnaire, and BDR was defined as both a change  $\geq 12\%$  and an increment  $\geq 200$  ml in FEV1 after bronchodilator administration. Incident asthma was defined as a self-report of new physician-diagnosed asthma after the

baseline visit. Multivariable logistic regression was used for the analysis of probable PTSD and baseline BDR or incident asthma. **RESULTS:** At baseline, probable PTSD was associated with BDR among all participants (adjusted odds ratio (aOR)=1.43, 95% confidence interval (CI)=1.19–1.72), with similar results among never smokers without asthma. Among 3,757 never smokers, probable PTSD at baseline was associated with incident asthma, even after adjustment for baseline BDR (OR=2.41, 95% CI=1.85–3.13). This association remained significant in a confirmatory analysis after excluding 195 subjects with baseline BDR. **CONCLUSIONS:** In a cohort of adult workers exposed to a severe traumatic event, probable PTSD is significantly associated with BDR at baseline, and predicts incident asthma.

**Farris S, Paulus D, Gonzalez A, et al. 2016.** *Posttraumatic stress symptoms and body mass index among World Trade Center disaster-exposed smokers: A preliminary examination of the role of anxiety sensitivity.* *Psychiatry Research.* 241:135–140.

<https://doi.org/10.1016/j.psychres.2016.04.074>

Among individuals exposed to the WTC disaster on September 11, 2001, PTSD and symptoms are both common and associated with increased cigarette smoking and body mass. However, there is little information on the specific processes underlying the relationship of PTSD symptoms with body mass. The current study is an initial exploratory test of anxiety sensitivity, the fear of internal bodily sensations, as a possible mechanism linking PTSD symptom severity and body mass index (BMI). Participants were 147 adult daily smokers (34.0% female) exposed to the WTC disaster (via rescue/recovery work or direct witness). The direct and indirect associations between PTSD symptom

severity and BMI via anxiety sensitivity (total score and subscales of physical, cognitive, and social concerns) were examined. PTSD symptom severity was related to BMI indirectly via anxiety sensitivity; this effect was specific to physical concerns about the meaning of bodily sensations. Interventions focusing on anxiety sensitivity reduction (specifically addressing physical concerns about bodily sensations) may be useful in addressing elevated BMI among trauma-exposed persons.

**Feder A, Mota N, Salim M, et al. 2016.** *Risk, coping and PTSD symptom trajectories in World Trade Center responders.* Journal of Psychiatric Research. 82:68–79.

<https://doi.org/10.1016/j.jpsychires.2016.07.003>

Trajectories of disaster-related PTSD symptoms are often heterogeneous, and associated with common and unique risk factors, yet little is known about potentially modifiable psychosocial characteristics associated with low-symptom and recovering trajectories in disaster responders. A total of 4487 rescue and recovery workers (1874 police and 2613 non-traditional responders) involved during and in the aftermath of the unprecedented WTC attacks, were assessed an average of 3, 6, 8, and 12 years post- 9/11/2001. Among police responders, WTC-related PTSD symptoms were characterized by four trajectories, including no/low-symptom (76.1%), worsening (12.1%), improving (7.5%), and chronic (4.4%) trajectories. In non-traditional responders, a five-trajectory solution was optimal, with fewer responders in a no/low-symptom trajectory (55.5%), and the remainder in subtly worsening (19.3%), chronic (10.8%), improving (8.5%), and steeply worsening (5.9%) trajectories. Consistent factors associated with symptomatic PTSD trajectories

across responder groups included Hispanic ethnicity, pre-9/11 psychiatric history, greater WTC exposure, greater medical illness burden, life stressors and post-9/11 traumas, and maladaptive coping (e.g., substance use, avoidance coping). Higher perceived preparedness, greater sense of purpose in life, and positive emotion-focused coping (e.g., positive re-framing, acceptance) were negatively associated with symptomatic trajectories. Findings in this unique cohort indicate considerable heterogeneity in WTC-related PTSD symptom trajectories over 12 years post- 9/11/2001, with lower rates of elevated PTSD symptoms in police than in non-traditional responders. They further provide a comprehensive risk prediction model of PTSD symptom trajectories, which can inform prevention, monitoring, and treatment efforts in WTC and other disaster responders.

**Friedberg F, Adamowicz J, Caikauskaite I, et al. 2016.** *Fatigue severity in World Trade Center (9/11) responders: a preliminary study.* Fatigue: Biomedicine, Health & Behavior. 4(2):70–79.

<http://dx.doi.org/10.1080/21641846.2016.1169726>

Purpose: To assess fatigue severity in WTC (9/11) responders 13 years later. Methods: The participant pool consisted of male 9/11 responders enrolled in the Stony Brook WTC Health Program, one of five centers of excellence established by the CDC. Fatigue severity was assessed with the Fatigue Severity Scale. WTC-related medical conditions were certified by a physician and diagnoses of 9/11-related PTSD and major depressive disorder (MDD) were determined with the Structured Clinical Interview for DSM-IV (SCID). Results: High fatigue severity was reported by 20.8% of the sample (N=1079) and was significantly associated with PTSD,

major depressive disorder, sleep apnea, gastro-esophageal reflux disease, upper respiratory disease, and lower respiratory disease. These associations remained significant for PTSD, major depressive disorder, and lower respiratory disease when adjusted for medications, age, and BMI. Only 17.3% of the high fatigue subgroup did not have an identified medical or psychiatric diagnosis. Fewer fatigued (21.1%) than non-fatigued (72.0%) responders rated their physical health as 'good' or 'very good.' Also, fewer fatigued (33.9%) than non-fatigued (54.1%) responders were employed full-time ( $p < .0001$ ). Conclusions: This study found clinically elevated fatigue in a high percentage of a male WTC responder cohort that prior to 9/11/2001 would be considered a 'healthy worker cohort.' To better understand the pathophysiology of fatigue, newer methodologies such as symptom provocation (e.g., exercise) designs may be useful.

**Hashim D, Boffetta P, Galsky M, et al. 2016.** *Prostate cancer characteristics in the World Trade Center cohort, 2002–2013.* *European Journal of Cancer Prevention.* [Epub ahead of print.] available 7.1.2019

<https://doi.org/10.1097/CEJ.00000000000003155>

An increased incidence of prostate cancer was reported in three cohorts of WTC respondents. It is uncertain whether this increase is because of WTC-related exposures or enhanced surveillance. Prostate cancer cases (2002–2013) were obtained from the WTC Health Program. Age, race, and Gleason score distribution were compared with New York State Cancer Registry cases from the same time period. Multivariate models were adjusted for age and race. Analyses of clinical characteristics of prostate cancer cases within the cohort were also carried out, adjusting for age, race, and WTC exposure

categories. WTC respondents had a prostate cancer age-standardized rate ratio of 1.65 [95% confidence interval (CI):1.37–1.93] compared with New York State; age-specific ratios were highest for ages 30–49 (2.28; 95% CI: 1.51–3.43), 70–74 (2.05; 95% CI: 1.03–4.10), and 80–84 years (5.65; 95% CI: 1.41–22.58). High WTC exposure was associated with advanced clinical stage (5.58; 95% CI: 1.05–29.76;  $P_{trend} = 0.03$ ). WTC respondents continue to have a higher prostate cancer rate compared with New York State as a whole. Respondents with a higher WTC exposure level may have had more advanced clinical stage of prostate cancer.

**Haugen P, Werth A, Foster A, et al. 2016.** *The role of theory-specific techniques and therapeutic alliance in promoting positive outcomes: Integrative psychotherapy for World Trade Center responders.* *The Journal of Nervous and Mental Disease.* 204(12):955–959.

<https://doi.org/10.1097/NMD.0000000000000631>

WTC responders demonstrate high symptom burden, underscoring the importance of refining treatment approaches for this cohort. One method is examining the impact of therapy techniques on outcomes, and the interactions between technique and alliance on outcomes. This study a) examined the interaction of early treatment techniques on integrative psychotherapy outcomes and b) explored whether associations differed at varying levels of alliance. Twenty-nine adult responders diagnosed with partial or full PTSD received outpatient psychotherapy and completed weekly measures of alliance, technique, and symptom distress. Analyses indicated significant interactions between 1) alliance and psychodynamic interventions on outcomes and 2) alliance and cognitive behavioral (CB) interventions on outcomes.

Clients with high alliance had better outcomes when their therapist used fewer CB techniques. No meaningful differences were found between technique and outcomes for clients with lower alliance. These findings reiterate the critical roles technique and responsiveness to the alliance play in engineering successful outcomes.

**Horn S, Charney D, Feder A. 2016.** *Understanding resilience: New approaches for preventing and treating PTSD.* *Experimental Neurology.* 284(Pt B):119–132.

<https://doi.org/10.1016/j.expneurol.2016.07.002>

All individuals experience stressful life events, and up to 84% of the general population will experience at least one potentially traumatic event. In some cases, acute or chronic stressors lead to the development of PTSD or other psychopathology; however, the majority of people are resilient to such effects. Resilience is the ability to adapt successfully in the face of stress and adversity. A wealth of research has begun to identify the genetic, epigenetic, neural, and environmental underpinnings of resilience, and has indicated that resilience is mediated by adaptive changes encompassing several environmental factors, neural circuits, numerous neurotransmitters, and molecular pathways. The first part of this review focuses on recent findings regarding the genetic, epigenetic, developmental, psychosocial, and neurochemical factors as well as neural circuits and molecular pathways that underlie the development of resilience. Emerging and exciting areas of research and novel methodological approaches, including genome-wide gene expression studies, immune, endocannabinoid, oxytocin, and glutamatergic systems, are explored to help delineate innovative mechanisms that may contribute to resilience. The second part

reviews several interventions and preventative approaches designed to enhance resilience in both developmental and adult populations. Specifically, the review will delineate approaches aimed to bolster resilience in individuals with PTSD. Furthermore, we discuss novel pharmacologic approaches, including the N-methyl-d-aspartate (NMDA) receptor ketamine and neuropeptide Y (NPY), as exciting new prospects for not only the treatment of PTSD but as new targets to enhance resilience. Our growing understanding of resilience and interventions will hopefully lead to the development of new strategies for not just treating PTSD but also screening and early identification of at-risk youth and adults. Taken together, efforts aimed at dissemination and implementation of novel interventions to enhance resilience will have to keep pace with the growth of new preventive and treatment strategies.

**Horn S, Pietrzak R, Schechter C, et al. 2016.** *Latent typologies of posttraumatic stress disorder in World Trade Center responders.* *Journal of Psychiatric Research.* 83:151–159.

<https://doi.org/10.1016/j.jpsychires.2016.08.018>

PTSD is a debilitating and often chronic psychiatric disorder. Following the 9/11/2001 WTC attacks, thousands of individuals were involved in rescue, recovery and clean-up efforts. While a growing body of literature has documented the prevalence and correlates of PTSD in WTC responders, no study has evaluated predominant typologies of PTSD in this population. Participants were 4352 WTC responders with probable WTC-related DSMIV PTSD. Latent class analyses were conducted to identify predominant typologies of PTSD symptoms and associated correlates. A 3-class solution provided the optimal representation of latent



PTSD symptom typologies. The first class, labeled “High-Symptom (n=1,973, 45.3%),” was characterized by high probabilities of all PTSD symptoms. The second class, “Dysphoric (n=1,371, 31.5%),” exhibited relatively high probabilities of emotional numbing and dysphoric arousal (e.g., sleep disturbance). The third class, “Threat (n=1,008, 23.2%),” was characterized by high probabilities of re-experiencing, avoidance and anxious arousal (e.g., hypervigilance). Compared to the Threat class, the Dysphoric class reported a greater number of life stressors after 9/11/2001 (OR=1.06). The High-Symptom class was more likely than the Threat class to have a positive psychiatric history before 9/11/2001 (OR=1.7) and reported a greater number of life stressors after 9/11/2001 (OR=1.1). The High-Symptom class was more likely than the Dysphoric class, which was more likely than the Threat class, to screen positive for depression (83% > 74% > 53%, respectively), and to report greater functional impairment (High-Symptom > Dysphoric [Cohen d=0.19], Dysphoric > Threat [Cohen d=0.24]). These results may help inform assessment, risk stratification, and treatment approaches for PTSD in WTC and disaster responders.

**Iciticovic N, Onyebeke L, Wallenstein S, et al. 2016.** *The association between body mass index and gastroesophageal reflux disease in the World Trade Center Health Program General Responder Cohort.* American Journal of Industrial Medicine. 59(9):761–766.

<https://doi.org/10.1002/ajim.22637>

**BACKGROUND:** There is increasing concern about the obesity epidemic in the United States. Obesity is a potential risk factor for a number of chronic diseases, including gastroesophageal reflux disease (GERD). This analysis examined whether body mass index

(BMI) was associated with physician-diagnosed GERD in WTC general responders. **METHODS:** 19,819 WTC general responders were included in the study. Cox proportional hazards regression models were used to compare time to GERD diagnosis among three BMI groups (normal (<25 kg/m<sup>2</sup>), overweight (>=25 and <30 kg/m<sup>2</sup>), and obese (>=30 kg/m<sup>2</sup>)). **RESULTS:** Among the responders, 43% were overweight and 42% were obese. The hazard ratio for normal versus overweight was 0.81 (95% Confidence Interval (CI), 0.75–0.88); normal versus obese 0.71 (95%CI, 0.66, 0.77); and overweight versus obese 0.88 (95%CI, 0.83–0.92). **CONCLUSION:** GERD diagnoses rates were higher in overweight and obese WTC responders. Am. J. Ind. Med. 59:761–766, 2016. (c)2016 Wiley Periodicals, Inc.

**Jiang J, Iciticovic N, Crane M, et al. 2016.** *Sex differences in asthma and gastroesophageal reflux disease incidence among the World Trade Center Health Program general responder cohort.* American Journal of Industrial Medicine. 59(9):815–822.

<https://doi.org/10.1002/ajim.22634>

**BACKGROUND:** Asthma and gastroesophageal reflux disease (GERD) are two common conditions among the responders to the WTC attacks. This study examined whether the cumulative incidence rates of asthma and GERD differed by sex among 24,022 and 23,557 WTC responders, respectively. **METHODS:** Cox proportional hazards regression was used to examine the sex difference in the rate of onset of physician-diagnosed asthma or GERD, from 9/12/2001 through 12/31/2015. **RESULTS:** The cumulative incidence of asthma reached 23% for women and 17% for men by the end of 2015, and the cumulative incidence of GERD reached 45% for women and 38% for men.

Comparing women to men, the hazard ratio was 1.48 (95% confidence interval (CI):1.27, 1.74) for asthma, and 1.25 (95% CI: 1.13, 1.38) for GERD. CONCLUSIONS: WTC general responders have a substantial burden of asthma and GERD, with higher incidence in women. *Am. J. Ind. Med.* 59:815–822, 2016. (c) 2016 Wiley Periodicals, Inc.

**Jurek A, Maldonado G. 2016.** *Quantitative bias analysis in an asthma study of rescue-recovery workers and volunteers from the 9/11 World Trade Center attacks.* *Annals of Epidemiology.* 26(11):794–801.

<https://doi.org/10.1016/j.annepidem.2016.09.002>

**PURPOSE:** When learning bias analysis, epidemiologists are taught to quantitatively adjust for multiple biases by correcting study results in the reverse order of the error sequence. To understand the error sequence for a particular study, one must carefully examine the health study's epidemiologic data-generating process. In this article, we describe the unique data-generating process of a man-made disaster epidemiologic study. **METHODS:** We described the data-generating process and conducted a bias analysis for a study associating September 11, 2001, dust cloud exposure and self-reported newly physician-diagnosed asthma among rescue/recovery workers and volunteers. We adjusted an odds ratio (OR) estimate for the combined effect of missing data, outcome misclassification, and non-participation. **RESULTS:** Under our assumptions about systematic error, the ORs adjusted for all three biases ranged from 1.33 to 3.84. Most of the adjusted estimates were greater than the observed OR of 1.77 and were outside the 95% confidence limits (1.55, 2.01). **CONCLUSIONS:** Man-made disasters present some situations that are not observed in other areas of epidemiology.

Future epidemiologic studies of disasters could benefit from a proactive approach that focuses on the technical aspect of data collection and gathers information on bias parameters to provide more meaningful interpretations of results.

**Mahaffey B, Gonzalez A, Farris S, et al. 2016.** *Smoking to regulate negative affect: Disentangling the relationship between post-traumatic stress and emotional disorder symptoms, nicotine dependence, and cessation-related problems.* *Nicotine & Tobacco Research.* 18(6):1471–1478.

<https://doi.org/10.1093/ntr/ntv175>

**INTRODUCTION:** PTSD is associated with various aspects of cigarette smoking, including higher levels of nicotine dependence and cessation difficulties. Affect-regulatory smoking motives are thought to, in part, underlie the association between emotional disorders such as PTSD and smoking maintenance, although few studies have empirically tested this possibility. **METHODS:** Data were analyzed from 135 treatment-seeking smokers who were directly exposed to the WTC disaster on September 11, 2001. We modeled the direct effect of 9/11 PTSD symptom severity on nicotine dependence, perceived barriers to smoking cessation, and severity of problematic symptoms experienced during prior cessation attempts. We also examined the indirect effect of PTSD on these outcomes via negative affect reduction smoking motives. Parallel models were constructed for additional emotional disorder symptoms, including panic and depressive symptoms. **RESULTS:** PTSD symptom severity was associated with nicotine dependence and perceived barriers to cessation, but not problems during prior quit attempts indirectly via negative affect reduction smoking motives. Panic and

depressive symptoms both had significant indirect effects, via negative affect reduction smoking motives, on all three criterion variables. CONCLUSIONS: Affect-regulatory smoking motives appear to underlie associations between the symptoms of emotional disorders such as PTSD, panic, and depression in terms of smoking dependence and certain cessation-related criterion variables. IMPLICATIONS: Overall, this investigation suggests negative affect reduction smoking motives help to explain the relationship of PTSD, depression, and panic symptoms to nicotine dependence, severity of problems experienced during prior quit attempts, and perceived barriers to cessation. These results highlight the importance of assessing motivations for smoking in the context of cessation treatment, especially among those with emotional disorder symptoms. Future interventions might seek to utilize motivational interviewing and cognitive restructuring techniques to address coping-oriented motives for smoking, in addition to skills for managing negative affect, as a means of improving quit outcomes.

**Moline J, McLaughlin M, Sawit S, et al. 2016.** *The prevalence of metabolic syndrome among law enforcement officers who responded to the 9/11 World Trade Center attacks.* American Journal of Industrial Medicine. 59(9):752–760.

<https://doi.org/10.1002/ajim.22649>

BACKGROUND: Law enforcement officers (LEOs) experience high rates of cardiovascular events compared with the general US population. Metabolic syndrome (MetS) confers an increased risk of cardiovascular disease and all-cause mortality. Data regarding MetS among LEOs are limited. METHODS: We sought to determine the prevalence of MetS and its associated risk factors as well

as gender differences among LEOs who participated in the WTC Law Enforcement Cardiovascular Screening (LECS) Program from 2008 to 2010. We evaluated a total of 2,497 participants, 40 years and older, who responded to the 9/11 WTC attacks. RESULTS: The prevalence of MetS was 27%, with abdominal obesity and hypertension being the most frequently occurring risk factors. MetS and its risk factors were significantly higher among male compared to female LEOs, except for reduced HDL-cholesterol levels. CONCLUSIONS: MetS is a rising epidemic in the United States, and importantly, approximately one in four LEOs who worked at the WTC site after 9/11 are affected. Am. J. Ind. Med. 59:752–760, 2016. (c) 2016 Wiley Periodicals, Inc.

**Napier C, Mbadugha O, Bienenfeld L, et al. 2016.** *Obesity and weight gain among former World Trade Center workers and volunteers.* Archives of Environmental & Occupational Health. 72(2):106–110.

<https://doi.org/10.1080/19338244.2016.1197174>

A high prevalence of obesity has been observed among former WTC workers and volunteers. We hypothesized that unemployment and disability status would predict obesity. We surveyed 220 participants at the [INST] Mount Sinai WTC Clinical Center to assess their obesity and current employment and disability status, WTC occupational exposure level, medical comorbidities, and dietary and exercise habits. Bivariate and logistic regression multivariate analyses were used to explore associated risk factors. Obesity was associated with active employment status. Other significant covariates included non-Latino African American race, having a high number of comorbid chronic diseases, low exercise frequency, and not drinking any glass of juice daily. The association of

obesity with active employment suggests that interventions that favor healthy habits among actively employed individuals are warranted.

**Reibman J, Levy-Carrick N, Miles T, et al. 2016.** *Destruction of the World Trade Center towers. Lessons learned from an environmental health disaster.* *Annals of the American Thoracic Society.* 13(5):577–583.

<https://doi.org/10.1513/AnnalsATS.201509-572PS>

The assault and subsequent collapse of the WTC towers in New York City on September 11, 2001 (9/11), released more than a million tons of debris and dust into the surrounding area, engulfing rescue workers as they rushed to aid those who worked in the towers, and the thousands of nearby civilians and children who were forced to flee. In December 2015, almost 15 years after the attack, and 5 years after first enactment, Congress reauthorized the James Zadroga 9/11 Health and Compensation Act, a law designed to respond to the adverse health effects of the disaster. This reauthorization affords an opportunity to review human inhalation exposure science in relation to the WTC collapse. In this Special Article, we compile observations regarding the collective medical response to the environmental health disaster with a focus on efforts to address the adverse health effects experienced by nearby community members including local residents and workers. We also analyze approaches to understanding the potential for health risk, characterization of hazardous materials, identification of populations at risk, and shortfalls in the medical response on behalf of the local community. Our overarching goal is to communicate lessons learned from the WTC experience that may be applicable to communities affected by future environmental health disasters.

The WTC story demonstrates that communities lacking advocacy and preexisting health infrastructures are uniquely vulnerable to health disasters. Medical and public health personnel need to compensate for these vulnerabilities to mitigate long-term illness and suffering.

**Stein C, Wallenstein S, Shapiro M, et al. 2016.** *Mortality among World Trade Center rescue and recovery workers, 2002–2011.* *American Journal of Industrial Medicine.* 59(2):87–95.

<https://doi.org/10.1002/ajim.22558>

**BACKGROUND:** Rescue and recovery workers responding to the 2001 collapse of the WTC sustained exposures to toxic chemicals and have elevated rates of multiple morbidities. **METHODS:** Using data from the WTC Health Program and the National Death Index for 2002–2011, we examined standardized mortality ratios (SMR) and proportional cancer mortality ratios (PCMR) with indirect standardization for age, sex, race, and calendar year to the U.S. general population, as well as associations between WTC-related environmental exposures and all-cause mortality. **RESULTS:** We identified 330 deaths among 28,918 responders (SMR 0.43, 95%CI 0.39–0.48). No cause-specific SMRs were meaningfully elevated. PCMRs were elevated for neoplasms of lymphatic and hematopoietic tissue (PCMR 1.76, 95%CI 1.06–2.75). Mortality hazard ratios showed no linear trend with exposure. **CONCLUSIONS:** Consistent with a healthy worker effect, all-cause mortality among responders was not elevated. There was no clear association between intensity and duration of exposure and mortality. Surveillance is needed to monitor the proportionally higher cancer mortality attributed to lymphatic/ hematopoietic neoplasms. *Am. J. Ind. Med.* 59:8795,

2016. (c) 2016 Wiley Periodicals, Inc.

**Wolff M. 2016.** *Birth outcomes soon after 9/11.* American Journal of Public Health. 106(10):1724.

<https://doi.org/10.2105/AJPH.2016.303355>

The article in this issue by Maslow et al. [2016, see WTC Health Registry Bibliography, Appendix Two of this compendium] is a substantial addition to literature concerning stress and adverse birth outcomes. It is also a welcome addition to literature on the September 11, 2001 (9/11) World Trade Center (WTC) disaster exposures and perinatal health in New York City. Among its advantages is a large sample size that included women with high WTC-related environmental exposures, defined by proximity at the site and by a biologically appropriate window of exposure. The study observed that posttraumatic stress disorder (PTSD) and direct environmental exposure at the site each were associated with both low birth weight (LBW) and preterm birth (PTB) but not small-for-gestational-age infants among births within two years after 9/11. The authors show additional findings for an index of exposure combining any of the four stress–exposure metrics. However, the effects of two or more combined exposures were identical to those of single estimates for either PTSD or having done rescue and recovery work at the site; each showed about a twofold risk of LBW or PTB.

The Maslow et al. report appears to be the first observation of adverse birth outcomes directly related to particulate matter (PM) exposure in the WTC disaster. The study relied on rescue/recovery as a surrogate for the intense air pollution including PM around the WTC site after 9/11. Other studies have used varying exposure metrics but

not PM in WTC perinatal research. Findings of LBW and PTB associated with rescue and recovery are consistent with a large body of research devoted to air pollution, including particulate matter, and birth outcomes. Raised risk has been most convincing where exposures exceed 40 to 50 micrograms per cubic meter of PM. Nine blocks northeast of the WTC site, PM of 10 micrometers or less was often greater than 100 micrograms per cubic meter and PM of 2.5 micrometers or less was greater than 40 micrograms per cubic meter through October 2001, and WTC particulate matter undoubtedly had adventitious contamination with many other toxic chemicals.

PTSD in this and other disasters has been linked with adverse birth outcomes. A unique opportunity exists in disaster studies like this one to understand how stress and environmental exposures may act together versus independently. Although their results indicate that PTSD did not mediate relationships between exposure and birth outcomes, Maslow et al. did not describe interactions between environmental factors and maternal stress. There is always concern that study of interactions may be limited by sample size, but this study included more than 3000 births during the early phase of interest. The primary exposures may have been considered small to allow meaningful study of interactions (e.g., 449 with PTSD and 494 women with rescue and recovery exposure) and even smaller numbers among those with adverse birth outcomes (LBW,  $n = 178$ ; PTB,  $n = 219$ ). And, although risk estimates were adjusted for confounders, most of the adverse outcomes occurred among women of Black race, low socioeconomic status, and low pregnancy weight gain. Still, an exploratory analysis would be desirable to address this idea. In

addition, both prenatal stress and environmental exposures often exhibit sex-specific associations with infant health. This article considered infant sex as a covariate but did not report sex-specific associations or interactions. Previous studies of WTC-related birth outcomes were smaller (except one) and had little power to study interactions.

Thus, questions remain. Previous research, including a number of disaster studies, made clear connections between PTSD or stress and reduced fetal growth. Experimental studies strongly support such findings. Environmental factors are also established, and the importance of examining exposures and stress in context is becoming more recognized.<sup>6</sup> Disasters cannot be designed for epidemiology, but Maslow et al. and others note the need for preparedness to guide future medical management and research in the aftermath of disasters. It has been said that training for preparedness after 9/11 is what enabled the rescue of a US Airways flight on the Hudson River in 2009, and this new scientific contribution should lead to better response to future disasters. (AJPH)

**Xu K, Goodman E, Goswami R, et al. 2016.** *Determinants of asthma morbidity in World Trade Center rescue and recovery workers.* *Annals of Allergy, Asthma & Immunology.* 117(5):568–570. [Letter]

<https://doi.org/10.1016/j.anai.2016.08.033>

## 2017 (4)

**Clouston S, Pietrzak RH, Kotov R, et al. 2017.** *Traumatic exposures, posttraumatic stress disorder, and cognitive functioning in World Trade Center responders.* *Alzheimer's and Dementia: Translational Research and Clinical Interventions:*3(4):593-602.

<https://doi.org/10.1016/j.trci.2017.09.001>

**Introduction:** This study examined whether World Trade Center (WTC)-related exposures and posttraumatic stress disorder (PTSD) were associated with cognitive function and whether WTC responders' cognition differed from normative data. **Methods:** A computer-assisted neuropsychological battery was administered to a prospective cohort study of 1193 WTC responders with no history of stroke or WTC-related head injuries. Data were linked to information collected prospectively since 2002. Sample averages were compared to published norms. **Results:** Approximately 14.8% of sampled responders had cognitive dysfunction. WTC responders had worse cognitive function compared to normative data. PTSD symptom severity and working >5 weeks on-site was associated with cognitive dysfunction. **Discussion:** Results from this sample highlight the potential for WTC responders to be experiencing an increased burden of cognitive dysfunction and linked lowered cognitive functioning to physical exposures and to PTSD. Future research is warranted to understand the extent to which cognitive dysfunction is evident in neural dysfunction.

**Lucchini R, Hashim D, Aquilla S, et al. 2017.** *A comparative assessment of major international disasters: The need for exposure assessment, systematic emergency preparedness, and lifetime health care.* *BioMed Central Public Health.* 17(1):46.

<https://doi.org/10.1186/s12889-016-3939-3>

**BACKGROUND:** The disasters at Seveso, Three Mile Island, Bhopal, Chernobyl, the WTC and Fukushima had historic health and economic sequelae for large populations of workers, responders and community members. **METHODS:** Comparative data from

these events were collected to derive indications for future preparedness. Information from the primary sources and a literature review addressed: i) exposure assessment; ii) exposed populations; iii) health surveillance; iv) follow-up and research outputs; v) observed physical and mental health effects; vi) treatment and benefits; and vii) outreach activities. RESULTS: Exposure assessment was conducted in Seveso, Chernobyl and Fukushima, although none benefited from a timely or systematic strategy, yielding immediate and sequential measurements after the disaster. Identification of exposed subjects was overall underestimated. Health surveillance, treatment and follow-up research were implemented in Seveso, Chernobyl, Fukushima, and at the WTC, mostly focusing on the workers and responders, and to a lesser extent on residents. Exposure-related physical and mental health consequences were identified, indicating the need for a long-term health care of the affected populations. Fukushima has generated the largest scientific output so far, followed by the WTC Health Program and Chernobyl. Benefits programs and active outreach figured prominently in only the WTC Health Program. The analysis of these programs yielded the following lessons: 1) Know who was there; 2) Have public health input to the disaster response; 3) Collect health and needs data rapidly; 4) Take care of the affected; 5) Emergency preparedness; 6) Data driven, needs assessment, advocacy. CONCLUSIONS: Given the long-lasting health consequences of natural and man-made disasters, health surveillance and treatment programs are critical for management of health conditions, and emergency preparedness plans are needed to prevent or minimize the impact of future threats.

**Mindlis I, Morales-Raveendran E, Goodman E, et al. 2017.** *Post-traumatic stress disorder dimensions and asthma morbidity in WTC rescue and recovery workers.* Journal of Asthma. 54(7):723–31.

<https://doi.org/10.1080/02770903.2016.1263650>

OBJECTIVE: Using data from a cohort of WTC rescue and recovery workers with asthma, we assessed whether meeting criteria for PTSD, sub-threshold PTSD, and for specific PTSD symptom dimensions are associated with increased asthma morbidity. METHODS: Participants underwent a Structured Clinical Interview for Diagnostic and Statistical Manual to assess the presence of PTSD following DSM-IV criteria during in-person interviews between December 2013 and April 2015. We defined sub-threshold PTSD as meeting criteria for two of three symptom dimensions: re-experiencing, avoidance, or hyper-arousal. Asthma control, acute asthma-related healthcare utilization, and asthma-related quality of life data were collected using validated scales. Unadjusted and multiple regression analyses were performed to assess the relationship between sub-threshold PTSD and PTSD symptom domains with asthma morbidity measures. RESULTS: Of the 181 WTC workers with asthma recruited into the study, 28% had PTSD and 25% had sub-threshold PTSD. Patients with PTSD showed worse asthma control, higher rates of inpatient healthcare utilization, and poorer asthma quality of life than those with sub-threshold or no PTSD. After adjusting for potential confounders, among patients not meeting the criteria for full PTSD, those presenting symptoms of re-experiencing exhibited poorer quality of life ( $p=0.003$ ). Avoidance was associated with increased acute healthcare use ( $p=0.05$ ). Sub-threshold PTSD was not associated with asthma morbidity ( $p > 0.05$ ).

for all comparisons). **CONCLUSIONS:** There may be benefit in assessing asthma control in patients with sub-threshold PTSD symptoms as well as those with full PTSD to more effectively identify ongoing asthma symptoms and target management strategies.

**Vossbrinck M, Zeig-Owens R, Hall C, et al. 2017.** *Post-9/11/2001 lung function trajectories by sex and race in World Trade Center-exposed New York City emergency medical service workers.* *Occupational and Environmental Medicine.* 74(3):200–203.

<https://doi.org/10.1136/oemed-2016-103619>

**OBJECTIVE:** To determine whether lung function trajectories after 9/11/2001 (9/11) differed by sex or race/ethnicity in WTC-exposed Fire Department of the City of New York emergency medical service (EMS) workers. **METHOD:** Serial cross-sectional study of pulmonary function tests (PFTs) taken between 9/11 and 9/10/2015. We used data from routine PFTs (forced expiratory volume in 1 s (FEV1) and FEV1% predicted), conducted at 12–18 month intervals. FEV1 and FEV1% predicted were assessed over time, stratified by sex, and race/ethnicity. We also assessed FEV1 and FEV1% predicted in current, former and never-smokers. **RESULTS:** Among 1817 EMS workers, 334 (18.4%) were women, 979 (53.9%) self-identified as white and 939 (51.6%) were never-smokers. The median follow-up was 13.1 years (IQR 10.5–13.6), and the median number of PFTs per person was 11 (IQR 7–13). After large declines associated with 9/11, there was no discernible recovery in lung function. In analyses limited to never-smokers, the trajectory of decline in adjusted FEV1 and FEV1% predicted was relatively parallel for men and women in the 3 racial/ethnic groups. Similarly, small differences in FEV1 annual decline between groups were

not clinically meaningful. Analyses including ever-smokers were essentially the same. **CONCLUSIONS:** 14 years after 9/11, most EMS workers continued to demonstrate a lack of lung function recovery. The trajectories of lung function declines however, were parallel by sex and by race/ethnicity. These findings support the use of routine, serial measures of lung function over time in first responders and demonstrate no sex or racial sensitivity to exposure-related lung function decline.

## 2018 (3)

**Bello GA, Lucchini RG, Teitelbaum SL, et al. 2018.** *Development of a physiological frailty index for the World Trade Center general responder cohort.* *Curr Gerontol Geriatr Res.* Article ID 3725926: 1–12.

Contracts and Grants 200-2002-00384, U10-OH008216/23/25/32/39/75, and 200-2011-39356/61/77/84/85/88

<https://doi.org/10.1155/2018/3725926>

Responders to the 9/11/2001 WTC attacks were exposed to multiple toxic pollutants. Since 2002, the health of the responder cohort has been continuously tracked by the WTC Health Monitoring Program. However, no assessments have been made of frailty, an important health metric given the current average age of the WTC responder cohort (55 years). In this study, we use laboratory test results and other physiological parameters to construct a physiological frailty index (FI-Lab) for this cohort. The study sample comprised responders aged 40 years or older who completed a health monitoring visit at Mount Sinai Center within the past 5 years. For each subject, FI-Lab was computed as the proportion of 20 physiological



parameters (lab tests, pulmonary function, and blood pressure) on which the subject had abnormal values. Using negative binomial regression models, we tested FI-Lab's association with the SF-12 wellbeing score and various demographic characteristics. FI-Lab showed strong associations with the physical and mental components of the SF-12 as well as age, race, and smoking status. Using a cutoff of 0.25 to define presence of physiological/preclinical frailty, we found frailty prevalence in the study sample to be approximately 12%. This study demonstrates the feasibility of assessing preclinical frailty in the WTC responder cohort.

**Bello GA, Teitelbaum SL, Lucchini RG, et al. 2018.** *Assessment of cumulative health risk in the World Trade Center general responder cohort.* *American Journal of Industrial Medicine* 61: 63–76.

<https://doi.org/10.1002/ajim.22786>

**BACKGROUND:** Multiple comorbidities have been reported among rescue/recovery workers responding to the 9/11/2001 WTC disaster. In this study, we developed an index that quantifies the cumulative physiological burden of comorbidities and predicts life expectancy in this cohort. **METHODS:** A machine learning approach (gradient boosting) was used to model the relationship between mortality and several clinical parameters (laboratory test results, blood pressure, pulmonary function measures). This model was used to construct a risk index, which was validated by assessing its association with a number of health outcomes within the WTC general responder cohort. **RESULTS:** The risk index showed significant associations with mortality, self-assessed physical health, and onset of multiple chronic conditions, particularly COPD, hy-

pertension, asthma, and sleep apnea. **CONCLUSION:** As an aggregate of several clinical parameters, this index serves as a cumulative measure of physiological dysregulation and could be utilized as a prognostic indicator of life expectancy and morbidity risk.

**Ciro D. 2018.** *Psychosocial Correlates of Post-Traumatic Stress Disorder Symptoms and Well-Being Among Hispanic World Trade Center Rescue and Recovery Workers.* CUNY Academic Works, CUNY Academic Works. [PhD dissertation]

Thousands of first responders are estimated to have endured extremely distressing experiences during their recovery efforts at the 9/11 World Trade Center (WTC) site. While the effects of 9/11 continue to be studied, few studies have examined how rescue and recovery workers have been coping since 9/11 and how their coping is associated with their psychological well-being. Moreover, we do not know how distinct coping patterns may be associated with post-traumatic growth, experiences of positive emotion, or quality of life among WTC responders. This study compared coping differences among Hispanic, Non-Hispanic White, and Non-Hispanic Black first responders. In addition, it examined the relationship between their coping, Post-Traumatic Stress Disorder (PTSD) symptoms, and psychological well-being. I also examined these associations in Hispanic responders by language preference and US nativity as proxies of acculturation.

Data from a cohort of 4,148 WTC responders who attended monitoring visits at the Mount Sinai WTC Health Program (WTC-HP) and who participated in a web-based survey administered by the Mount Sinai WTC Mental Health Program research team were

used for secondary data analyses. More specifically, I utilized multiple regression analyses to compare differences in coping among Hispanics, Non-Hispanic Whites, and Non-Hispanic Blacks, while controlling for WTC-related trauma exposure, demographics, and clinical and psychosocial characteristics. Data were also used to examine the relationship between the responders' coping, PTSD symptoms, and psychological well-being. Further, I used the data to examine differences in coping and well-being (e.g., post-traumatic growth, positive affect, and quality of life) in Hispanic responders by language preference and US nativity. Last, I tested a moderation effect to examine the relationship between active coping, PTSD symptom levels, and wellbeing among Hispanic responders by their level of acculturation using language preference and US nativity as proxies. Key findings suggested broad similarities in coping between Hispanic and Non-Hispanic Black first responders, significant differences in coping among Hispanics, and the prevalence of post-traumatic growth in Hispanic responders. Further, the results revealed a moderating effect of US

nativity on the Hispanic responders' experiences of positive affect and quality of life. This study's results are consistent with other study findings that show Hispanic ethnicity is associated with higher PTSD symptom levels in 9/11 first responders. However, the study findings also show that positive religious coping and active coping are strongly associated with post-traumatic growth in Hispanic first responders. Further, positive religious coping and perceived social support are strongly associated with Hispanic responders experiencing positive affect and reporting a higher quality of life.

Finally, the study findings demonstrate that US nativity among Hispanic responders moderates the relationship between active coping and positive affect and between active coping and quality of life, suggesting that Hispanic responders who are born abroad and use active coping report higher rates of positive affect and quality of life than those who are US born. Clinical and policy implications of these findings are of importance in designing programs for this population

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## Appendix 2, Section 5

### WTC Survivors Data Center Research Publications

## WTC Survivors

### Data Center Research Publications

#### 2005 (2)

**Lin S, Reibman J, Bowers J, et al. 2005.** *Upper respiratory symptoms and other health effects among residents living near the World Trade Center site after September 11, 2001.* American Journal of Epidemiology. 162(6):499–507.

<https://doi.org/10.1093/aje/kwi233>

The authors investigated changes in respiratory health after September 11, 2001 (“9/11”) among residents of the area near the World Trade Center (WTC) site in New York City as compared with residents of a control area. In 2002, self-administered questionnaires requesting information on the presence and persistence of respiratory symptoms, unplanned medical visits, and medication use were sent to 9,200 households (22.3% responded) within 1.5 km of the WTC site (affected area) and approximately 1,000 residences (23.3% responded) in Upper Manhattan, more than 9 km from the site (control area). Residents of the affected area reported higher rates of new-onset upper respiratory symptoms after 9/11 (cumulative incidence ratio=2.22, 95% confidence interval (CI):1.88, 2.63). Most of these symptoms persisted 1 year after 9/11 in the affected area. Previously healthy residents of the

affected area had more respiratory-related unplanned medical visits (prevalence ratio=1.73, 95% CI:1.13, 2.64) and more new medication use (prevalence ratio=2.89, 95% CI:1.75, 4.76) after 9/11. Greater impacts on respiratory functional limitations were also found in the affected area. Although bias may have contributed to these increases, other analyses of WTC-related pollutants support their biologic plausibility. Further analyses are needed to examine whether these increases were related to environmental exposures and to monitor long-term health effects.

**Reibman J, Lin S, Hwang S, et al. 2005.** The World Trade Center residents’ respiratory health study: new-onset respiratory symptoms and pulmonary function. Environmental Health Perspectives. 113(4):406–411.

<https://dx.doi.org/10.1289/ehp.7375>

The destruction of the WTC on 11 September 2001 in New York City resulted in the massive release of pulverized dust and combustion products. The dust and smoke settled in the surrounding area, which encompassed a large residential community. We hypothesized that previously normal residents in the community surrounding the former WTC would have an increased incidence of persistent respiratory symptoms and abnormalities in screening spirometry. A hybrid cross-sectional and retrospective cohort study using a symptom-based questionnaire and on-site screening spirometry in residents in an exposed area and in a control

area was performed 12 +/4 months after the collapse. Surveys were analyzed from 2,812 residents. New-onset respiratory symptoms were described by 55.8% of residents in the exposed area, compared with 20.1% in the control area after the event. Persistent new-onset symptoms were identified in 26.4 versus 7.5% of residents in the exposed area versus control area, respectively. No differences in screening spirometry between the groups were detected. A small pilot study suggested the possibility of an increase in bronchial hyper-responsiveness in exposed participants with persistent symptoms. The data demonstrate an increased rate of new-onset and persistent respiratory health effects in residents near the former WTC compared with a control population.

## 2007 (2)

**Lin S, Jones R, Reibman J, et al. 2007.** *Reported respiratory symptoms and adverse home conditions after 9/11 among residents living near the World Trade Center.* Journal of Asthma. 44(4):325–332.

<https://doi.org/10.1080/02770900701344181>

This study investigated whether self-reported damage, dust, and odors in homes near the WTC after September 11, 2001, were related to increased rates of respiratory symptoms among residents and if multiple sources of exposure were associated with greater health risk. We mailed questionnaires to homes within 1.5 km of the WTC site (affected area) and in upper Manhattan (control area). Surveys asked about respiratory symptoms, unplanned medical visits, physician diagnoses, medication use, and conditions in the home after 9/11. Adverse home conditions were associated with new-onset (i.e., began after 9/11) and persistent (i.e., remained 1 year after 9/11)

upper and lower respiratory symptoms in the affected area (Cumulative Incidence Ratios [CIRs] 1.201.71). Residents reporting longer duration of dust/ odors or multiple sources of exposure had greater risk for symptoms compared to those reporting shorter duration and fewer sources. These data suggest that WTC-related contamination in the home after 9/11 was associated with new and persistent respiratory symptoms among residents living near the site. While we cannot eliminate potential biases related to self-reported data, we took strategies to minimize their impact, and the observed effects are biologically plausible.

**Oppenheimer B, Goldring R, Herbert M, et al. 2007.** *Distal airway function in symptomatic subjects with normal spirometry following World Trade Center dust exposure.* Chest. 132(4):1275–1282.

<https://doi.org/10.1378/chest.07-0913>

**RATIONALE:** Following collapse of the WTC, individuals reported new-onset respiratory symptoms. Despite symptoms, spirometry often revealed normal airway function. However, bronchial wall thickening and air trapping were seen radiographically in some subjects. We hypothesized that symptomatic individuals following exposure to WTC dust may have functional abnormalities in distal airways not detectable with routine spirometry. **METHODS:** One hundred seventy-four subjects with respiratory symptoms and normal spirometry results were evaluated. Impedance oscillometry (IOS) was performed to determine resistance at 5 Hz, 5 to 20 Hz, and reactance area. Forty-three subjects were also tested for frequency dependence of compliance (FDC). Testing was repeated after bronchodilation. **RESULTS:** Predominant symptoms included cough (67%) and dyspnea (65%). Despite normal

spirometry results, mean resistance at 5 Hz, 5 to 20 Hz, and reactance area were elevated (4.36 +/0.12 cm H<sub>2</sub>O/L/s, 0.86 +/0.05 cm H<sub>2</sub>O/L/s, and 6.12 +/0.50 cm H<sub>2</sub>O/L, respectively) [mean +/SE]. Resistance and reactance normalized after bronchodilation. FDC was present in 37 of 43 individuals with improvement after bronchodilation. CONCLUSIONS: Symptomatic individuals with presumed WTC dust/fume exposure and normal spirometry results displayed airway dysfunction based on the following: (1) elevated airway resistance and frequency dependence of resistance determined by IOS; (2) heterogeneity of distal airway function demonstrated by elevated reactance area on oscillometry and FDC; and (3) reversibility of these functional abnormalities to or toward normal following administration of a bronchodilator. Since spirometry results were normal in all subjects, these abnormalities likely reflect dysfunction in airways more distal to those evaluated by spirometry. Examination of distal airway function when spirometry results are normal may be important in the evaluation of subjects exposed to occupational and environmental hazards.

## 2009 (1)

**Reibman J, Liu M, Cheng Q, et al. 2009.** *Characteristics of a residential and working community with diverse exposure to World Trade Center dust, gas, and fumes.* Journal of Occupational and Environmental Medicine. 51(5):534–541.

<https://doi.org/10.1097/JOM.0b013e3181a0365b>

OBJECTIVE: To describe physical symptoms in those local residents, local workers, and cleanup workers who were enrolled in a treatment program and had reported symptoms and exposure to the dust, gas, and

fumes released with the destruction of the WTC on September 11, 2001. METHODS: Symptomatic individuals underwent standardized evaluation and subsequent treatment. RESULTS: One thousand eight hundred ninety-eight individuals participated in the WTC EHC between September 2005 and May 2008. Upper and lower respiratory symptoms that began after September 11, 2001 and persisted at the time of examination were common in each exposure population. Many (31%) had spirometry measurements below the lower limit of normal. CONCLUSIONS: Residents and local workers as well as those with work-associated exposure to WTC dust have new and persistent respiratory symptoms with lung function abnormalities 5 or more years after the WTC destruction.

## 2010 (2)

**Lin S, Jones R, Reibman J, et al. 2010.** *Lower respiratory symptoms among residents living near the World Trade Center, two and four years after 9/11.* International Journal of Occupational and Environmental Health. 16(1):44–52.

<https://doi.org/10.1179/107735210800546119>

We investigated whether residents living near the WTC continued to experience respiratory problems several years after September 11, 2001 (9/11). Residents living within one mile of the WTC surveyed after 9/11 responded two and four years later to follow-up surveys that asked about lower respiratory symptoms (LRS), medical history, psychological stress, and indoor environmental characteristics. There were declines in the proportion of residents reporting LRS, new lower respiratory diagnoses, unplanned medical visits, and asthma medication use. However, the proportion

of residents reporting any LRS in the affected area at follow-up remained higher than the original proportion in the control area; residents with multiple sources of potential 9/11-related exposures were at greatest risk for LRS at follow-up. Psychological stress, dust/odors, and moisture were significantly associated with LRS at follow-up. These data demonstrate that LRS continue to burden residents living in the areas affected by the WTC disaster.

**Rom W, Reibman J, Rogers L, et al. 2010.** *Emerging exposures and respiratory health: World Trade Center dust.* Proceedings of the American Thoracic Society. 7(2):142–145.

<https://doi.org/10.1513/pats.200908-092RM>

The attack on the WTC on 9/11/2001 produced a massive dust cloud with acute exposure, and the rubble pile burning over 3 months exposed more than 300,000 residents, rescue workers, and clean-up workers. Firefighters in the New York City Fire Department had significant respiratory symptoms characterized by cough, dyspnea, gastroesophageal reflux, and nasal stuffiness with a significant 1-year decline in FVC and FEV(1). Bronchial hyperreactivity measured by methacholine challenge correlated with bronchial wall thickening on CT scans. Compared with the NHANES III data for FVC and FEV(1), 32% of 2,000 WTC dust-exposed residents and clean-up workers were below the lower 5th percentile. The most common abnormality was a low FVC pattern, a finding similar to that also described for individuals in rescue and recovery activities. Among those complaining of respiratory symptoms and normal spirometry, almost half had abnormalities detected with impedance oscillometry consistent with distal airways' disease. Follow-up with the WTCHR and the WTC Environmental Health Center

will help discern whether treatment with anti-inflammatory medications or bronchodilators in those with respiratory symptoms may prevent the development of chronic obstructive pulmonary disease.

## 2011 (2)

**Caplan-Shaw C, Yee H, Rogers L, et al. 2011.** *Lung pathologic findings in a local residential and working community exposed to World Trade Center dust, gas, and fumes.* Journal of Occupational and Environmental Medicine. 53(9):981–991.

<https://doi.org/10.1097/JOM.0b013e31822fff60>

**OBJECTIVE:** To describe pathologic findings in symptomatic WTC-exposed local workers, residents, and cleanup workers enrolled in a treatment program. **METHODS:** Twelve patients underwent surgical lung biopsy for suspected interstitial lung disease (group 1, n=6) or abnormal pulmonary function tests (group 2, n=6). High-resolution computed axial tomography and pathologic findings were coded. Scanning electron microscopy with energy-dispersive x-ray spectroscopy was performed. **RESULTS:** High-resolution computed axial tomography showed reticular findings (group 1) or normal or airway-related findings (group 2). Pulmonary function tests were predominantly restrictive. Interstitial fibrosis, emphysematous change, and small airway abnormalities were seen. All cases had opaque and birefringent particles within macrophages, and examined particles contained silica, aluminum silicates, titanium dioxide, talc, and metals. **CONCLUSIONS:** In symptomatic WTC-exposed individuals, pathologic findings suggest a common exposure resulting in alveolar loss and a diverse response to injury.

**Friedman S, Maslow C, Reibman J, et al. 2011.** *Case-control study of lung function in World Trade Center Health Registry area residents and workers.* American Journal of Respiratory and Critical Care Medicine. 184:582–589.

<https://doi.org/10.1164/rccm.201011-1909OC>

**RATIONALE:** Residents and area workers who inhaled dust and fumes from the World Trade Center disaster reported lower respiratory symptoms in two WTCHR surveys (2003–2004 and 2006–2007), but lung function data were lacking. **OBJECTIVES:** To examine the relationship between persistent respiratory symptoms and pulmonary function in a nested case control study of exposed adult residents and area workers 7–8 years after September 11, 2001. **METHODS:** Registrants reporting post September 11th onset of a lower respiratory symptom in the first survey and the same symptom in the second survey were solicited as potential cases. Registrants without lower respiratory symptoms in either Registry survey were solicited as potential control subjects. Final case-control status was determined by lower respiratory symptoms at a third interview (the study), when spirometry and impulse oscillometry were also performed. **MEASUREMENTS AND MAIN RESULTS:** We identified 180 cases and 473 control subjects. Cases were more likely than control subjects to have abnormal spirometry (19% vs. 11%;  $P < 0.05$ ), and impulse oscillometry measurements of elevated airway resistance ( $R5$ ; 68% vs. 27%;  $P < 0.0001$ ) and frequency dependence of resistance ( $R5(-)(2)(0)$ ; 36% vs. 7%;  $P < 0.0001$ ). When spirometry was normal, cases were more likely than control subjects to have elevated  $R5$  and  $R5(-)(2)(0)$  (62% vs. 25% and 27% vs. 6%, respectively; both  $P < 0.0001$ ). Associations between symptoms and oscillometry held

when factors significant in bivariate comparisons (body mass index, spirometry, and exposures) were analyzed using logistic regression. **CONCLUSIONS:** This study links persistent respiratory symptoms and oscillometric abnormalities in WTC-exposed residents and area workers. Elevated  $R5$  and  $R5(-)(2)(0)$  in cases despite normal spirometry suggested distal airway dysfunction as a mechanism for symptoms.

## 2012 (3)

**Liu M, Qian M, Chen Q, et al. 2012.**

*Longitudinal spirometry among patients in a treatment program for community members with World Trade Center-related illness.* Journal of Occupational and Environmental Medicine. 54(10):1208–13.

<https://doi.org/10.1097/JOM.0b013e31826bb78e>

**OBJECTIVE:** The course of lung function in community members exposed to WTC dust and fumes remains undefined. We studied longitudinal spirometry among patients in the WTC EHC treatment program. **METHODS:** Observational study of 946 WTC EHC patients with repeated spirometry measures analyzed on the population as a whole and stratified by smoking status, initial spirometry pattern, and WTC-related exposure category. **RESULTS:** Improvement in forced vital capacity (54.4 mL/yr; 95% confidence interval, 45.0 to 63.8) and forced expiratory volume in 1 second (36.8 mL/yr; 95% confidence interval, 29.3 to 44.3) was noted for the population as a whole. Heavy smokers did not improve. Spirometry changes differed depending on initial spirometry pattern and exposure category. **CONCLUSION:** These data demonstrate spirometry improvement in select populations suggesting



reversibility in airway injury and reinforcing the importance of continued treatment.

**Maslow C, Friedman S, Pillai P, et al. 2012.** *Chronic and acute exposures to the World Trade Center disaster and lower respiratory symptoms: Area residents and workers.* American Journal of Public Health. 102:1186–1194.

<http://doi.org/10.2105/AJPH.2011.300561>

**OBJECTIVES:** We assessed associations between new-onset (post-September 11, 2001 [9/11]) lower respiratory symptoms reported on 2 surveys, administered 3 years apart, and acute and chronic 9/11-related exposures among New York City WTC-area residents and workers enrolled in the WTCHR. **METHODS:** WTC-area residents and workers were categorized as case participants or control participants on the basis of lower respiratory symptoms reported in surveys administered 2 to 3 and 5 to 6 years after 9/11. We created composite exposure scales after principal components analyses of detailed exposure histories obtained during face-to-face interviews. We used multivariate logistic regression models to determine associations between lower respiratory symptoms and composite exposure scales. **RESULTS:** Both acute and chronic exposures to the events of 9/11 were independently associated, often in a dose-dependent manner, with lower respiratory symptoms among individuals who lived and worked in the area of the WTC. **CONCLUSIONS:** Study findings argue for detailed assessments of exposure during and after events in the future from which potentially toxic materials may be released and for rapid interventions to minimize exposures and screen for potential adverse health effects.

## 2013 (1)

**Berger K, Reibman J, Oppenheimer B, et al. 2013.** *Lessons from the World Trade Center Disaster: Airway disease presenting as restrictive dysfunction.* Chest. 144(1):249–257.

<https://doi.org/10.1378/chest.12-1411>

**BACKGROUND:** The present study (1) characterizes a physiologic phenotype of restrictive dysfunction due to airway injury and (2) compares this phenotype to the phenotype of interstitial lung disease (ILD). **METHODS:** This is a retrospective study of 54 persistently symptomatic subjects following WTC dust exposure. Inclusion criteria were reduced vital capacity (VC), FEV1/VC>77%, and normal chest roentgenogram. Measurements included spirometry, plethysmography, diffusing capacity of lung for carbon monoxide (Dlco), impulse oscillometry (IOS), inspiratory/expiratory CT scan, and lung compliance (n=16). **RESULTS:** VC was reduced (46% to 83% predicted) because of the reduction of expiratory reserve volume (43%+/-26% predicted) with preservation of inspiratory capacity (IC) (85%+/-16% predicted). Total lung capacity (TLC) was reduced, confirming restriction (73%+/-8% predicted); however, elevated residual volume to TLC ratio (0.35+/-0.08) suggested air trapping (AT). Dlco was reduced (78%+/-15% predicted) with elevated Dlco/alveolar volume (5.3+/-0.8 [mL/mm Hg/ min]/L). IOS demonstrated abnormalities in resistance and/or reactance in 50 of 54 subjects. CT scan demonstrated bronchial wall thickening and/or AT in 40 of 54 subjects; parenchymal disease was not evident in any subject. Specific compliance at functional residual capacity (FRC) (0.07+/-0.02 [L/cm H2O]/L) and recoil pressure (Pel) at TLC (27+/-7 cm H2O) were normal. In contrast to patients with ILD, lung expansion was not limited, since

IC, Pel, and inspiratory muscle pressure were normal. Reduced TLC was attributable to reduced FRC, compatible with airway closure in the tidal range. CONCLUSIONS: This study describes a distinct physiologic phenotype of restriction due to airway dysfunction. This pattern was observed following WTC dust exposure, has been reported in other clinical settings (e.g., asthma), and should be incorporated into the definition of restrictive dysfunction.

**Kazeros A, Maa M, Patrawalla P, et al. 2013.** *Elevated peripheral eosinophils are associated with new-onset and persistent wheeze and airflow obstruction in World Trade Center-exposed individuals.* *Journal of Asthma.* 50(1):25–32.

<https://doi.org/10.3109/02770903.2012.743149>

BACKGROUND: Exposure to WTC dust and fumes is associated with the onset of asthma-like respiratory symptoms in rescue and recovery workers and exposed community members. Eosinophilic inflammation with increased lung and peripheral eosinophils has been described in subpopulations with asthma. We hypothesized that persistent asthma-like symptoms in WTC-exposed individuals would be associated with systemic inflammation characterized by peripheral eosinophils. METHODS: The WTC EHC is a treatment program for local residents, local workers, and cleanup workers with presumed WTC-related symptoms. Patients undergo a standardized evaluation, including questionnaires and complete blood count. Between September 2005 and March 2009, 2462 individuals enrolled in the program and were available for analysis. Individuals with preexisting respiratory symptoms or lung disease diagnoses prior to September 2001, and current or significant tobacco use were excluded. RESULTS: One thousand five

hundred and seventeen individuals met the inclusion criteria. Patients had a mean age of 47 years, were mostly female (51%), and had a diverse race/ethnicity. Respiratory symptoms that developed after WTC dust/fume exposure and remained persistent included dyspnea on exertion (68%), cough (57%), chest tightness (47%), and wheeze (33%). A larger percentage of patients with wheeze had elevated peripheral eosinophils compared with those without wheeze (21% vs. 13%,  $p < .0001$ ). Individuals with elevated peripheral eosinophils were more likely to have airflow obstruction on spirometry (16% vs. 7%,  $p = .0003$ ). CONCLUSION: Peripheral eosinophils were associated with wheeze and airflow obstruction in a diverse WTC-exposed population. These data suggest that eosinophils may participate in lung inflammation in this population with symptoms consistent with WTC-related asthma.

**Trasande L, Fiorino E, Attina T, et al. 2013.** *Associations of World Trade Center exposures with pulmonary and cardiometabolic outcomes among children seeking care for health concerns.* *The Science of the Total Environment.* 444:320–326.

<https://doi.org/10.1016/j.scitotenv.2012.11.097>

OBJECTIVE: Prior research on the physical health of children exposed to the WTC attacks has largely relied on parental report via questionnaire. We examined the impact of clinically-reported exposures on the physical health of children who lived and/or attended school in downtown Manhattan on September 11, 2001. STUDY DESIGN: We performed a cross-sectional study of 148 patients who presented to the WTC EHC/Survivors Health Program, and were  $\leq 18$  years old on September 11, 2001. RESULTS: 38.5% were caught in the dust cloud from the collapsing buildings on September 11; over

80% spent  $\geq 1$  day in their home between September 11 and 18, 2001; and 25.7% reported home dust exposure. New-onset nasal/sinus congestion was reported in 52.7%, while nearly one-third reported new gastroesophageal reflux (GERD) symptoms. Prehypertension or hypertension was identified in 45.5%. Multivariable regression with exposure variables, body mass index category, and age as covariates identified strongest associations of dust cloud with spirometry (17.1% decrease in maximum midexpiratory flow). Younger children experienced increased peripheral eosinophils (+0.098% per year,  $p=0.023$ ), while older children experienced more new-onset GERD (OR 1.17,  $p=0.004$ ), headaches (OR 1.10,  $p=0.011$ ), and prehypertension (OR 1.09,  $p=0.024$ ). Home dust exposure was associated with reduced high-density lipoprotein (-10.3mg/dL,  $p=0.027$ ) and elevated triglycerides (+36.3mg/dL,  $p=0.033$ ). CONCLUSIONS: While these findings cannot be assumed to generalize to all children exposed to the WTC attacks, they strongly suggest the need for more extensive study of respiratory, metabolic, and cardiovascular consequences.

## 2014 (1)

**Crane M, Levy-Carrick M, Crowley L, et al. 2014.** *The response to September 11: a disaster case study.* Annals of Global Health. 80(4):320–331.

<https://doi.org/10.1016/j.aogh.2014.08.215>

BACKGROUND: The response to 9/11 continues into its 14th year. The WTC Health Program, a long-term monitoring and treatment program now funded by the Zadroga Act of 2010, includes  $>60,000$  WTC disaster responders and community members (“survivors”). The aim of this review is to identify

several elements that have had a critical impact on the evolution of the WTC response and, directly or indirectly, the health of the WTC-exposed population. It further explores post-disaster monitoring efforts, recent scientific findings from the WTC Health Program, and some implications of this experience for ongoing and future environmental disaster response. FINDINGS: Transparency and responsiveness, site safety and worker training, assessment of acute and chronic exposure, and development of clinical expertise are interconnected elements determining efficacy of disaster response. CONCLUSION: Even in a relatively well-resourced environment, challenges regarding allocation of appropriate attention to vulnerable populations and integration of treatment response to significant medical and mental health comorbidities remain areas of ongoing programmatic development.

## 2015 (6)

**Berger K, Goldring R, Oppenheimer B. 2015.** *Point: Should Oscillometry be used to screen for airway disease: Yes.* Chest. 148(5):1131–1135.

<https://doi.org/10.1378/chest.15-0106>

Detection of airway disease by physiologic testing was initially described using spirometry to determine vital capacity and expiratory airflow under maximal effort to distinguish obstructive from restrictive disease processes. Subsequently, Dubois demonstrated direct assessment of airway resistance using plethysmography and in a separate publication described the precursor of the forced oscillation technique to measure respiratory system resistance. This review addresses the question of whether direct assessment of resistance by forced oscillation provides diagnostic information

equivalent or superior to standard assessment of airflow rates by spirometry.

**Berger K, Goldring R, Oppenheimer B. 2015.** Rebuttal from Drs Berger, Goldring, and Oppenheimer. *Chest*. 148(5):1137–1138.

<https://doi.org/10.1378/chest.15-1037>

We agree that the “holy grail” of pulmonary physiologists is a test that detects early chronic airway disease. While Dr. Enright remains “cautiously optimistic” that FOT can serve this purpose, there are sufficient data to mitigate his caution.

**Jordan H, Stellman S, Reibman J, et al. 2015.** *Factors associated with poor control of 9/11-related asthma 10–11 years after the 2001 World Trade Center disaster.* *Journal of Asthma*. 52(6):630–637.

<https://doi.org/10.3109/02770903.2014.999083>

**OBJECTIVE:** To identify key factors associated with poor asthma control among adults in the WTCHR, a longitudinal study of rescue/recovery workers and community members who were directly exposed to the 2001 WTC terrorist attacks and their aftermath. **METHODS:** We studied incident asthma diagnosed by a physician from September 12, 2001, through December 31, 2003, among participants aged  $\geq 18$  on September 11, 2001, as reported on an enrollment (2003–2004) or follow-up questionnaire. Based on modified National Asthma Education and Prevention Program criteria, asthma was considered controlled, poorly-controlled, or very poorly-controlled at the time of a 2011–2012 follow-up questionnaire. Probable PTSD, depression, and generalized anxiety disorder were defined using validated scales. Self-reported gastroesophageal reflux symptoms (GERS) and OSA were obtained from questionnaire responses. Multinomial logistic

regression was used to examine factors associated with poor or very poor asthma control. **RESULTS:** Among 2445 participants, 33.7% had poorly-controlled symptoms and 34.6% had very poorly-controlled symptoms in 2011–2012. Accounting for factors including age, education, body mass index, and smoking, there was a dose-response relationship between the number of mental health conditions and poorer asthma control. Participants with three mental health conditions had five times the odds of poor control and 13 times the odds of very poor control compared to participants without mental health comorbidities. GERS and OSA were significantly associated with poor or very poor control. **CONCLUSIONS:** Rates of poor asthma control were very high in this group with post-9/11 diagnosed asthma. Comprehensive care of 9/11-related asthma should include management of mental and physical health comorbidities.

**Kazeros A, Zhang E, Cheng X, et al. 2015.** *Systemic inflammation associated with World Trade Center dust exposures and airway abnormalities in the local community.* *Journal of Occupational and Environmental Medicine*. 57(6):610–616.

<https://doi.org/10.1097/JOM.0000000000000458>

**BACKGROUND:** Destruction of the WTC towers on September 11, 2001, released massive dust, gas, and fumes with environmental exposures for community members. Many community members have lower respiratory symptoms (LRSs) that began after September 11, 2001, and remain persistent. We evaluated whether systemic inflammation measured by C-reactive protein was associated with WTC dust exposures, persistent LRS, and lung function. **METHODS:** Community members self-referred for the treatment

of symptoms related to September 11, 2001. C-reactive protein and lung function measurements, including spirometry and forced oscillation tests (impulse oscillometry system), were included as routine analyses in patients (2007 to 2012). RESULTS: Increased C-reactive protein levels were associated with the type of WTC dust exposure, LRS, reduced spirometry, and increased forced oscillation measurements (n=724). CONCLUSIONS: Ongoing systemic inflammation measured years after the event was associated with WTC dust exposures, persistent LRS, and abnormal lung function in a community cohort. These findings have implications for treatment and surveillance.

**Rom W, Reibman J. 2015.** *The history of the Bellevue Hospital Chest Service (1903–2015)*. Annals of the American Thoracic Society. 12(10):1438–1446.

<https://doi.org/10.1513/AnnalsATS.201506-370PS>

For more than 100 years, the Bellevue Hospital Chest Service in New York City has contributed major advances in our understanding of pulmonary disease. Research from the cardiopulmonary laboratory of the Chest Service by Drs. Cournand and Richards resulted in the shared Nobel Prize in Physiology or Medicine in 1956 for the development of human cardiac catheterization. In more recent years, continuing its mission to serve the underserved and respond to health crises, the Bellevue Chest Service has served as a leader in the management of HIV infections, multiple drug-resistant tuberculosis epidemics, early detection of lung cancer, and management of urban asthma. Members of the Chest Service founded the WTC EHC shortly after collapse of the towers in 2001. The Chest Service became New York's infectious isolation unit caring for the first patient in New York infected with

Ebola virus. Recent research has focused on disease management, with the first in-house Directly Observed Therapy Clinic for treatment of tuberculosis, clinical trials of aerosolized IFN-gamma, and translational research on host defense against tuberculosis infection. Studies of the airway mucosa have revealed mechanisms by which ambient pollutants promote asthma. Studies on the World Trade Center firefighters and community populations have promoted understanding of systemic inflammation and small airways function. Today, the partnership between a public hospital and an academic institution promotes the synergy that leads to cost-effective and state-of-the-art care for an underserved population as well as cutting-edgetraining and research.

**Weiden M, Kwon S, Caraher E, et al. 2016.** *Biomarkers of World Trade Center particulate matter exposure: Physiology of distal airway and blood biomarkers that predict FEV(1) decline*. Seminars in Respiratory and Critical Care Medicine. 36(3):323–333.

<https://dx.doi.org/10.1055%2Fs-0035-1547349>

Biomarkers can be important predictors of disease severity and progression. The intense exposure to particulates and other toxins from the destruction of the WTC overwhelmed the lung's normal protective barriers. The Fire Department of New York (FDNY) cohort not only had baseline pre-exposure lung function measures but also had serum samples banked soon after their WTC exposure. This well-phenotyped group of highly exposed first responders is an ideal cohort for biomarker discovery and eventual validation. Disease progression was heterogeneous in this group in that some individuals subsequently developed abnormal lung function while others recovered. Airflow obstruction predominated in

WTC-exposed patients who were symptomatic. Multiple independent disease pathways may cause this abnormal FEV1 after irritant exposure. WTC exposure activates one or more of these pathways causing abnormal FEV1 in an individual. Our hypothesis was that serum biomarkers expressed within 6 months after WTC exposure reflect active disease pathways and predict subsequent development or protection from abnormal FEV1 below the lower limit of normal known as WTC-Lung Injury (WTC-LI). We utilized a nested case-cohort control design of previously healthy never smokers who sought subspecialty pulmonary evaluation to explore predictive biomarkers of WTC-LI. We have identified biomarkers of inflammation, metabolic derangement, protease/antiprotease balance, and vascular injury expressed in serum within 6 months of WTC exposure that were predictive of their FEV1 up to 7 years after their WTC exposure. Predicting future risk of airway injury after particulate exposures can focus monitoring and early treatment on a subset of patients in greatest need of these services.

## 2016 (7)

**Arie S. 2016.** *Health effects of 9/11 terror attacks continue to grow.* BMJ. 354:i4979.

<https://doi.org/10.1136/bmj.i4979>

Some 15 years after the terrorist attack on New York on 11 September 2001, at least 1000 people, including many emergency responders, are known to have died from illnesses related to their exposure to toxic dust, and 37 000 people are officially recognized as sick. In the next five years, the death toll from health problems related to the New York attacks is likely to exceed the 2753 deaths on the day that two hijacked passenger jets were flown into the twin

towers of the WTC, according to Jim Melius, a doctor who also advises the White House on worker health and chairs the steering committee overseeing the US government's health program for 9/11 responders. "There are a lot of people who are very, very ill with lung disease who will see at least 10 years taken from their normal life span," he told the Guardian. "We are already seeing many more premature deaths occurring, and among younger people, from the cancers." The dust and debris around the WTC contained asbestos, lead, glass, heavy metals, concrete, and poisonous gases as well as exploding jet fuel and fragments of dead bodies. The WTC Health Program provides monitoring and treatment for a list of conditions that are officially recognized as 9/11 related, including airway and digestive disorders, mental health conditions, musculoskeletal disorders, and cancers ([www.cdc.gov/wtc/conditions.html](http://www.cdc.gov/wtc/conditions.html)). This year, Christine Todd Whitman, the head of the Environmental Protection Agency in 2001, admitted for the first time that she was wrong to assure people after the attack that the air was safe. "We did the very best we could at the time with the knowledge we had," she said.

**Berger K, Kalish S, Shao Y, et al. 2016.** *Isolated small airway reactivity during bronchoprovocation as a mechanism for respiratory symptoms in WTC dust exposed community members.* American Journal of Industrial Medicine. 59(9):767–776.

<https://doi.org/10.1002/ajim.22639>

INTRODUCTION: Small airway dysfunction occurs following WTC dust exposure, but its role in producing symptoms is unclear.

METHODS: Methacholine challenge (MCT) was used to assess the relationship between onset of respiratory symptoms and small airway abnormalities in 166 symptomatic

WTC dust-exposed patients. Forced oscillation testing (FOT) and respiratory symptoms were assessed during MCT. FOT parameters included resistance at 5 and 20 Hz (R5 and R20) and the R5 minus R20 (R5–20). RESULTS: Baseline spirometry was normal in all (mean FEV1 100 + 13% predicted, mean FEV1 /FVC 80 + 4%). MCT revealed bronchial hyperreactivity by spirometry in 67 patients. An additional 24 patients became symptomatic despite minimal FEV1 change (<5%); symptom onset coincided with increased R5 and R5–20 (P > 0.001 vs. baseline). The dose-response of FOT (reactivity) was greater compared with subjects that remained asymptomatic (P < 0.05). CONCLUSIONS: FOT during MCT uncovered reactivity in small airways as a mechanism for respiratory symptoms in subjects with inhalational lung injury.

**Caplan-Shaw C, Kazeros A, Pradhan D, et al. 2016.** *Improvement in severe lower respiratory symptoms and small airway function in World Trade Center dust exposed community members.* American Journal of Industrial Medicine. 59(9):777–787.

<https://doi.org/10.1002/ajim.22642>

OBJECTIVE: Longitudinal assessment of LRS in community members with WTC exposures. METHODS: Adult members of a treatment program with complete standardized visits were evaluated (n=798). Association of demographic characteristics, mental health symptoms, and lung function with trajectory of LRS between initial and monitoring visit was evaluated. RESULTS: Severe LRS were present in 70% at initial and 63% at monitoring visit. Initial severe LRS were associated with WTC dust cloud exposure and mental health symptoms. Spirometry measures were not associated with LRS severity or trajectory; improvement in LRS was associated

with improved lung function measured with forced oscillometry techniques. CONCLUSION: Many community patients in a WTC treatment program had severe LRS associated with exposures and mental health symptoms. Improvement in LRS was associated with improvement in measures of small airway function.

**Currie J and Schwandt H (2016).** *The 9/11 Dust Cloud and pregnancy Outcomes: A reconsideration.* J Hum Resour 51(4): 805–831.

<https://doi.org/10.3368/jhr.51.4.0714-6533R>

The events of 9/11 released a million tons of toxic dust into lower Manhattan, an unparalleled environmental disaster. It is puzzling then that the literature has shown little effect of fetal exposure to the dust. However, inference is complicated by pre-existing differences between the affected mothers and other NYC mothers as well as heterogeneity in effects on boys and girls. Using all births in utero on 9/11 in NYC and comparing them to their siblings, we show that residence in the affected area increased prematurity and low birth weight, especially for boys.

**Farris S, Paulus D, Gonzalez A, et al. 2016.** *Posttraumatic stress symptoms and body mass index among World Trade Center disaster-exposed smokers: A preliminary examination of the role of anxiety sensitivity.* Psychiatry Research. 241:135–140.

<https://doi.org/10.1016/j.psychres.2016.04.074>

Among individuals exposed to the WTC disaster on September 11, 2001, PTSD and symptoms are both common and associated with increased cigarette smoking and body mass. However, there is little information on the specific processes underlying

the relationship of PTSD symptoms with body mass. The current study is an initial exploratory test of anxiety sensitivity, the fear of internal bodily sensations, as a possible mechanism linking PTSD symptom severity and body mass index (BMI). Participants were 147 adult daily smokers (34.0% female) exposed to the WTC disaster (via rescue/recovery work or direct witness). The direct and indirect associations between PTSD symptom severity and BMI via anxiety sensitivity (total score and subscales of physical, cognitive, and social concerns) were examined. PTSD symptom severity was related to BMI indirectly via anxiety sensitivity; this effect was specific to physical concerns about the meaning of bodily sensations. Interventions focusing on anxiety sensitivity reduction (specifically addressing physical concerns about bodily sensations) may be useful in addressing elevated BMI among trauma-exposed persons.

**Iciticovic N, Onyebeke L, Wallenstein S, et al. 2016.** *The association between body mass index and gastroesophageal reflux disease in the World Trade Center Health Program General Responder Cohort.* American Journal of Industrial Medicine. 59(9):761–766.

<https://doi.org/10.1002/ajim.22637>

**BACKGROUND:** There is increasing concern about the obesity epidemic in the United States. Obesity is a potential risk factor for a number of chronic diseases, including gastroesophageal reflux disease (GERD). This analysis examined whether body mass index (BMI) was associated with physician-diagnosed GERD in WTC general responders. **METHODS:** 19,819 WTC general responders were included in the study. Cox proportional hazards regression models were used to compare time to GERD diagnosis among three BMI groups (normal (<25 kg/m<sup>2</sup> ),

overweight (>=25 and <30 kg/m<sup>2</sup> ), and obese (>=30 kg/m<sup>2</sup> )). **RESULTS:** Among the responders, 43% were overweight and 42% were obese. The hazard ratio for normal versus overweight was 0.81 (95% Confidence Interval (CI), 0.75–0.88); normal versus obese 0.71 (95%CI, 0.66, 0.77); and overweight versus obese 0.88 (95%CI, 0.83–0.92). **CONCLUSION:** GERD diagnoses rates were higher in overweight and obese WTC responders. Am. J. Ind. Med. 59:761–766, 2016. (c) 2016 Wiley Periodicals, Inc.

**Reibman J, Levy-Carrick N, Miles T, et al. 2016.** *Destruction of the World Trade Center towers. Lessons learned from an environmental health disaster.* Annals of the American Thoracic Society. 13(5):577–583.

<https://doi.org/10.1513/AnnalsATS.201509-572PS>

The assault and subsequent collapse of the WTC towers in New York City on September 11, 2001 (9/11), released more than a million tons of debris and dust into the surrounding area, engulfing rescue workers as they rushed to aid those who worked in the towers, and the thousands of nearby civilians and children who were forced to flee. In December 2015, almost 15 years after the attack, and 5 years after first enactment, Congress reauthorized the James Zadroga 9/11 Health and Compensation Act, a law designed to respond to the adverse health effects of the disaster. This reauthorization affords an opportunity to review human inhalation exposure science in relation to the WTC collapse. In this Special Article, we compile observations regarding the collective medical response to the environmental health disaster with a focus on efforts to address the adverse health effects experienced by nearby community members including local residents and workers. We also analyze approaches to understanding the



potential for health risk, characterization of hazardous materials, identification of populations at risk, and shortfalls in the medical response on behalf of the local community. Our overarching goal is to communicate lessons learned from the WTC experience that may be applicable to communities affected by future environmental health disasters. The WTC story demonstrates that communities lacking advocacy and preexisting health infrastructures are uniquely vulnerable to health disasters. Medical and public health personnel need to compensate for these vulnerabilities to mitigate long-term illness and suffering.

## 2017 (1)

**Haugen PT, McCrillis AM, Smid GE, and Nijdam MJ. 2017.** *Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis.* J Psychiatr Res. [epub ahead of print]

<http://doi.org/10.1016/j.jpsychires.2017.08.001>

**Objective:** It is unclear how many first responders experience barriers to care and stigma regarding mental health care, and how this influences their help-seeking. A systematic review and meta-analysis was conducted on barriers to care and mental health stigma in first responders and their empirical relationship with psychosocial and psychiatric variables. **Methods:** The databases Medline, Embase PsycINFO, CINAHL, PILOTS, LILACS, Sociological Abstracts, SocINDEX, and Social Citation Index were searched to identify relevant studies. A quality assessment and meta-analysis was performed. **Results:** Fourteen articles met inclusion criteria, from which data from 12 samples were extracted for meta-analyses. All studies measured stigma regarding

mental health care and 33.1% of first responders (95% CI 26.7–40.1; 12 individual samples) endorsed stigma items. The systematic review revealed that the most frequently endorsed items were fears regarding confidentiality and negative career impact. Five of 14 studies measured barriers to mental health care and 9.3% of first responders (95% CI 7.0–12.3; 4 individual samples) endorsed barriers to care items. The most frequently endorsed barriers were scheduling concerns and not knowing where to get help. Indications were found for more stigma and barriers in individuals with mental health problems. **Conclusions:** Stigma and barriers to care are experienced by a significant proportion of first responders, which can potentially lead to delayed presentation in mental health care and therefore, increased risk of chronicity of post-trauma psychopathology for these groups. The current systematic review draws attention to the paucity of research in this area, particularly in non-Western samples.

## 2018 (1)

**Ahuja S, Zhu Z, Shao Y, et al. 2018.** *Obstructive sleep apnea in community members exposed to world trade center dust and fumes.* Journal of Clinical Sleep Medicine 14(5): 735-743. [epub ahead of print]

<https://doi.org/10.5664/jcsm.7094>

**Study Objectives:** A relationship between obstructive sleep apnea (OSA) and exposure to the World Trade Center (WTC) dust and fumes has been suggested in responders but little is known about a possible relationship in community members. We characterized sleep studies performed in community members with WTC dust exposure to im-

prove our understanding of the relationship between the diagnosis and severity of OSA and WTC dust exposure in this population. Methods: Single-center, retrospective study of patients enrolled in a clinical treatment program for community members with WTC dust exposure. Patients were included if they had undergone sleep studies for evaluation of possible OSA through September 2016 and provided written informed consent. Results: The total number of patients included in the analysis was 143. Patients were predominantly male (61%), never smokers (59%) and had a median body mass index of 31 kg/m<sup>2</sup>. Most reported upper and lower respiratory symptoms. An apnea-hypopnea index (AHI)  $\geq$  5 events/h was measured in 66% of the pa-

tients, and respiratory disturbance index was  $\geq$  5 events/h in 97%. The proportion of patients with moderate-severe OSA (defined by the AHI 4% criteria) was 50%. Multivariate logistic regression revealed that acute WTC dust cloud exposure was associated with severity but not diagnosis of OSA.

Conclusions: We identified a high rate of OSA in the WTC community cohort who were referred for sleep studies. Exposure to the massive WTC dust cloud caused by the WTC collapse was independently associated with the severity of OSA in this population. This finding highlights the role that environmental exposures may play in the development of OSA.

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Appendix 3, Section 1  
**WTC STAC 2012**  
**Research Recommendations**

**Research Recommendations  
WTC Scientific/Technical  
Advisory Committee Draft  
for discussion 1/22/2012**

**RESPIRATORY DISEASES:**

The committee recommends additional research on the effect of WTC exposures on the development of chronic respiratory diseases. Specific topics include:

- Continue to do follow-up studies on all WTC-exposed groups (firefighters, rescue and recovery workers, residents, children, police and emergency service workers, etc.) for whom persistent WTC-related respiratory symptoms and effects (asthma, rhinitis, sinusitis, etc.) have been documented and/or demonstrated
- Determine whether existing persistent health effects among various exposed groups follow an exposure-effect gradient (as demonstrated with firefighters)
- Explore genetic, environmental and other clinical co-factors associated with improving versus worsening pulmonary function and COPD.
- Investigate the best diagnostic approaches to patients with respiratory symptoms but normal pulmonary function testing; develop clinical guidelines.
- Investigate the role of inflammation in the persistent drop in pulmonary function among WTC first responders, including correlate lung function changes with inflammatory biomarkers in blood, sputum, or nasal/bronchial brushes.

- Is inflammation a possible mechanism only in highly exposed or is it also possible at lower exposures?
- Are there potential randomized clinical trials for treatment strategies to reduce the likelihood of COPD developing?

**SARCOIDOSIS:**

The committee recommends additional research on sarcoidosis which seems to be in excess in all of the major post-WTC cohorts. The WTC HP should encourage the four major cohorts to conduct cooperative studies to investigate genetic, demographic, occupational and clinical risk factors for sarcoidosis associated with 9/11 exposures.

**CANCER:**

The committee recommends continued follow-up all WTC-exposed cohorts currently under study for cancer incidence and mortality. The committee also recommends that studies should be done to detect pre-malignant changes using biomarkers in blood or sputum as well as use of other clinically appropriate techniques to detect evidence of pre-cancerous lesions or mucosal changes. Toxicological and mechanistic research should be done to better understand potential carcinogenicity of WTC dust and components.

**MEDICAL SURVEILLANCE:**

Research should be conducted on optimal methods of medical surveillance and screening for WTC dust exposed. Should WTC dust exposed be screened for auto immune diseases or other diseases not yet identified as

WTC-related? Should enhanced screening for lung or other cancers be considered in light of both risks and benefits associated with screening tests?

#### **HEALTH EFFECTS AMONG CHILDREN:**

The committee recommends that research on pediatric environmental health effects of 9/11, including respiratory, developmental and endocrine impacts should be an immediate priority. We know very little about the health effects of the WTC disaster on the more than 30,000 children living or attending school or daycare in the area. Given children's increased susceptibility to harm, especially in critical periods of development, it is imperative that NIOSH move quickly to support in depth studies of respiratory impacts, developmental effects and endocrine disruption for this rapidly dispersing cohort.

#### **MENTAL HEALTH INTERVENTION STUDIES:**

The committee recommends that the WTC HP should solicit proposals for mental health intervention studies. While studies show substantially increased rates of PTSD and other psychiatric diseases in WTC populations, studies to define the best treatments would be valuable; clinical trials at one or more of the centers would be a logical next step.

#### **BIOSPECIMEN REPOSITORY:**

The WTC HP should solicit proposals to develop a biospecimen repository of blood and other biological samples collected with informed consent for research from individuals seen at the WTC funded health clinics. Such samples would be an important resource for future studies to investigate associations between WTC exposures and health effects.

#### **CROSS CUTTING ISSUES:**

- Are there medical conditions in WTC-exposed patients that cause, are caused by, or are otherwise related to another condition in the same patient (rather than existing simultaneously but independent in the same patient). For example, do heart conditions (not covered) develop after treatment for a respiratory condition (covered)?
- What is happening in females vs. males in the health program? Research that may be based only on male participants does not consider important sex differences in the incidence of certain diseases, response to treatment, and long-term outcomes.
- Consider the applicability of participatory action approaches to the WTC HP.
- Recognize that WTC research is 'disaster science.'

#### **Comments from individual WTC STAC Members**

##### **Virginia Weaver**

It was a pleasure meeting you and working with you on the STAC over the last few days. Here are my three recommendations:

- Mental health interventions study - my rationale for this is that, while there are studies showing substantially increased rates of PTSD and other psychiatric diseases in WTC populations, studies to define the best treatments would be valuable to this population as well as others impacted by both man-made and natural disasters. The team at NYU seems to be thinking along these lines based on the systematic review data presented to us but a clinical trial at one or more

of the centers would be the logical next step.

- Research to determine the best diagnostic approach to patients with respiratory symptoms but normal pulmonary function testing. Again, some work in this regard has been done in terms of oscillometry and end expiratory CT scans and so I will defer to my pulmonary colleagues on the committee as to whether this goal has been achieved. However, my rationale is that, as with recommendation #1, the value is clear for WTC populations but would also extend to many other patients with toxic inhalation and symptoms but normal initial testing. Once the approach is clear, guidelines issued through the American Thoracic Society would be valuable.
- The last one is a no-brainer — continued funding of cancer research.

### William Rom

Research topics need to emphasize respiratory disease since that is “by far” what the respondents suffer from.

1. First, what are the biomarkers that may predict COPD especially emphysema?
2. Are lung function changes correlated with blood inflammatory markers?
3. Will asthma or airway changes e.g. Constrictive bronchiolitis predict emphysema?
4. What are the characteristics of small airway disease in WTC dust-exposed? Can sputum or airway/nasal brushes predict asthma or airway diseases?
5. Are there any proteomic or genomic or metabolomic predictors of COPD in WTC dust-exposed?
6. Longitudinal studies would be much more helpful than cross-sectional since there are large cohorts already in screening and treatment clinics.
7. Are there potential randomized clinical trials for treatment strategies to reduce the likelihood of COPD developing?
8. Are there blood banks and gene repositories that can be used currently and going forward that can predict COPD/emphysema?
9. How often and how should WTC dust-exposed be screened?
10. Can inflammatory markers in blood, sputum, nasal/bronchial brushes be used to correlate with COPD/emphysema?
11. Do WTC dust exposed or those with PTSD have increased sleep apnea? Does sleep apnea correlate with small airway disease markers?
12. Do WTC dust exposed have increased cancer biomarkers in blood (proteomics, genomics) or sputum, and should they be undergoing CT screening for lung cancer?
13. What cell line systems or transgenic mice can be used to model WTC dust exposure?

### John Dement

Thanks for the reminder. The following are my three research recommendation:

Further research in the role of inflammation in the persistent drop in pulmonary function among WTC first responders . This cohort is unique with regard to exposure characteristics and offers the opportunity to investigate the natural history of many respiratory diseases, including COPD and RADS. Some consideration should be given to developing a

serum bank for WTC responders to be used for future studies.

Combined analyses of sarcoidosis cases, pooling cases from the various WTC cohorts. This could be a descriptive study, perhaps followed by a case-control analysis if the number of cases is sufficient.

Expanded study of respiratory effects among WTC exposed children. Several schools were in the dust path and further follow-up of those exposed is needed. For these analyses, an appropriate control population is needed.

### Thomas Aldrich, MD

Attached are three proposed research priorities for the WTC HP, one fairly well-developed and the other two just outlines.

I'm a little concerned about COI, and each proposal is followed by a brief note about COI.

#### 1. GENETIC, DEMOGRAPHIC, OCCUPATIONAL, AND CLINICAL CHARACTERISTICS OF PATIENTS WITH WTC ASSOCIATED SARCOIDOSIS.

Sarcoidosis probably represents a genetically-primed excessive and abnormal immune response to any of a number of antigens. The frequent involvement of lung, skin and eyes has suggested an airborne route of antigen exposure. In addition to the well-known association of beryllium exposure to the development of a granulomatous disorder indistinguishable from sarcoidosis, environmental factors such as wood smoke, tree (especially pine) pollen, insecticides, mold, flight deck work on aircraft carriers, metal-working, construction work, and firefighting

have been associated with increased risk of sarcoidosis.

Unusually high annual incidence and point prevalence of sarcoidosis has been demonstrated in all of the major post-WTC cohorts, with 26 new cases found in FDNY (Izbicki Chest 2007), 38 at Mt Sinai (Crowley AJInd-Med 2011), 23 at NYU (Parsia AJRCCM abstract 2010), and 43 in the registry (Jordan JOEM 2011). (At least some of the registry cases overlap with those reported in other cohorts, but it is clear that there are at least 100 new post-WTC cases). Each of the cohorts may have identified additional cases since their publications. Stored blood is available for at least the FDNY patients, and fresh blood samples can be obtained from most patients. In addition, FDNY has reported 25 firefighting-associated sarcoidosis case pre-9/11 (Prezant Chest 1999). These >100 cases represent a unique cohort of sarcoidosis cases, the majority of whom had defined temporal onset and a relatively well-established environmental trigger.

The WTC Health Program should require the four major cohorts to conduct a cooperative study of genetic and clinical characteristics of the identified post-9/11 sarcoidosis cases. The study should include at the least two controls groups: non-WTC-associated sarcoidosis cases matched for gender, age, race/ethnicity, occupation, and smoking history; and non-sarcoidosis WTC-exposed persons, similarly matched. The PI could be from any of the cohorts, but a representative of each should be included and should guarantee access to records and patients.

Note regarding COI: I was one of several authors (not first, second, or senior author) of the FDNY sarcoidosis paper in 2007. If I were not a member of the WTC Health Program

STAC, I might well propose a study of this sort in any future RFP from the WTC Health Program, but, as a member of the STAC, I will undertake not to do so and not to accept any salary or other support from any contract or grant from the WTC HP on this topic.

2. EARLY DETECTION OF LUNG (AND PERHAPS HEAD & NECK, ESOPHAGEAL, GASTRIC, COLONIC) CANCER AND BIOMARKERS FOR PRECANCEROUS LESIONS.

The WTC terrorist attack led to exposure of large numbers of persons to multiple potential carcinogens. Because of the largely inhalational route of exposure, lung cancers (and also perhaps head and neck, esophageal, gastric and colon cancers) might be expected to be the most likely cancers to emerge at higher-than expected rates in the future. It is still too early to expect sufficient clinical manifestation of any WTC-associated solid tumors to be reliably detected. However, it may be possible to demonstrate evidence of pre-cancerous lesions or mucosa changes in exposed persons.

The WTC HP should solicit proposals to evaluate the presence of known biomarkers for existing cancers or “precancerous” conditions in persons with high and low exposure to WTC and in matched, non-WTC controls. Studies could be of blood biomarkers, exhaled air or BAL DNA adducts or other biomarkers.

Bronchoscopic photodynamic evaluation could also be considered to be responsive to this priority.

Perhaps there are Head and neck, esophageal, gastric, colon, or other types of

photodynamic evaluations that also could be considered.

I have no COI related to this proposal.

3. [Third proposal redacted for potential COI]

**Guille Mejia**

I strongly recommend research that focuses on:

1. Co-morbidity: We need a close look at medical condition(s) in a patient that causes, is caused by, or is otherwise related to another condition in the same patient rather than looking at a medical condition existing simultaneously but independent in the same patient. For example developing a heart condition (not covered) after treatment from a covered condition (respiratory).
2. The health status of female WTC HP participants. What is happening and what is being seen in females vs. males in the health program? Relying on results of research that may be based only on male participants does not take into consideration important differences between men and women ( and minorities) related to the incidence of certain diseases, how they respond to treatment, and the long term outcomes.

Findings from these types of studies may (or may not) identify other conditions for coverage, have implications for treatment, diagnostic testing and medications, or raise more questions, etc.



**Susan Sidel**

Attached is a short memo with my research choices.

Can we leverage top talent in specialties outside the WTC Health Program?

After reviewing the 2011 Research Grants, it occurred to me that we have a self-perpetuating system: Staffed only with specialties appropriate to diagnose and treat The List; we don't have specialists with interest and expertise in researching conditions other than those they were initially hired to treat.

Maybe that's part of the disconnect, why The List and available research does not reflect what is actually happening to people.

1. Review the Methods & Protocols used to Collect & Collate Disease Data of Responders & Survivors in the WTC Health Program's. Implement Elements of Participatory Action Research (PAR) in this Study.

- Past and present research and data methods do not provide a comprehensive overview of diseases caused by WTC toxins. Necessity mandates continual focus on renewing and revalidating illnesses previously negotiated for monitoring and treatment.
- This is why we do not have accurate cancer numbers; the data was not collected or collected but not collated.
- The List contains health effects treatable within the purview of the medical specialties of WTC PH staff or specialists easily accessible at a Center of Excellence (Occupational Medicine, Pulmonologists, Psychiatrists,

Gastroenterologists). Other likely WTC disease consequences requiring different specialists for diagnosis and treatment are not included.

- It is unclear if Monitoring and Treatment patients diagnosed elsewhere with a WTC-related condition, not on The List, has that diagnosis reflected in any WTC Health Program data.
- Responders complain that symptoms and ailments, "likely" WTC related conditions were/are ignored by WTC Health Program doctors, as they are not on The List. Their medical records reflect only List ailments and symptoms ignoring all other possible WTC related health issues particularly if undiagnosed. Impoverished by ill health, specialized diagnosis is difficult for many Responders and Survivors to access. Many specialists in NYC do not accept any health insurance, let alone NYS Workers Compensation, GHI, and Blue Cross (held by many city employees) or Medicare/Medicaid.
- It becomes circular: There is a lack of diagnosis and therefore data; downplaying the need to expand The list particularly as non-List WTC conditions must be diagnosed outside the WTC Health Program.
- "Essentially Participatory Action Research (PAR) is research which involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other context which make sense of it .... it

aims to be active co research, by and for those to be helped. Nor can it be used by one group of people to get another group of people to do what is thought best for them - whether that is to implement a central policy or an organizational or service change. Instead it tries to be a genuinely democratic or non-coercive process whereby those to be helped, determine the purposes and outcomes of their own inquiry.” -Wadsworth, Y. (1998)

2. Study Autoimmune Disease(s) as a Consequence of Exposure to Toxins Present at the WTC.
  - The WTC Health Program have been quite insular. This would be a terrific opportunity to expand our pool of specialists and leverage the expertise of top medical centers in NYC.
  - Hospital for Special Surgery (HSS) of NYC, is the #2 Rheumatology Center, nationally, and a teaching hospital for Cornell Medical School.
3. Effect of WTC Toxins on Women’s Health Issues.

### Julia Quint

1. Effect of WTC exposures on the development of chronic respiratory disease (COPD, sarcoidosis, lung cancer, etc.)
  - Conduct research and continue to do follow-up studies on all WTC-exposed groups (firefighters, rescue and recovery workers, residents, children, police and emergency

service workers, etc.) for whom persistent WTC-related respiratory symptoms and effects (asthma, rhinitis, sinusitis, etc.) have been documented and/or demonstrated.

Examples of questions/issues that could be addressed in the research/follow-up studies:

- Whether existing persistent health effects among various exposed groups follow an exposure-effect gradient (as demonstrated with firefighters)
  - Whether there are differences or similarities in the persistent health effects of the various WTC-exposed groups that may predict a risk of chronic respiratory disease
  - Whether inflammation is the mechanism by which the adverse respiratory health effects were induced in the various exposed groups. Is inflammation a possible mechanism only in highly exposed as indicated by the in vivo toxicological study by Gavett et al. and the in vitro study by Payne et al., or is also possible at lower exposures as indicated by the in vitro study by Wang et al.?
  - Are there biomarkers (effects or exposures) that would help to predict the risk of developing chronic respiratory disease?
2. Effect of WTC exposures on the risk of developing cancer: Conduct toxicological and epidemiological research and continue to follow up all WTC-exposed groups currently under study to identify excess cancers.

Examples of questions/issues that could be addressed in the research/follow-up studies:

- Did WTC exposure increase the presence of PAH- or benzo(a)pyrene -DNA adducts in non smokers in the various exposed groups? If so, do the concentrations of PAH-DNA adducts correlate with level or time of WTC exposure?
  - Did WTC exposure increase the risk or reduce the latency of testicular cancer, prostate cancer, and Non-Hodgkin lymphoma among firefighters who are already at risk for these cancers based on their occupation? IARC classifies firefighting as an occupation as 28, Possibly Carcinogenic in Humans. A meta-analysis by the IARC Working Group found that these cancers were statistically significantly increased among firefighters.
  - Possibility of short, high exposures to WTC dust inducing cancer via an inflammation mechanism
  - What is the theoretical lifetime cancer risk (using the default assumption that the risks are additive) associated with exposure to the 72 carcinogens (most of which are genotoxic and 15 of which are human carcinogens) identified in the WTC dust?
  - Would WTC dust be carcinogenic if it were tested in an NTP animal bioassay?
3. Will WTC exposures have long-term effects on the health of children?

Continue to conduct follow-up studies of exposed children and children born to

exposed women and men to determine if they develop long-term health effects.

Examples of questions/issues that could be addressed in the research/follow-up studies:

- Are the children of pregnant women who were exposed to high levels of PAHs at increased risk for developing cancer because of in-utero exposure (indicated in the studies by Perera et al.)?
- Are children with persistent symptoms at increased risk of chronic respiratory disease compared to adults with similar symptoms and levels/types of exposures?
- Whether stress-induced low birth weight caused adverse effects on the academic achievement of children born of WTC-exposed pregnant women
- Long-term effects on the academic achievement of children enrolled in schools in areas directly affected by the WTC disaster
- Are children at increased to develop cancer compared to similarly WTC-exposed adults?

### Kimberly Flynn

As a STAC member, I appreciate the opportunity to provide input on the important question of WTC research priorities.

First, I wish to raise a number of ideas that should inform NIOSH's approach to research solicitation, review and funding, then I list three research priorities:

### Approach to WTC Research:

NIOSH should solicit a diversity of proposals at different levels of funding, including pilot studies, clinical trials, mechanistic studies, epidemiologic studies and basic science research. Especially important would be work that creates resources that can be used by multiple investigators.

NIOSH should solicit proposals that address health effects to populations throughout the geographic zones of impact defined by the Zadroga Act.

NIOSH should recognize that WTC research is ‘disaster science.’ The understanding that 9/11-related health impacts were the result of a disaster, with all the complexity and uncertainty disaster ushers in, should inform RFPs and the proposal review process. Post-9/11, researchers and doctors affiliated with the clinical centers and data centers have worked to address the challenges of a context that differs in key ways from standard scientific research. Especially with respect to the survivor populations, reviewers must take into account that a standardized body of pre-existing medical data for study subject does not exist. In addition, the absence of reliable and comprehensive environmental measurements makes quantifying exposures impossible. It is critical that these and other limitation in available data deriving from the unique nature of the WTC disaster or the negligence of the Environmental Protection Agency not become an insurmountable barrier to conducting the research required to meet the 9/11- related health needs of survivors.

### WTC Research Priorities:

1. Research on pediatric environmental health effects of 9/11, including respiratory, developmental and endocrine impacts, should be an immediate priority. We know very little about the physical health effects of the WTC disaster on the more than 30,000 children living or attending school or day-care in the area. The only data that currently exist are WTC Health Registry surveys completed by parents of some 3000 children, and a handful of molecular epidemiology studies correlating various developmental and mutagenic effects with the presence of pollutants in cord blood - the so-called WTC pregnancy studies.

The WTC Health Registry’s initial questionnaire survey found that two to three years after 9/11, parents of children who were less than 5 years old on 9/11 and enrolled in the health registry reported twice as much newly diagnosed asthma than average levels for the northeastern United States for that age group.

Nonetheless, there have been no lung function studies following up on what appears to be a widespread respiratory impact. In addition, there have been no studies of non-respiratory health impacts, except for a handful of studies by Dr. Frederica Perre-*ra*’s team at the Mailman School of Public Health, some of which show neurodevelopmental and mutagenic effects of in-utero exposures to WTC-derived PAHs.

Given children’s increased susceptibility to harm, especially in critical periods of development, it is imperative that NIOSH move quickly to support in depth studies of respiratory impacts, developmental effects and

endocrine disruption for this rapidly dispersing cohort.

2. The President's Cancer Panel has called the capacity to collect and preserve biologic samples essential. Blood banking from which DNA, RNA and proteins can be recovered should be done for both survivors and responders, and should include freezing live cells. This would be especially important for the pediatric population, which should be followed longitudinally. In the past decade, researchers have detected DNA adducts in the cord blood of WTC-exposed pregnant women, as well as PBDE concentrations that were found to be correlated with neurodevelopmental impairment revealed when their children were given standardized tests during the first six years of life.

Individual toxins such as PBDE should be assayed in blood samples. In addition, more powerful techniques are available for assessing genetic damage and disruption of cell physiology, such as genomic DNA sequencing and expression profiling. As technology evolves, along with an understanding of the interplay of genetic variance interacting with external environmental factors, especially environmentally induced epigenetic changes, the blood bank

would prove to be an invaluable resource for numerous researchers. Failing to blood bank now for the WTC pediatric population means foreclosing a key opportunity to investigate the biological basis of disorders caused by exposure to WTC toxins during intense phases of growth.

Finally, understanding the biological effects of complex mixtures can open the way to more accurate assessment of the WTC-exposed. In addition, this would expand a knowledge base for future disasters and as such, would be an enduring benefit that can still be drawn from what was otherwise an unmitigated tragedy.

3. Since the underlying disease process of WTC illnesses is poorly understood, mechanistic studies of WTC-related asthma, sarcoidosis, interstitial lung disease, as well as thyroid cancer should be initiated now. Such studies will address 'diagnostic uncertainty' and 'treatment uncertainty,' in the language of the Zadroga Act. The translational benefits of these studies may be substantial, as they may provide insights into more effective intervention. Such studies may also contribute to an understanding of the carcinogenic potential of WTC exposures.

Appendix 3, Section 2  
**WTC STAC 2014  
 Recommendations**

**Scientific/Technical Advisory Committee  
 Recommendations to the WTC Health Program Research**

Number	Recommendations for Research	Is the Recommendation a High Priority?
1	Investigate whether there are newly emerging health conditions or previously unrecognized health conditions not covered by the WTC Health Program among WTC populations.	Yes
2	Characterize the disaster-related exposures that are associated with the development of specific psychiatric disorders.	No
3	Determine the value of biomarkers for early detection of pre-cancerous conditions, early cancers, or other WTC-associated diseases.	Yes
4	Assess health effects of WTC exposure on gestation and early life (childhood and adolescence).	Yes
5	Improved assessment of WTC exposure: inhaled, topical, ingested, or other.	Tied
6	Evaluate and improve the utility and use of WTC Health Program data and activities for the purpose of active surveillance of health conditions in WTC-exposed populations and/or develop improved surveillance methods.	Yes
7	Differentiate psychiatric disorders from symptoms and distress in relation to disaster exposure, and develop efficient and effective methods for diagnosis of disaster-related psychopathology in populations and individuals.	Yes
8	Examine patterns of health care utilization and delivery in the WTC Health Program and the value and efficacy of the medical monitoring activities of the WTC Health Program.	Yes
9	Study the side-effects of drugs administered for treatment of WTC-related diseases.	No
10	Investigate the effectiveness and utility of specific PTSD treatments in WTC-affected groups or individuals	Tied

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Appendix 3, Section 3  
**WTC STAC 2016**  
**Children’s Research Recommendations**

**2016 STAC WTC Children’s  
 Research Recommendations**

**World Trade Center Health Program  
 Children’s Research Recommendations  
 Scientific and Technical Advisory Com-  
 mittee**  
**August 25, 2016**

**Summary of WTC Health Program  
 Children’s Research Activities**

**Funding Success Rate (2012 - 2016)**

Funded 49 of the 128 (38%) research project applications submitted/reviewed for all categories.

Funded 7 of the 19 (37%) youth category project applications submitted/reviewed.

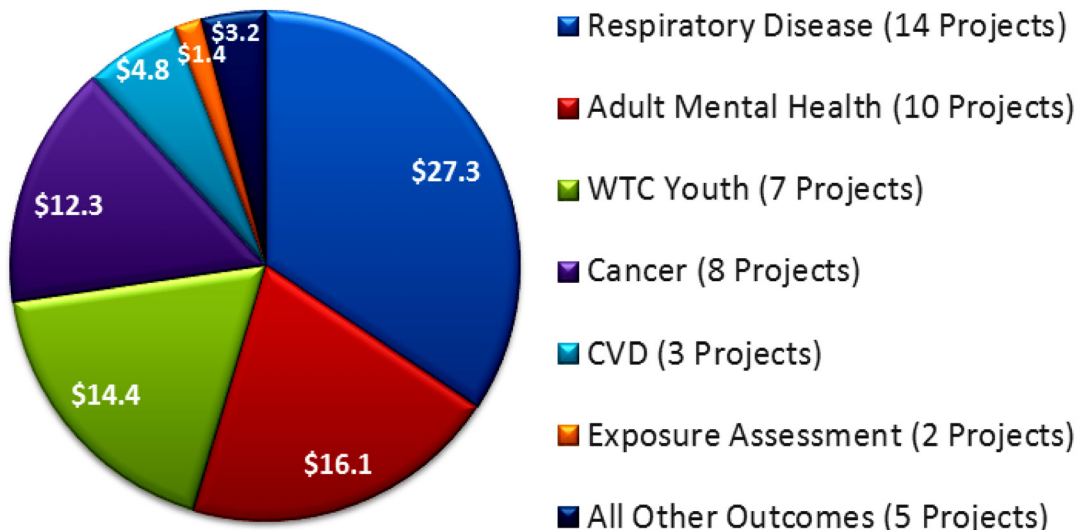
Continuation of funding for 9/11 Health Registry — multiple projects within single funding award.

**Total Funding for WTC Health Program  
 Youth Cooperative Agreements (2012  
 –2016)**

The 7 Youth projects cost \$14.4 million, which is 3<sup>rd</sup> highest category funded — more than projects on Cancer, Cardiovascular Disease, Exposure Assessment and “All Other Outcomes Combined” (Autoimmune Disease, Cognitive Functioning, and Assessment of the Impact of Epidemiological Biases on WTC Research).

Only exceeded by Respiratory Disease (14 projects, \$27.3 million) and Adult Mental Health (10 projects, \$16.1 million) — see pie chart below:

**WTC Health Program Research Funded from 2012 - 2016  
 (\$=Million)**





## Recruitment of Children

- Sub-cohort of Children Enrolled in the 9/11 Health Registry

Extensive outreach led to enrollment of 3,068 children under 18 years of age on 9/11/2001; but 556 were over 18 when the first survey was conducted (2003–2004). 2,499 (81%) of the original cohort are now at least 18 years of age — with only 1,027 consenting to continue to participate (as adults) despite aggressive outreach.

There was a small subset of enrolled women (approximately 500) were pregnant on 9/11/2001.

- New York City Board of Education

[H]ad agreed to contact the area public schools (through a contractor) to recruit for initial study participation. At the time, 6 of the 15 schools in the most affected area refused to participate. Subsequently, the Board would not facilitate further outreach for study recruitment by researchers nor the 9/11 Health Registry.

The WTC Health Program had preliminary discussions with the NYC Board of Education on July 21, 2016 regarding collaborative possibilities for prior student/family outreach and education in the hopes of future study participation. This would require extensive updating of address records for prior students. The Board has informed the WTC Health Program that it is currently exploring legalities involving privacy and authority to use the data for this purpose.

## Current WTC Health Program Youth Studies

The seven current WTC Health Program youth studies are listed below, by year of award. Each of these studies have recruited or will recruit subjects from the WTCHR cohort of children. While interim findings for the first five studies have been discussed in WTC Health Program Research Grantee Meetings, no findings have been published from these studies as yet.

1. [The Impact of 9/11 on Youth: Mental Health, Substance Use and Other Risk Behaviors](#)  
Principal Investigator: Christina Hoven (FY 2012), Project Duration: 4 years, in progress
2. [Early Identification of World Trade Center Conditions in Adolescents](#)  
Principal Investigator: Leonardo Trasande (FY 2013), Project Duration: 3 years, in progress
3. [Service Need and Use among Youth Exposed to the WTC Attack](#)  
Principal Investigator: Christina Hoven—took over for Peng-Wu (FY 2012), Project Duration: 2 years — closed and no publications to date
4. [Childhood Exposures to Persistent Organic Pollutants in the World Trade Center Disaster and Cardiovascular Consequences](#)  
Principal Investigator: Leonardo Trasande (FY 2015), Project Duration: 1 year, in progress
5. [Context and Ethnic Diversity: Children's Responses to 9/11](#)  
Principal Investigator: Christina Hoven

- (FY 2015), Project Duration: 1 year, in progress
6. Research Domain Criteria Domains Underlying Emotional Health and Trajectories of Psychopathology in Families of WTC First Responders and Evacuees: A Genome-Wide Gene Environment Interaction Study  
Principal Investigator: Christina Hoven (FY 2016), Project Duration: 5 years, just awarded
  7. 9/11 Trauma and Toxicity in Childhood: Longitudinal Health and Behavioral Outcomes  
Principal Investigator: Christina Hoven (FY 2016), Project Duration: 5 years, just awarded
  3. Stellman S, Thomas P, Osahan S, Brackbill R, Farfel MR. *Respiratory health of 985 children exposed to the World Trade Center disaster: Report on World Trade Center Health Registry Wave 2 follow-up, 2007–2008*. *J Asthma* 2013; 50:354–363.  
<https://doi.org/10.3109/02770903.2013.776073>
  4. Mann M, Li J, Farfel M, Maslow C, Osahan S, Stellman SD. *Adolescent behavior and PTSD 6–7 years after the World Trade Center Disaster in New York City*. *Disaster Health* 2014; 2:3–4, 121–129.  
<https://doi.org/10.1080/21665044.2015.1010931>
  5. Maslow C, Caramanica K, Li J, et al. 2016. *Reproductive outcomes following maternal exposure to the events of September 11, 2001, at the World Trade Center, in New York City*. *American Journal of Public Health*. 106(10): 1796-1803.  
<https://doi.org/10.2105/AJPH.2016.303303>

### WTC Health Program Youth Research Publications

#### The WTCHR published the following five peer reviewed articles focusing on WTC Youth since 2008:

1. Thomas P, Brackbill R, Thalji L, et al. 2008. *Respiratory and other health effects reported in children exposed to the World Trade Center disaster of 11 September 2001*. *Environmental Health Perspectives*. 116: 1383-1390.  
<https://doi.org/10.1289/ehp.11205>
2. Lipkind H, Curry A, Huynh M, et al. 2010. *Birth outcomes among offspring of women exposed to the September 11, 2001, terrorist attacks*. *Obstetrics and Gynecology*. 116: 917-925.  
<https://doi.org/10.1097/AOG.0b013e3181f2f6a23>
6. Gargano L, Welch A, Stellman S. 2016. *Substance use in adolescents 10 years after the World Trade Center attacks in New York City*. *Journal of Child and Adolescent Substance Abuse*. 26(1):66–74.  
<http://dx.doi.org/10.1080/1067828X.2016.1210551>
7. Gargano L, Thomas P, Stellman S, et al. 2017. *Asthma control in adolescents 10 to 11 y after exposure to the World Trade Center disaster*. *Pediatric Research*. 81(1-1): 43-50.  
<https://doi.org/10.1038/pr.2016.1908>

Gargano L, Lock S, Brackbill R. *Impact of parent physical and mental health comorbidity on adolescent behavior*. Journal of Adolescent Health. 60(2)(S1): S5-S6. [Conference Abstract]

<http://dx.doi.org/10.1016/j.jadohealth.2016.10.032>

### Anticipated Publication

The following article about WTCHR studies of youth is currently undergoing journal peer review:

*Unmet Healthcare Needs and School Functioning of New York City Adolescents Following the World Trade Center Attacks of September 11, 2001*

In 2009, the New York City Department of Health and Mental Hygiene published “Clinical Guidelines for Children and Adolescents Exposed to the World Trade Center Disaster.” Advisors included researchers, pediatric researchers, and parents representing the affected community. These guidelines are available at the following website:

<http://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi28-4.pdf>

### WTC Health Program (WTCHP) Actions STAC Recommendation # 1

#### WTCHP Action: Agree

Children and adolescent survivors enrolled in the WTCHR are an extremely important resource for understanding the health effects of WTC exposures. Recommend that the WTCHP:

- Make substantial efforts to sustain and renew participation in surveys and special studies.

- Consider a highly collaborative approach that could examine a broad range of mental and physical health outcomes in the Registry population.
- Develop a funding mechanism that would encourage collaboration between the Registry and a consortium of investigators with diverse expertise.
- Conduct an analysis of the feasibility and usefulness of a standardized health assessment approach, similar to NHANES, which could examine a broad range of mental and physical health outcomes in the Registry population prospectively.

### WTC Health Program Comment

Current WTCHR practices and the WTCHP Research Solicitation (PAR-16-098) address the first 3 bullets. In discussion with the CDC, the WTC Health Program found that it was not practical to add 9/11 exposure questions to planned implementation for the CDC National Health and Nutrition Examination Survey (NHANES). However, they will provide WTC Health Program informational materials to regional participants for the upcoming NHANES field survey.

In the past, NYC Department of Health and Mental Hygiene has conducted their own version of a health and nutrition exam study called the NYC HANES in 2004 and 2013–14. The 2013–14 survey had one 9/11-related question for participants who had been diagnosed with PTSD. Generally a population survey designed to be representative of the City, such as NYC HANES, will only have a small group of people highly exposed to the events of 9/11 and limited ability to make conclusions about their health.

## STAC Recommendation # 2

### WTCHP Action: Agree

Recommend that the WTCHP include the general area of childhood and adolescent physical and mental health in their requests for proposals and make this a priority for funding.

### WTCHP Comment

Funding investments have demonstrated that this is a priority for funding. Current and past NIOSH/OEP WTC Health Program research solicitations have included childhood and adolescent research.

- Since 2012, 128 research projects have been reviewed and 49 (38%) have been funded
  - Since 2012, 19 WTC youth projects were received and 7 (37%) were funded
- Total funding for the 7 WTC Youth cooperative agreements is \$14.4M (18% of total funding), # 3 in investment size, behind only Adult Mental Health (20% of total funding) and Respiratory Disease (34% of total funding)

## STAC Recommendation # 3a

### WTCHP Action: Under Review

Recommend that the WTCHP create a distinct pediatric study section under the Zadroga research funding mantle so that pediatric proposals can be reviewed by experts with appropriate expertise in environmental health of children and not compete in the review process, explicitly or implicitly, with responder proposals.

### WTC Health Program Comment

Youth study proposals have been

peer-reviewed by clinical and research pediatric experts since 2013, resulting in a 37% funding rate — higher than the funding rate of all study topics. The peer review panel considers each study proposal individually, and not in comparison to other proposals, potential study group, or research topic. In conducting secondary review of the technically scored proposals, the Program has emphasized the need for pediatric research when making funding decisions.

We are exploring whether additional pools of potential study participants might be identifiable and whether a center-based approach would be more advantageous for continuing research in this topic range.

## STAC Recommendation # 3

### WTCHP Action: Agree

If a distinct pediatric study section is not created, at a minimum, we recommend that the primary and secondary reviewers in the NIOSH review process be pediatricians or other relevant health professionals with research emphasis in childhood environmental health.

### WTC Health Program Comment

As stated above in comments to STAC recommendation #31, the reviewers for youth studies have included experts in clinical and research pediatrics and environmental health since 2013.

## STAC Recommendation # 4

### WTCHP Action: Agree

Recommend that the WTCHP prioritize funding of pediatric research that examines a range of WTC physical health effects including respiratory illness, cardio-metabolic (including blood pressure), endocrine,

neurologic, autoimmune and cancer impacts.

### **WTC Health Program Comment**

Current WTCHR practice addresses this recommendation. Please see the summary of published, current, and proposed WTC youth studies projects. All WTCHR published research studies, including those focusing on cancer, overall mortality, PTSD among individuals hospitalized with cardiovascular disease, and autoimmune disease include children and children who have aged into young adults.

### **STAC Recommendation # 5**

#### **WTCHP Action: Agree**

Recommend that the WTCHP prioritize, to the extent possible, longitudinal studies of physical and mental health of affected pediatric populations.

### **WTC Health Program Comment**

To the extent possible, we have and will continue to prioritize such studies. Please see the summary of published, current and proposed WTC youth studies projects.

### **STAC Recommendation #6**

#### **WTCHP Action: Agree**

Recommend that the WTCHP incentivize the creation of consortia for collaborative pediatric research.

### **WTC Health Program Comment**

We do encourage and support researcher collaboration, as does the WTCHR. The WTCHR utilizes an equitable and efficient process to recruit for participants from the registrants. We also facilitate cross-fertilization among the interested researchers by doing bi-annual grantee meetings.

Given the known limitations in reaching people who were children when potentially exposed to 9/11, we are increasing efforts to require interested researchers to collaborate and capitalize on relative strengths and coordinate efforts for study recruitment — including discussion with relevant researchers and amending the existing research announcement (PAR-068) to require multi-institutional collaboration for this topic area.

### **STAC Recommendation # 7**

#### **WTCHP Action: Under Review**

Recommend that the WTCHP expedite the development of a funding opportunity for limited short-term projects that attempt cohort identification, location, and willingness to participate in studies to answer outstanding questions about whether unexamined opportunities to learn more about childhood effects of 9/11 can be addressed 15 years after the event.

### **WTC Health Program Comment**

We are evaluating the outreach conducted by the WTCHR to for registrants whether additional outreach efforts would be feasible and fruitful.

The WTC Health Program had preliminary discussions with the NYC Board of Education on July 21, 2016 regarding collaborative possibilities for prior student/family outreach and education in the hopes of future study participation. This would require extensive updating of address records for prior students. The Board has informed the WTC Health Program that it is currently exploring legalities involving privacy and authority to use the data for this purpose.

We explored the addition of 9/11 exposure questions to part of the National Health and Nutrition Examination Survey (NHANES)

within another part of CDC to help identify potential recruitment options.

We are also exploring an independent evaluation of the currently funded research portfolio.

### **STAC Recommendation # 8**

#### **WTCHP Action: Agree**

Recommend that the WTCHP encourage the use of appropriate incentives to the WTC children cohort to enhance their ongoing participation. Recommend that WTCHP require researchers provide individual study results, where appropriate, and overall study results back to study participants.

#### **WTC Health Program Comment**

Current WTCHP youth research projects do utilize incentives to increase recruitment and retention of study subjects. IRB approval is required for all proposed incentives. All WTCHP research projects are required to disseminate study results to the public. Principal Investigators can and do provide participants with individual test results.

### **STAC Recommendation # 9**

#### **WTCHP Action: Agree**

Recommend that the WTCHP support collection, bio-banking, and preservation of biological samples from WTC-exposed children using state-of-the-art methods so that biological markers of exposure, effects, and long-lasting toxins can be studied now and in the future.

#### **WTC Health Program Comment**

The WTCHR has access to statewide infant blood spots that are being utilized to address this recommendation. Use of these samples was included in proposed FY 16

prenatal studies and weighed in consideration of strength of proposed approach and scarcity of the resource.

### **STAC Recommendation # 10**

#### **WTCHP Action: Agree**

Encourage the WTCHP to inform researchers about the WTCHP treatment programs and covered conditions and provide this information to study participants.

#### **WTC Health Program Comment**

The WTCHP communication staff is providing this information using a variety of unique and innovative methods.

### **STAC Recommendation # 11**

#### **WTCHP Action: Under Review**

Recommend that the WTCHP communicate to the health care community up-to-date WTC research findings and their implications for practice, such as through updated WTC pediatric care and treatment guidelines.

#### **WTC Health Program Comment**

We are looking into the numbers of children at-risk and whether current scientific evidence and program experience supports changes to the existing guidance issued by the NYC Department of Health and Mental Hygiene. This is being addressed as part of implementing the new WTCHR contract.

### **STAC Recommendation # 12**

#### **WTCHP Action: Under Review**

Recommend that the WTCHP conduct a formal study of missed opportunities for childhood study from 9/11, including a road map for the post-disaster setting about how to identify and enlist exposed childhood subsets; how to approach exposure measurement; and the nature, range, and tools to

use to study health effects.

**WTC Health Program Comment**

We are exploring available mechanisms and authority to propose such a road map to guide future studies of childhood exposure in the post-disaster setting.

## Appendix 3, Section 4

### WTC Survivor Steering Committee 2014 Research Recommendations

#### 2014 WTC Survivor Steering Committee Research Recommendations

Paul J. Middendorf, PhD, CIH Senior  
Scientist, CDC/NIOSH/OD/ADSO  
2400 Century Parkway NE 4501.03  
Atlanta, GA 30345

Dear Dr. Middendorf:

On behalf of the World Trade Center Health Program Survivors Steering Committee (SSC), I am writing to provide comments about NIOSH's World Trade Center Health Program research approach and priorities that emerged from discussions of the Survivor Steering Committee. Members of the committee hope that these can help inform the deliberations of the WTC Scientific and Technical Advisory Committee (STAC) at its February 14, 2014 meeting.

As you know, the SSC was created to play an advisory role on the administration of the Survivor Program and to represent and provide input from WTC survivor stakeholders. The comments below include input from both survivor representatives and WTC Environmental Health Center clinicians.

A few recommendations regarding NIOSH's research approach:

First, there are a wide range of knowledge gaps with respect to the science, biology and treatment of WTC-related illnesses.

Therefore, NIOSH should approach closing these gaps by supporting a diverse portfolio of studies at different levels of funding, including pilot studies, clinical trials, studies of disease mechanisms, and epidemiological studies. It is especially important that the STAC recognize that input from the WTC Centers of Excellence is critical to developing the WTC Health Program's research agenda, since clinicians likely have the best sense of which conditions may be emerging, as well as crucial perspectives on resolving diagnostic and treatment uncertainty.

Second, NIOSH should solicit and fund proposals that address survivor as well as responder health effects. Studies of the survivor population should address health effects on those living, working or attending school in Lower Manhattan and western Brooklyn and should represent the diverse populations and geographic areas affected.

Third, NIOSH should recognize that World Trade Center research is "disaster science." An understanding that 9/11-related health impacts were the result of a disaster should inform RFPs and the proposal review process. Especially with respect to populations in the survivor community, researchers and clinicians are operating in the absence of preexisting baseline data or a comprehensive set of environmental measurements from which to assess exposures. These limitations should not become an insurmountable barrier to conducting the research required to meet the 9/11-related health needs of survivors.



Fourth, NIOSH should encourage researchers who will commit to engaging in collaboration with affected communities using a Community Based Participatory Research (CBPR) model for all phases of their studies. According to the Harvard Clinical Translational & Science Center, CBPR is an emerging approach to scientific inquiry that equitably includes community members in all aspects of research including the conception, design, analysis and dissemination of the research.” The benefits of the CBPR model are well established. In our experience, an extremely productive dialogue can emerge where a sharing of perspectives, information and expertise has the effect of strengthening the quality of the research. Information about CBPR can be found at <https://connects.catalyst.harvard.edu/Profiles/display/Concept/Community-Based%20Participatory%20Research>.

Fifth, NIOSH must strengthen the critical surveillance function of the WTC Health Program’s Data Centers to gather and analyze data in a timely fashion. Otherwise, there is little chance that important trends, including the emergence of new conditions, will be recognized.

Sixth, NIOSH should ensure that all research proposals receive proper peer review by including specialists with appropriate expertise.

Going forward, the SSC has a number of recommendations regarding WTC Health Program research priorities for the survivor population.

Given children’s increased susceptibility to harm, especially in critical periods of development, it is imperative that NIOSH support research into 9/11 physical and mental

health impacts to those who were exposed to the disaster as children. Especially important are in-depth studies of respiratory, developmental and endocrine health impacts for this rapidly dispersing cohort.

Longitudinal clinical research into the long term physical and mental health impacts of 9/11 on those who were children at the time of the disaster, as well as long term studies that explore the progression of disease and the effect of treatment in the survivor population.

Because of the known difficulties of performing epidemiologic studies on small populations with ongoing recruitment, we would like to suggest that alternate approaches to studying cancer in diverse populations be explored. These populations include: children at the time of 9/11, local workers, residents, clean-up workers, and other non-responders. Possible approaches include nested studies, as well as a case series approach to understand the possible role of exposures, differences in presentation, the effects of co-morbid conditions or additional risks..

We recommend that blood samples be collected from WTC-exposed survivors, including children at the time of 9/11. Samples should be banked for later analysis—including the freezing of live cells from which DNA, RNA and proteins can be recovered. We anticipate that these samples will prove useful in at least three ways:

—As a potential source of long-lived biomarkers of exposure to WTC toxics, useful in analyzing exposure-related health conditions in this population.

—As a source of protein markers of disease, with potential use in diagnosing and understanding WTC-related disease.

—As a source of genetic material which can be analyzed for evidence of enduring genetic and epigenetic alterations relevant to disease that may still be detected many years after exposure.

Strong protocols to protect privacy, including anonymization of all data, must be developed in consultation with the SSC.

Because so little is known with respect to inflammation and other underlying mechanisms for WTC illnesses, such as sarcoidosis, cancer and even asthma, it is critical that NIOSH support studies of underlying disease mechanisms. This would include both physical and mental health disorders, with potential final common pathways.

NIOSH should support studies of co-morbidity of mental and physical health impacts. An important research focus would be the evolving clinical understanding of treating respiratory and anxiety conditions simultaneously.

There are few treatment algorithms that explicitly address coordination of anxiety and respiratory symptoms, particularly in a post-disaster setting. This would be more of a systems/treatment-services study to identify or develop a collaborative care model that demonstrates efficacy (with regard to symptom reduction, improved functioning/quality of life) and efficiency (with regard to overall program costs).

Studies that seek to characterize cognitive issues such as memory, learning and attention problems, experienced by affected survivors and responders should be undertaken.

The SSC believes that it is essential that NIOSH support research into the physical and mental health impacts to people exposed between Houston and 14th streets. This population had been eligible for treatment at the WTC EHC prior to passage of the Zadroga Act. Clinicians observed the same physical and mental health conditions in those who lived, worked or attended school in this geographic area as in those in the current Zadroga catchment.

Studies that look at the effects of exposures to other disasters — such as Hurricane Sandy — after individuals were exposed on 9/11. There is solid evidence that prior trauma is a risk factor for more morbidity upon re-traumatization.

We appreciate the opportunity to offer input and ask that you please provide the SSC's recommendations to the STAC prior to its February 14th meeting. The SSC thanks you for your consideration.

Sincerely,

Robert Spencer  
Member & Former Labor Co-Chair  
[robspencer@osaunion.org](mailto:robspencer@osaunion.org)  
212-686-1229

### **World Trade Center Health Program Survivors Steering Committee Members**

105 Duane Street Residents  
125 Cedar Street Residents  
9/11 Environmental Action  
Beyond Ground Zero Network  
Civil Service Employees Association  
Communication Workers of America, District 1  
Concerned Stuyvesant Community District  
Council 37, AFSCME Ecuadorian International Center, Inc.

Good Old Lower East Side (GOLES)  
Henry Street Settlement  
Independence Plaza North Tenants'  
Association  
Manhattan Community Board 1  
Manhattan Community Board 2  
Manhattan Community Board 3 New York  
City  
New York City Health & Hospitals Corpora-  
tion WTC Environmental Health Ctr  
New York Committee for Occupational Safe-  
ty and Health  
New York From the Ground Up  
New York State Laborers' Union  
New York State Public Employees Federation  
The Organization of Staff Analysts  
Rebuild.Downtown.Our.Town  
Rebuild with a Spotlight on the Poor  
Southbridge Parent and Youth Association  
StuyHealth  
United Jewish Council of the East Side  
University Settlement  
WTC Community Labor Coalition  
World Trade Center Residents Coalition

Appendix 3, Section 5

**The World Trade Center Medical Working Group of New York City  
2011 Annual Report on 9/11 Health**

**The World Trade Center Medical  
Working Group of New York City**

**2011 Annual Report on 9/11 Health**

**Letter to Mayor Bloomberg**

2011 Annual Report on 9/11 Health  
November 2011

Dear Mayor Bloomberg:

Since the publication of our 2010 annual report, New York City achieved one of its major policy goals at the federal level: passage of the James Zadroga 9/11 Health and Compensation Act, which President Obama signed into law in January. We take pride in the fact that our ongoing review of the World Trade Center (WTC)-related literature documenting adverse health effects in WTC responders and survivors, and our assessment of the healthcare services needed to address these issues, as summarized in our annual reports and distributed to all members of Congress for the past two years, supported your vigorous advocacy of this legislation.

In addition to ensuring that health monitoring and treatment will continue uninterrupted for anyone who has become ill after their exposure to the WTC collapse, we are pleased that the Zadroga Act also affirms the need for continuing and expanding WTC-related research by the WTC Centers of Excellence, the WTC Health Registry and other entities. Our previous reports have identified some important opportunities

for WTC-related research, particularly in the area of treatment efficacy. We are hopeful that this information will be of use to the National Institute for Occupational Safety and Health (NIOSH), which is responsible for administering the WTC Health Program, as well as to independent researchers.

The Zadroga Act also establishes a Scientific/Technical Advisory Committee for the WTC Health Program, appointed in September 2011, which will review the scientific literature for the federal government as we have done for New York City over the past four years. The Committee will be assuming an even more critical role as it issues recommendations, also based on scientific evidence, to the Program Administrator about adding WTC-related health conditions that can be treated by the WTC Health Program. In this report, we update you on the progress we have seen regarding the implementation of our recommendations since 2007, when we began reviewing the WTC literature and assessing the adequacy of services, and we summarize a decade's worth of research findings. The timeline of 9/11 health milestones that introduces this report shows how the City's ad hoc partnership with the federal government has built a solid scientific foundation for the expansion of 9/11 health services over the past decade. We are confident that even more can be accomplished in the years to come under the Zadroga Act.

**Linda Gibbs**, Co-Chair

New York City Deputy Mayor for Health and Human Services

**Thomas Farley, MD, MPH**, Co-Chair

New York City Health Commissioner

## World Trade Center Medical Working Group Membership

Mayor Bloomberg appointed the World Trade Center (WTC) Medical Working Group in June 2007. Members meet regularly to review clinical and research findings on the health effects of WTC exposure. In addition to publishing an annual report, they also review the adequacy of physical and mental health services available to WTC-exposed persons, and they advise city government on approaches to communicating health risk information related to WTC exposure.

### Membership

#### **Linda Gibbs, Co-Chair**

New York City Deputy Mayor for Health and Human Services

#### **Thomas Farley, MD, MPH, Co-Chair**

New York City Health Commissioner

#### **Thomas K. Aldrich, MD**

Professor of Medicine, Pulmonary Division, Montefiore Medical Center and Albert Einstein College of Medicine Chair, New York State September 11th Worker Protection Task Force

#### **Mitchell Cohen, PhD**

Associate Professor, Department of Environmental Medicine, NYU School of Medicine

#### **JoAnn Difede, PhD**

Director, Program for Anxiety and Traumatic Stress Studies Associate Professor of Psychology in Psychiatry, Weill Cornell Medical College

#### **Kitty H. Gelberg, PhD, MPH**

Chief, Epidemiology and Surveillance Section, Bureau of Occupational Health, New York State Department of Health

#### **Carolyn Greene, MD**

Deputy Commissioner, Division of Epidemiology, New York City Department of Health and Mental Hygiene

#### **Eli J. Kleinman, MD, MPH**

Assistant Professor of Medicine and Hematology, Albert Einstein College of Medicine Supervising Chief Surgeon, New York City Police Department

#### **Philip J. Landrigan, MD, MSc, DIH**

Dean for Global Health Professor and Chairman, Department of Preventive Medicine Professor of Pediatrics, Director, Center for Children's Health and the Environment, Mount Sinai School of Medicine

#### **R. Richard Leinhardt, MD, FACS**

Chief Surgeon, New York City Department of Correction Clinical Associate Professor Emeritus of Otorhinolaryngology, New York Medical College

#### **David Prezant, MD**

Chief Medical Officer, Special Advisor to the Fire Commissioner for Healthy Policy, Co-Director, WTC Medical Monitoring & Treatment Programs, New York City Fire Department Professor of Medicine, Albert Einstein College of Medicine

#### **Ramanathan Raju, MD\***

Chief Executive Officer, Cook County Health and Hospital System

\*Dr. Raju left the NYC HH in September 2011

**Joan Reibman, MD**

Medical Director, WTC Environmental Health Center, New York City Health & Hospitals Corporation  
Associate Professor, Medicine and Environmental Medicine, NYU Medical Center Bellevue Hospital Center

**Pablo Sadler, MD**

Mental Health Medical Director, New York City Department of Health and Mental Hygiene

**Michele S. Slone, MD**

Clinical Assistant Professor, Department of Forensic Medicine, New York University School of Medicine  
City Medical Examiner, Office of Chief Medical Examiner, City of New York

**Lorna Thorpe, PhD**

Associate Professor  
Director, Epidemiology and Biostatistics Program CUNY School of Public Health at Hunter College

**9/11 Health Services & Research:  
A Decade of Milestones**

A decade of milestones in health services and research related to the September 2001 terrorist attacks on America illustrate a steady progression of private and public commitment to assist the 410,000 individuals<sup>1</sup> estimated to have been exposed to the collapse of the World Trade Center.

**2001**

- The federal government funds health screening and mental health treatment for Fire Department of New York (FDNY) members.

**2002**

- The federal government funds screening for non-FDNY rescue, recovery and clean-up workers at the Mount Sinai School of Medicine.
- 9/11 Mental Health and Substance Abuse Program, an insurance-like benefit, is launched with private funding to increase access to treatment for anyone in the nation directly affected by the September 2001 terrorist attacks.
- The New England Journal of Medicine publishes FDNY research defining World Trade Center (WTC) cough and noting other respiratory symptoms in firefighters.

**2003**

- Mount Sinai begins treating rescue, recovery and clean-up workers for WTC health problems with private funding.
- The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) and the federal government establish the volunteer WTCHR to monitor the health of people directly exposed to the WTC disaster.
- The New York Academy of Medicine publishes research about the mental health of NYC residents during the first six months after the attacks.

**2004**

- The federal government establishes the WTC Medical Monitoring Program to screen and monitor rescue, recovery

and clean-up workers at FDNY, Mount Sinai and several other institutions.

## 2005

- Researchers from Bellevue Hospital and the New York State Department of Health publish studies reporting an increase in new, post-9/11 respiratory symptoms in Lower Manhattan residents.
- Private philanthropy funds treatment for rescue and recovery workers in the NYC area and elsewhere in the US, and for Lower Manhattan residents, area workers and students at a Bellevue Hospital asthma clinic.
- Columbia University researchers publish a study on WTC mental health impacts among NYC schoolchildren.

## 2006

- Mount Sinai and other members of the WTC Medical Monitoring Program publish research showing that more than 50% of rescue, recovery and clean-up workers being monitored continued to have respiratory symptoms up to 2.5 years after 9/11.
- The federal government provides funding to treat rescue, recovery and clean-up workers for the first time and establishes the WTC Medical Monitoring and Treatment Program.
- The NYC Department of Health and Mental Hygiene publishes and distributes Clinical Guidelines for Adults Exposed to the WTC Disaster.

- Legislation is introduced in Congress to provide long-term physical and mental health care for WTC survivors and responders regardless of their ability to pay.

## 2007

- As private funding for WTC services is exhausted, NYC Mayor Bloomberg accepts all 15 recommendations in “Addressing the Health Impacts of 9/11,” a special report he commissioned to ensure that everyone with WTC-related health problems gets the care they need.
- NYC establishes the WTC Environmental Health Center at Bellevue Hospital Center, Gouverneur Health Care Services, and Elmhurst Hospital Center to treat Lower Manhattan residents, area workers and students.

- Mayor Bloomberg appoints the WTC Medical Working Group to review clinical and research findings on 9/11 health effects.

## 2008

- The WTCHR publishes a study examining physical health among WTC-exposed children.
- The insurance-like benefit program begun with private funding is extended as the NYC 9/11 Benefit Program for Mental Health and Substance Use Services for local residents.
- The WTC Medical Working Group publishes its first annual report on 9/11 health that summarizes findings from

more than 100 studies published since 2001.

- The federal government establishes the WTC Responder Health Program to monitor and treat rescue and recovery workers who live outside the New York City area.
- The federal government provides funding for the first time to treat Lower Manhattan residents, area workers and students at the WTC Environmental Health Center.

## 2009

- The Journal of the American Medical Association publishes WTCHR research estimating that as many as 88,600 adults have had symptoms of post-traumatic stress disorder and as many as 40,000 adults have developed new asthma as a result of their WTC exposure.
- The Health Department publishes Clinical Guidelines for Children and Adolescents Exposed to the WTC Disaster.

## 2010

- The New England Journal of Medicine publishes FDNY research showing that decreases in pulmonary function in firefighters and EMS workers have persisted for seven years, even among non-smokers.
- Congress passes the James Zadroga 9/11 Health & Compensation Act which provides federal funding for 9/11-related health monitoring, treatment and research through 2015.

- 53,485 responders and 5,130 survivors have enrolled in federally funded health monitoring and treatment services as of December 31.<sup>2</sup>

## 2011

- In compliance with the Zadroga Act, the National Institute for Occupational Safety and Health issues the First Periodic Review of Scientific and Medical Evidence Related to Cancer for the World Trade Center Health Program. It summarizes current scientific and medical findings in the peer-reviewed literature about exposures resulting from the WTC attack and cancer studies, and determines that it cannot currently propose a rule to add cancer to the list of WTC-related health conditions.
- 9/11 anniversary-themed scientific publications highlight current findings. The Lancet addresses the comorbidity of mental and physical health conditions and includes early reports on cancer and mortality.
- The federal government appoints the WTC Scientific/Technical Advisory Committee to review scientific and medical evidence and make recommendations to the WTC Health Program administrator about changing eligibility criteria and covering additional health conditions.
- WTC responders and survivors throughout the United States have access to federally funded treatment for both physical and mental health conditions for the first time through the federal WTC Health Program.



## Progress on WTC Medical Working Group Recommendations (2008–2011)

The World Trade Center (WTC) Medical Working Group has made a series of recommendations about 9/11 health treatment and services since its formation in 2007. These recommendations fall into three broad categories: funding; research and evaluation; and education. The WTC Medical Working Group remains committed to seeing these recommendations implemented in their entirety. The progress made up to the tenth anniversary of the September 2001 terrorist attacks is summarized below.

### Funding Recommendations

#### Advocate for long-term federal funding so that the following critical activities can continue:

- Treatment of WTC-exposed populations including rescue, recovery and clean-up workers, Lower Manhattan residents, area workers (including commuters living outside of New York City), and students for illnesses related to WTC exposure at the Centers of Excellence
- Regular monitoring of firefighters, police, correction, sanitation and other rescue, recovery, and clean-up workers for WTC-related mental and physical health conditions
- Tracking the health of 71,000 people enrolled in the WTCHR, who now reside in all 50 states

#### Advocate for federal funding to increase scientific knowledge about WTC-related health impacts including:

- Research at the WTC Centers of Excellence, including the development of population-specific mental health screening tools
- Investigations to identify how environmental conditions such as the WTC collapse can cause illness, specifically through laboratory experiments using stored or generated environmental dust samples
- Research to identify biologic indicators of specific 9/11 exposures
- Other research as needed to identify people at higher risk for illness due to WTC exposure

### Funding Progress

By passing the James Zadroga 9/11 Health and Compensation Act, signed into law by President Obama in January 2011, Congress implemented a 2008 recommendation of the WTC Medical Working Group: long-term federal funding for WTC-related health monitoring, treatment and research. Prior to passage of this legislation, the WTC Centers of Excellence and the WTCHR relied on an uncertain mix of private funding, annual Congressional appropriations and New York City funding to continue health programs that began soon after 9/11, and others that developed as the mid-term health impacts of the attacks became evident.

Mayor Bloomberg and several members of the WTC Medical Working Group testified

before Congress in support of the Zadroga Act, along with labor and community advocates who lobbied tirelessly for the bill in the nation's capital. In addition, the Congressional sponsors of the legislation distributed copies of the 2009 and 2010 annual reports of the WTC Medical Working Group to educate their colleagues in both the Senate and the House of Representatives about the growing body of scientific literature documenting the need for continued health services and national outreach.

The Zadroga Act establishes the WTC Health Program and funds it through at least 2015, with New York City paying ten percent of the overall cost. Implemented by the National Institute for Occupational Safety and Health in July 2011, the WTC Health Program serves both eligible responders and survivors, no matter where they live now in the United States.

Research opportunities addressing 9/11-related health issues are also expanded under the Zadroga Act. In addition to the kind of periodic, population-based health surveys that the WTC Medical Working Group has conducted with federal funding among people directly exposed to the disaster, the WTC Centers of Excellence and other scientific researchers also will be able to apply for grants to conduct clinical investigations and treatment outcome evaluations.

It isn't yet clear if the Zadroga Act covers research to study how specific environmental factors may have caused WTC-related illness and to identify biologic indicators specific for 9/11 exposures.

## Research and Evaluation Recommendations

**Expand research on the prevalence of WTC-related conditions and determine their persistence. Document WTC-related treatment needs and effectiveness by:**

- determining the extent to which people with potential WTC-related health conditions are receiving treatment, and by identifying coverage gaps.
- evaluating the effectiveness of treatment among patients with WTC-related mental and physical health conditions.
- estimating the number of people who may seek mental and/or physical health treatment to help policy makers project future treatment costs.

**Determine whether cancer, chronic illnesses and other late-emerging diseases are elevated among WTC-exposed populations by comparing incidence and mortality rates among WTC-exposed populations to estimated background rates for New York City.**

**Consider using the following methods when conducting cancer investigations among WTC-exposed populations:**

- Compare the number of cancer diagnoses among members of WTC cohorts who were highly exposed to the WTC disaster to the number of diagnoses among less exposed members when possible. Use of internal comparisons is expected to be more meaningful scientifically than external comparisons to other groups because of the difficulty in identifying comparable, non-exposed populations.

- Develop a common WTC exposure matrix where possible, so that the degree of exposure within and across cohorts can be categorized more consistently when analyzing cancer and other late-emerging illnesses.
- Schedule the timing of periodic cancer analyses in advance to ensure that this choice is independent of the results. Researchers also should consider conducting formal analyses no more frequently than every five years because of the length of the induction period between environmental exposures such as the WTC disaster and the development of cancer. However, during the interim, monitoring and tracking of the data can continue so that researchers would detect and share developments of interest.

- Consider using other New York City data sets (including birth and school records) in addition to the WTCHR in order to conduct cancer analyses of sufficient statistical power among pediatric populations exposed to the WTC disaster.

- Consult with other WTC researchers on an ongoing basis about the cancer analyses within WTC cohorts and coordinate the reporting of data and/or research. This kind of collaboration can help reduce confusion among the public when the results of these analyses are published and reported by the media.

### **Expand research on the impact of 9/11 on mental health and substance use by:**

- collecting additional data on the prevalence of WTC-related depression,

suicide and substance use among WTC-exposed populations.

- assessing the impact of chronic WTC-related physical health conditions on long-term mental health.
- studying the impact of tobacco use on WTC-related respiratory conditions.

Increase research on mental and physical health effects on vulnerable populations who were exposed to the WTC collapse including children who went to school or who lived in the area, had first responder parents, or lost family members on 9/11.

### **Research and Evaluation Progress**

Members of the WTC Medical Working Group—or the institutions they represent—have contributed more than 125 articles to the scientific literature. Although many of these articles were published prior to the MWG’s formation in 2007, subsequent research, including articles published by such prestigious journals as the *New England Journal of Medicine*, the *Journal of the American Medical Association* and the *Lancet*, has focused on areas specifically recommended by the MWG.

This includes research estimating the burden of WTC-related illness to help policy-makers allocate resources rationally; research about the persistence of both mental and physical conditions; research into co-occurring mental health conditions such as depression and substance use; research about the impact of tobacco use on WTC-related illness; and research about cancer and mortality risk among WTC-exposed populations. In addition, researchers not affiliated with the MWG have published studies on post-9/11 suicide rates.

Only now has sufficient time elapsed since 2001 to begin research into the potential long-term and late-emerging health impacts associated with WTC exposure, including cancer and premature mortality. Although the long-term health impacts of this exposure may not be fully understood for decades, if ever, the MWG already has begun to lay a foundation of shared methodological approaches for cancer research. After soliciting recommendations about methodological approaches from a group of nationally recognized experts including biostatisticians, environmental health scientists and cancer epidemiologists in 2010, MWG members representing each of the WTC Centers of Excellence and the WTCHR formed a WTC Analytic Methods Workgroup that also includes labor and community advisers.

The WTC Analytic Methods Workgroup completed an analysis of exposure variables for rescue, recovery and clean-up workers and volunteers collected by its members from responses to a variety of surveys asking for similar information in different ways, and developed an exposure matrix that identifies just three common exposure variables: dust exposure on the day of 9/11; work periods at the WTC site; and work activities at the WTC site. The difficulty encountered in retrospectively aligning exposure measurements across cohorts underscores the importance of establishing cross-study collaborations at the outset for future disasters.

The WTC Analytic Methods Workgroup also produced common rules for classifying cancers. Abstracts describing both Workgroup efforts were presented at the June 2011 meeting of the Council for State and Territorial Epidemiologists and emphasized the importance of collaboration among

institutions studying an already complex health issue.

Other areas of research recommended by the MWG must be more fully addressed. These include: assessing the mental and physical health of WTC-exposed children, and the children of WTC-exposed first responders; evaluating the effectiveness of treatment for WTC-related conditions; obtaining a better understanding of co-morbid mental and physical conditions and how this co-morbidity may influence disease progression, functioning and recovery; and initiating investigations into the relationship between WTC environmental contaminants and specific physical illnesses and the establishment of biologic indicators specific for WTC exposures.

### Education Recommendations

- Increase awareness of WTC-related symptoms and the availability of clinical resources among people who were exposed to the disaster.
- Increase awareness of Clinical Guidelines for Adults Exposed to the WTC Disaster among health care professionals, especially in areas where large numbers of WTC-exposed individuals may reside.
- Develop and disseminate clinical guidelines for children exposed to the WTC disaster.
- Educate policy makers, the media and the public about the difficulty in establishing a direct cause-effect relationship between WTC exposure and any one individual's illness for most

diseases, especially those that are relatively rare.

- Gather and publish lessons learned after 2001 terrorist attacks on the World Trade Center about preventing and treating disaster-related health conditions (see section beginning on page 11).

## Education Progress

Members of the MWG have made enormous progress in increasing awareness of WTC-related symptoms and the availability of clinical resources among people who were exposed to the disaster. Major accomplishments since 2007 include the following:

- New York City's 311 system offers direct transfers to the NY/NJ WTC Clinical Consortium and the WTC Environmental Health Center for people seeking WTC-related services.
- The Department of Correction established a special unit to refer current employees and retirees who participated in WTC operations to appropriate treatment, and to assist them in filing for workers' compensation and pension disability.
- FDNY published WTC Health Impacts on FDNY Rescue Workers, an illustrated, easy-to-understand report about findings from the first six years of monitoring and treatment, and will be publishing a ten-year update.
- The NY/NJ WTC Clinical Consortium conducts extensive outreach including commemoration of Responder Day in

June; distributes The WTC Responder Health Watch, a quarterly newsletter for all program participants; and hosted a successful conference to explain health services under the Zadroga Act.

- NYPD created a members-only website centralizing information about all WTC-related services, including the department's own on-site health monitoring program, and established a toll-free number for additional information about the availability of services.

- The NYC Department of Health and Mental Hygiene launched a "one-stop shopping" 9/11 health website with regularly updated information about WTC-related research and services which receives an average of 4,000 visitors each month; publishes a bi-monthly 9/11 health e-newsletter with nearly 9,000 current subscribers; and distributed two brochures City-wide: "Is 9/11 Affecting Your Health?," a Health Bulletin describing WTC-related symptoms and services, and a 9/11 Resource Guide, listing dozens of organizations offering various kinds of assistance.

- The WTC Environmental Health Center awarded grants to ten community-based organizations to conduct outreach; developed "Lived There? Worked There? You Deserve Care," a subway advertising campaign and brochure; held health forums for potential adult patients and parents of exposed children and adolescents; and worked with the Department of Education to inform 15,000 Lower Manhattan parents who had children in school on 9/11 about the WTC pediatric program at Bellevue Hospital.

With input from MWG members at FDNY, the NY/NJ WTC Clinical Consortium and the WTC Environmental Health Center, as well as community and labor advisers, the NYC Department of Health and Mental Hygiene revised the Clinical Guidelines for Adults Exposed to the World Trade Center Disaster it first published in 2006, and also developed Clinical Guidelines for Children and Adolescents Exposed to the WTC Disaster in conjunction with child health experts.

The Health Department distributed these guidelines to physicians and pediatricians throughout New York State. In addition, the National Institute for Occupational Safety and Health distributed the adult guidelines to all state health departments in the US. The Health Department mailed the child and adolescent guidelines to more than 200 college health clinics in the northeastern US with a cover letter encouraging physicians to consider the potential impact of WTC exposure on student health.

## Lessons Learned

The September 11, 2001 attack on the nation's largest city by international terrorists—only the second time such an event has occurred on US soil, and one with far more devastating consequences than the 1993 bombing of the World Trade Center—altered life for millions of Americans. Government agencies, health care providers and researchers have learned a number of lessons about the health preparedness and response to environmental disasters in urban areas. Some of these lessons, broadly categorized below, have led to greater collaboration among these entities and resulted in important policy or program changes in New York City during the last decade.

### The need to protect first responders by:

- restricting disaster-site access to individuals with the proper qualifications and training, identifying these individuals and recording the times they work for health follow-up.
- providing and enforcing use of adequate personal protective equipment, including pre-disaster training in the need for, and use of such protection.
- limiting the duration of physical and mental health exposures of individuals during rescue, recovery and clean-up efforts (to the extent possible) through shift rotation.
- providing early post-traumatic stress disorder (PTSD) screening for responders with known risk factors, such as a prior history of trauma.

### The need to protect the health of all populations at risk by:

- promoting quality, evidence-based post-disaster services effectively.
- determining as early as possible those who were potentially exposed and registering them so that a clearly defined population risk is known and so that needs can be assessed and services provided.
- delivering exposure-appropriate physical health services for acute and chronic injuries/illnesses.
- providing counseling through rapid mobilization of community-based

mental health organizations and major medical centers

- referring anyone at higher risk for post-traumatic stress disorder and other mental health conditions for comprehensive, early psychological evaluation using standardized clinical assessment tools and providing evidence-based interventions if indicated
- offering culturally competent mental health services
- exploring how internet-based technology may help increase the capacity of evidence-based mental health providers, particularly among affected individuals who may not be comfortable seeking traditional services
- implementing education and outreach programs to reduce the stigma associated with mental health treatment
- providing appropriate social support services to facilitate physical and mental health recovery
- investing in advertising and outreach, both community-based and personalized, to reach exposed individuals with unmet healthcare needs when disaster-specific services are available at no cost
- translating and providing culturally appropriate outreach materials for affected communities

### The need to collect high quality data by:

- maintaining a roster of the names, addresses, affiliations and duration of work of all responders from the very beginning of the response effort to establish a baseline for future follow-up and research

## Overview of 9/11 Health Findings: 2001–2011

The World Trade Center (WTC) Medical Working Group has reviewed more than 300 studies published from 2001-2011 (as of September 30, 2011) that are relevant to its mission.

In general, the health findings summarized below are remarkably consistent across WTC studies.

### Physical Health

Dozens of studies indicated that respiratory symptoms, sinus problems, asthma, and loss of lung function were diagnosed in or reported by many who were exposed to WTC dust, including nearly 60,000 rescue and recovery workers, residents and office workers who have enrolled in 9/11 health programs. For many, these conditions have persisted for nearly a decade.

- Epidemiologic studies indicate that diagnoses of new asthma among exposed groups peaked during the first 16 months after 9/11.
- Clinical studies demonstrate that the steep declines in pulmonary function first detected among firefighters and EMS workers within a year of 9/11 have largely persisted even among

those who never smoked; compared to pre-9/11 data, four times as many fire-fighters and twice as many EMS workers had below-normal lung function for their ages six to seven years after 9/11.

- Recent studies also have identified persistent abnormal pulmonary function in other WTC rescue and recovery workers, including police, and in Lower Manhattan residents and area workers.
- Both epidemiologic and clinical studies have identified substantial co-occurrence, or comorbidity, of mental health conditions with respiratory illness.

Intense dust cloud exposure on the morning of 9/11 increased the risk for developing respiratory problems across all WTC-exposed groups. Other risk factors among specific WTC-exposed groups included:

- Rescue, recovery and cleanup workers: arriving early or working for long periods of time at the WTC site. In addition, lung function declines were slightly greater among the relatively few firefighters and EMS workers who were active cigarette smokers before and after 9/11 than for nonsmokers
- Residents: not evacuating their homes or experiencing a heavy layer of dust in their homes
- Office workers: experiencing a heavy layer of dust in their offices.
- Both residents and office workers: living and working in Lower Manhattan.

Several studies have shown that WTC exposure is associated with sarcoidosis (an inflammation that can affect any organ, but typically affects the lungs) among rescue, recovery and clean-up workers, especially those who worked on the debris pile.

Many WTC-exposed adults were also diagnosed with or reported having heartburn, acid reflux or other gastroesophageal reflux symptoms, often but not always in conjunction with other respiratory or mental health symptoms. Researchers have identified early arrival at the WTC and intense exposure to the dust cloud as risk factors. Acid reflux, however, is common among the general population; further research is needed to understand the relationship between reflux symptoms, WTC exposure and other WTC-related health conditions.

Findings have been inconsistent regarding the impact of WTC exposure on birth outcomes. Some studies suggest that reduced fetal growth found in some women who were pregnant on 9/11 may be related to the stress caused by the attacks. Other studies, however, found no impact of WTC exposure on birth outcomes.

Few studies have addressed the impact of WTC exposure on child/adolescent health, especially physical health.

Research about cancer and mortality in WTC-exposed populations is in its initial stages because it takes a longer time for these potential health consequences to become evident. Additional studies are needed to determine if early results are replicated, if they are replicated in different populations with different exposure levels, and if they change over time.



- The first WTC cancer risk study to be published found that firefighters with WTC exposure may be at greater risk for cancer than firefighters who weren't exposed.
- The first mortality study to be published showed that persons in the WTCHR were less likely to die in the eight years of follow-up than in the general New York City population. The study, however, also showed that among Lower Manhattan residents, area workers and passersby in the Registry, those with higher levels of WTC exposure may be at greater risk for all-cause mortality and cardiac-related mortality in particular compared to those with intermediate or lower levels of WTC exposure.

WTC-related illness, especially respiratory illness, has resulted in considerable disability and increased pension costs for New York City.

### **Mental Health**

Results from large epidemiologic studies have consistently shown that probable post-traumatic stress disorder (PTSD), identified by a positive screening using a standardized psychological assessment tool, is the most common WTC-related health effect among exposed adults, and that it often co-occurs with respiratory illness. Severity of symptoms may vary over time, however, and a face-to-face interview is required to make an individual diagnosis.

### **Screening positive for PTSD was more likely among those who were:**

- caught in the dust cloud released by the buildings as they collapsed.
- injured as a result of the attacks.
- directly exposed to the events of 9/11, including proximity to the WTC site, witnessing horrific events, or knowing someone who was killed or injured in the attacks.

### **Other PTSD risk factors include:**

- Among rescue and recovery workers, early arrival at the WTC site, working there for a long time, or doing tasks outside of their trained area of expertise.
- Among WTC evacuees, being on a high floor in the towers, initiating evacuation late, or working for an employer that sustained fatalities.

Trauma before or after 9/11 unrelated to the terrorist attacks, such as urban or domestic violence, was also associated with PTSD or with greater symptom severity. Lack of adequate social support was associated with reduced recovery from PTSD.

Firefighters with probable PTSD (see definition on previous page) were significantly more likely than those without PTSD to report difficulty functioning at work or at home up to four years after 9/11.

Police officers, firefighters and emergency medical technicians generally had lower rates of PTSD than untrained volunteers because of prior training and experience with emergency response.

Despite widespread evidence of PTSD among exposed groups, suicide rates at the population level in New York City did not increase in the first four years after 9/11.

Depression, anxiety and substance use disorders have not been as well studied as PTSD among WTC-exposed people. The studies to date, however, suggest that the prevalence of these conditions increased shortly after 9/11 and there is significant co-morbidity with PTSD in WTC-exposed populations.

The PTSD impact of 9/11 on the US population who experienced it indirectly through media coverage may have been briefer and far smaller than studies conducted in the immediate aftermath of the attacks suggested.

*Sources: 2008, 2009, 2010, 2011 WTC Medical Working Group annual reports, which can be accessed on line at [www.nyc.gov/9-11healthinfo](http://www.nyc.gov/9-11healthinfo).*

### **(August 2010–September 2011) Detailed Summary of Most Recent WTC-Related Research**

The World Trade Center (WTC) Medical Working Group identified 90 published papers related to health among the WTC-exposed in the scientific literature since its 2010 annual report, including numerous studies that were published in conjunction with the commemoration of the 10th anniversary of the September 2001 terrorist attacks. Thirty-five looked at mental health, including six child studies; 17 looked at physical health; nine looked at both mental and physical health; four reported on environmental exposures and 23 examined other issues, such as the locations, tasks and experiences of responders, a sociopolitical analysis of WTC health issues from a community perspective and the emotional content of text messages

on 9/11. Just two studies evaluated treatment efficacy, which the MWG previously identified as a major gap in the literature.

New research with the greatest relevance to the work of the MWG is summarized below. Research published by institutions represented on the MWG is noted in boldface type throughout the research summaries.

### **Physical Health**

#### *Mid-Term Impacts (5-9 Years after 9/11):*

A longitudinal study of more than 27,000 rescue and recovery workers who sought treatment at the New York/New Jersey WTC Clinical Consortium (based at the Mount Sinai School of Medicine) conducted detailed physical examinations on each worker and also assessed workers' self-reports of physician diagnoses from 2002 to 2010. Nine years after the terrorist attacks, among those still in treatment, 18.1% (1,893) still had active asthma; 20% (2,042) had sinusitis, and 32.6% (3,195) had gastroesophageal reflux disorder (GERD). All three conditions were associated with higher levels of WTC exposure among workers.<sup>3</sup>

FDNY researchers demonstrated that eight years after 9/11, the prevalence of several physician-diagnosed respiratory conditions among 10,999 WTC exposed male firefighters remained high in comparison to men in the general population. Firefighters 44 or younger were much more likely to report sinusitis/rhinitis (17.2% vs. 8.4%); bronchitis (13.2% vs. 3.3%) and COPD/emphysema (1.5% vs. 0.3%). Firefighters ages 45-65 were much more likely to report sinusitis/rhinitis (19.5% vs. 12.2%); current asthma (14.5% vs. 4.9%); bronchitis (13.2% vs. 3.2%); and COPD/emphysema (7.6% vs. 3.2%).<sup>4</sup>

Spirometry, an objective test to measure how well the lungs' large airways are functioning, validated subjective respiratory symptoms in a group of nearly 19,000 rescue and recovery workers being monitored at the NY/NJ WTC Clinical Consortium. Workers reporting persistent cough, wheezing, or difficulty breathing upon exertion were more likely than workers without symptoms to have lower lung function and a higher rate of bronchodilator responsiveness during their first clinical visits between 2002 and 2008.<sup>5</sup> The nine-year cumulative incidence for spirometric abnormalities among 5,769 responders at risk in the NY/NJ WTC Clinical Consortium was 41.8%; three-quarters of these abnormalities were low forced vital capacity, a measurement taken when the responders were asked to exhale all the air in their lungs as forcefully as possible.<sup>6</sup> In a longitudinal study of 139 NYPD emergency service workers who responded to the WTC disaster, NYPD researchers found evidence of mild declines in lung function six years later, in comparison to pre-9/11 baseline data. Abnormal spirometry, seen in 5.3% of the cohort, was associated with earlier arrival and longer duration at the WTC site. The greatest declines were seen in smokers and workers without respiratory protection.<sup>7</sup> The WTCHR, in collaboration with the WTC Environmental Health Center, also found abnormal lung function in Lower Manhattan residents and area workers who reported persistent respiratory symptoms seven to eight years after exposure to the WTC disaster. In a case control study using spirometry and oscillometry, a test to measure how well the lungs' small airways are working, researchers found that 180 enrollees with persistent respiratory symptoms (cases) were more likely to have abnormal lung function than nearly 500 enrollees (controls) who had not reported any new respiratory

symptoms since 9/11. Oscillometric abnormalities were found even among cases with normal spirometry.<sup>8</sup>

Twelve patients with suspected interstitial lung disease or abnormal lung function underwent lung biopsies four to seven years after 9/11 at the WTC Environmental Health Center, which treats symptomatic Lower Manhattan area workers and residents. Pathologic findings included various degrees of interstitial lung disease, small airways disease and emphysema even though only four of the patients had a history of smoking. Researchers also noted the presence of particulate matter in lung tissue with a composition similar to that found in analyses of dust collected from the WTC site after the collapse of the buildings.<sup>9</sup>

Researchers at the NY/NJ WTC Clinical Consortium found an increased incidence of sarcoidosis among nearly 20,000 rescue and recovery workers who sought care for 9/11-related health problems in comparison with other published background rates, although no association was found with date of arrival at the WTC site, or exposure to the dust cloud released by the collapse of the buildings. Thirty eight new cases were verified from 2002 to 2007, with the highest incidence occurring two and three years after 9/11.<sup>10</sup>

Using biopsy results, WTCHR researchers confirmed 43 cases of sarcoidosis among adults in its cohort of rescue and recovery workers, Lower Manhattan residents, area workers and passersby. A nested case control study found that working on the WTC debris pile significantly increased the sarcoidosis risk for rescue and recovery

workers; no risk factors were identified for other groups.<sup>11</sup>

Researchers investigating obstructive sleep apnea (OSA) at the NY/NJ WTC Clinical Consortium compared a group of 50 rescue and recovery workers with aerodigestive symptoms who reported habitual snoring six to seven years after 9/11 to a similar group of men without WTC exposure who also snored habitually. OSA was associated with body mass index (BMI) and weight in the group without WTC exposure but not in the WTC workers, suggesting that factors other than obesity may contribute to OSA among WTC responders with aerodigestive disorders.<sup>12</sup>

In a study of more than 37,000 adults enrolled in the WTCHR who reported no pre-9/11 gastroesophageal reflux symptoms (GERS), 13% reported that new GERS had persisted up to six years after 9/11. GERS were positively associated with higher levels of WTC exposure, asthma and PTSD but occurred even among enrollees who didn't report asthma or PTSD, suggesting for the first time an independent association with WTC exposure.<sup>13</sup>

#### *Short-Term Impacts (1-4 Years after 9/11):*

Two literature reviews focusing on birth outcomes among WTC-exposed pregnant women suggest that environmental exposure or attack-related stress reduced fetal growth in some women, a finding similar to that in studies of birth outcomes after other terrorist attacks, environmental/chemical disasters and natural disasters. Disaster literature not specific to 9/11 indicates that child development may be more influenced by maternal mental health than by direct effects of disaster-related pre-natal stress.<sup>14,15</sup> A newer study not included in these reviews compared two groups of women who were

pregnant between September 11 and December 1, 2001: 500 women who were enrolled in the WTCHR, and 50,000 women who lived at least five miles from the WTC site.

Although researchers found similar birth weight and gestational age at delivery in the groups, Registry enrollees with probable PTSD were more likely than women without PTSD to deliver premature or underweight babies.<sup>16</sup>

### **Mental Health**

#### *Mid-Term Impacts (4-9 years after 9/11):*

#### **Rates of chronic post-traumatic stress disorder (PTSD) among WTC responders vary significantly by worker category nine years after 9/11:**

The prevalence of probable PTSD among more than 11,000 firefighters in the FDNY WTC Medical Monitoring and Treatment Program was four times higher than in the general population, 7.4% compared to 1.8%. Early arrival at the WTC site, exercising less and drinking more alcohol were associated with the persistence or onset of PTSD symptoms, as were co-occurring respiratory or gastroesophageal reflux symptoms.<sup>17</sup>

Researchers at the NY/NJ WTC Clinical Consortium report that workers, excluding police responders, continued to screen positive at high rates for PTSD (19.2%), depression (17.9%) and panic disorder (12.3%). Police responders had much lower rates of these conditions: PTSD (5%), depression (4.5%) and panic disorder (4.8%).<sup>18</sup>

The FDNY WTC Medical Monitoring and Treatment Program screened nearly 2,000

retired firefighters, the majority of whom were disabled, for depression, PTSD, and alcohol problems four to six years after 9/11. Among those at elevated risk for depression (23%) or PTSD (22%), 70% were at elevated risk for both conditions. Problem alcohol use and early arrival at the WTC site were identified as unique risk factors for depression and PTSD, respectively.<sup>19</sup>

*Short-Term Impacts (1-4 Years after 9/11):*

A longitudinal study suggests that modest increases in drinking and the use of psychotropic medication were associated with PTSD onset in New York City up to two years after the attacks on the World Trade Center. Among a representative sample of nearly 1,700 adults in New York City who were interviewed in late 2002 and again a year later, those with PTSD consumed one more drink per month and took psychotropic medication 20 more days per year.<sup>20</sup>

Researchers at the WTCHR estimate that 15% of 3,271 civilians who evacuated either of the WTC towers on 9/11 had PTSD two to three years later. Being on a high floor in the towers, initiating evacuation late and working for an employer that sustained fatalities were among the exposures that increased their risk for PTSD.<sup>21</sup>

A longitudinal study of more than 5,600 firefighters at the FDNY WTC Medical Monitoring and Treatment Program that began six months after 9/11 found that those with PTSD up to four years after 9/11 were nearly 20 times more likely than those without PTSD to report substantial difficulty functioning at home or work. Among the 15.5% firefighters with PTSD, nearly half developed it after the first six months.<sup>22</sup>

**Two studies conducted by Weil-Cornell Medical College researchers based on more than 3,000 mostly male utility workers who were screened for mental health conditions at their place of employment offer new insights about traumatic stress among WTC recovery workers:**

Ten to 22 months after 9/11, eight percent of 2,960 workers had symptoms consistent with full PTSD, 6% with depression, 3.5% with anxiety and 2.5% with panic disorder. Believing that their life had been in danger was the best predictor of PTSD among these workers.<sup>23</sup>

216 workers with trauma symptoms who didn't meet the criteria for full PTSD within the first two years of 9/11 were screened again one and two years later. 29% met the criteria for sub-threshold or full PTSD at Time 2 and 24.5% met these criteria at Time 3. In addition, workers with sub-threshold PTSD reported levels of impairment roughly four times greater than workers with no PTSD symptoms.<sup>24</sup>

Among a sample of 455, mostly female patients who were screened for mental health conditions when they sought primary care at a general medicine clinic in New York City, the PTSD rate decreased significantly from 9.6% one year after 9/11 to 4.1% three years later. Patients who reported pre-9/11 depression, the only significant predictor of PTSD trajectory, were 10 times more likely to have PTSD four years after the WTC attacks than those who didn't.<sup>25</sup>

Research published soon after 9/11 reported elevated rates of PTSD among the US population ranging from 4.3% to 17%. However, data from a national epidemiologic survey conducted from 2004 to 2005 and including

nearly 35,000 people suggests that indirect experience of 9/11, such as witnessing the attack on television, had the lowest risk of PTSD, 1.3%, of 32 traumatic events listed. Other events included sexual assault as an adult or child (PTSD risk 40.2%), being stalked (PTSD risk 19.5%) and experiencing a natural disaster (PTSD risk 5.1%).<sup>26</sup>

### Co-Morbidity

Substantial co-morbidity across physical and mental health conditions exists among firefighters. In a study of nearly 11,000 firefighters seven to nine years after 9/11, FDNY researchers found that 41.8% of those reporting symptoms of probable PTSD also self-reported a physician diagnosis of obstructive airways disease (OAD), which includes asthma, bronchitis or COPD/emphysema; 33.3% with probable PTSD or depression also self-reported a physician diagnosis of OAD. Among those with depression alone, 28.5% self-reported OAD. The researchers found similar results when they used medical records instead of self-reports for the analysis.<sup>27</sup>

Rescue and recovery workers who sought treatment at the NY/NJ WTC Clinical Consortium from 2002–2010 also reported substantial co-morbidity: in a clinical population of more than 27,000 workers, nearly half with asthma (1,459 workers) also reported at least one mental health condition, as did more than a third of workers with either sinusitis (2,006 workers) or gastroesophageal reflux disease (2,348 workers). Similarly, around 70% of workers who reported PTSD (2,806 workers), depression (2,153 workers), or panic disorder (1,129 workers) also reported a physician diagnosis of at least one physical disorder.<sup>28</sup>

### Cancer and Mortality

FDNY researchers confirmed 263 new cases of cancer from September 11, 2001 through 2008 among 8,927 male firefighters who responded to the WTC disaster, 25 more than would have been expected among men of similar age, race and ethnicity in the general population according to the National Cancer Institute Surveillance Epidemiology and End Results (SEER) reference population. When researchers compared the WTC-exposed firefighters to unexposed firefighters they found a 19% increase in cancer overall, after making an effort to correct for both potential surveillance bias (due to changes in medical screening tests given after 9/11) and lead time bias (it is unlikely that any WTC-related cancer would develop within two years of 9/11). Lack of statistical power prevented the researchers from drawing any conclusions about specific types of cancer.<sup>29</sup>

WTCHR researchers identified 790 deaths from 2003 through 2009 among 41,930 adults who resided in New York City at the time of their enrollment in the Registry. The all-cause death rate among Registry enrollees was 43% lower than among NYC residents as a whole.

Researchers detected exposure-related differences in mortality rates among those in the Registry: lower Manhattan residents, area workers and passersby with intermediate or high levels of exposure, including those with two or more injuries on 9/11, had elevated all-cause and heart disease mortality risks in comparison to those with intermediate or lower levels of exposure. The study did not detect exposure-related mortality differences among rescue and recovery workers even when internal comparisons were conducted.<sup>30</sup>

## Children

A survey of more than 8,200 New York City schoolchildren in grades 4 to 12 conducted six months after 9/11 indicates that 40% of their families experienced at least one of five disruptions: family relocation, job loss, restricted travel, school closure and school relocation. After adjusting for sociodemographic characteristics, WTC exposure and prior trauma, youth reporting that their parents allowed them to travel less freely around the city after 9/11 were three times as likely to have PTSD as youth whose parents allowed them to travel without restrictions. Youth reporting family job loss were twice as likely to have PTSD as those who didn't.<sup>31</sup>

## Volunteers

A longitudinal study of 4,974 adult volunteers enrolled in the WTCHR draws distinctions between affiliated volunteers and lay volunteers. Compared to affiliated volunteers, lay volunteers were:

- more likely to have been present in lower Manhattan, experienced the dust cloud, witnessed horrific events, had an injury on 9/11 and reported unmet health care needs.
- nearly twice as likely to have reported an early post-9/11 mental health diagnosis or a diagnosis of asthma or reactive airways dysfunction syndrome.
- more than twice as likely to have had chronic PTSD, late-onset PTSD, or new or worsening lower respiratory symptoms.<sup>32</sup>

## Respiratory Protection

A longitudinal study of 9,296 rescue and recovery workers enrolled in the WTCHR who worked at least one shift on the WTC debris pile offers new insights into the use of respiratory protective equipment (RPE):

- Fewer than 20% of workers reported use of standard respirator models on 9/11 and half of the workers wore no facial covering of any kind on that date.
- The strongest predictors of using adequate RPE were affiliation with construction, utilities or environmental remediation organizations, and prior training in the use of RPE.
- Workers who reported no respiratory protection were more likely to report recurrent respiratory symptoms and some respiratory disease compared to those who used respirators.<sup>33</sup>

## Treatment

Prior research has established the effectiveness of prolonged exposure therapy, a form of cognitive behavioral therapy, in treating PTSD.<sup>34</sup> Researchers at the New York State Psychiatric Institute/Columbia University recruited 37 WTC-exposed patients for a randomized clinical trial comparing prolonged exposure therapy plus paroxetine, a selective serotonin reuptake inhibitor, to prolonged exposure therapy plus placebo. Although the study was small, it suggests that patients treated with therapy and paroxetine showed greater improvement in PTSD symptoms and remission status in ten weeks than the patients treated with therapy alone during this period.<sup>35</sup>

A study of 300 young people ages five to 21 drawn from a larger group of youth who had been exposed to the WTC disaster and referred to mental health services suggests that matching treatment intensity to need is effective. Researchers compared outcomes for youth with more trauma symptoms who received trauma-specific cognitive behavioral therapy (CBT) to youth with milder symptoms who received a brief CBT skills intervention over an 18-month period following the attacks. Trauma symptoms decreased in both groups six months after they began treatment; rates of improvement were similar even though the severity of need differed.<sup>36</sup>

### Disability

The FDNY WTC Medical Monitoring and Treatment Program assessed quality of life among a group of 275 disabled firefighters who retired because of lung problems and compared the results to active firefighters and retired firefighters without disability pensions, all of whom were exposed to the WTC collapse, six to eight years after 9/11. Among the three groups, disabled retirees were more likely to score lower on both physical and mental health quality of life measures, but the difference between the disabled firefighters and the other two groups was less pronounced for mental health.<sup>37</sup>

An analysis of retirement pensions awarded by FDNY found that in the seven years prior to 9/11, 48% of these pensions were for accidental disability. In the seven years after 9/11, accidental disability pensions comprised 66% of the total, with 47% (1,402 pensions) related to the WTC attacks and mostly due to respiratory illness. The FDNY study also estimated that WTC-related FDNY

pensions added \$826 million in increased costs to the system.<sup>38</sup>

### Environmental Exposures

Toxicological studies conducted at New York University using dust samples gathered from the WTC site within 48 hours of the buildings' collapse clearly show that particles of a size likely to have been inhaled had an adverse effect on human cell function that may have contributed to chronic lung disease, either by themselves or in combination with 10% cigarette smoke extract.<sup>39</sup>

Federal researchers investigating chemical contamination of the Hudson-Raritan Estuary (HRE) before and after 9/11 found that measurements of eleven trace elements, including arsenic, copper, lead and zinc, in blue mussels were significantly higher in the HRE than elsewhere in the nation, but post-WTC attack measurements were not significantly higher than pre-attack measurements. However, high ambient levels of trace elements in the HRE may have made the impact of the WTC collapse less discernible.<sup>40</sup>

### Strengths and Limitations of Published WTC-Related Research

Much of the data presented in this report were gathered and analyzed by scientists and clinicians associated with a select number of institutions that recognized the need to monitor the health of individuals affected by the World Trade Center (WTC) collapse early after the disaster. Particular strengths of this body of research include the fact that many different studies have found similar physical and mental health effects across exposed groups, and that research findings



are gleaned from several large longitudinal cohorts, in addition to numerous one-time surveys. Weaknesses stem predominantly from the absence of pre-existing data in most populations and the lack of initial funding for studies.

*Some of the largest WTC study groups include:*

- Nearly all FDNY responders who responded to the disaster. All have pre- and post-9/11 medical records, and the population is restricted to FDNY rescue workers, thus minimizing recruitment bias. The group receives ongoing clinical monitoring with strong participation, even among retirees, indicating limited bias from longitudinal dropout.
- A large cohort of responders enrolled in the New York/New Jersey WTC Clinical Consortium at the Mount Sinai School of Medicine, the State University of New York at Stony Brook, New York University/Bellevue Hospital, Queens College and the University of Medicine and Dentistry of New Jersey for clinical screening, monitoring and treatment. This Consortium collects similar data to FDNY to facilitate comparisons across worker groups.
- A high percentage of NYPD members were exposed to the disaster at various locations. The NYPD Medical Division, like FDNY, has pre- and post-9/11 medical records for these individuals. The pre-9/11 exposure of this cohort is similar to that of New York City residents which makes study findings relevant to the larger population.
- A growing cohort of symptomatic patients who include residents, area workers and clean-up workers at the

WTC Environmental Health Center at Bellevue Hospital Center, Gouverneur Health Care Services and Elmhurst Hospital Center.

- The WTCHR, the largest post-disaster exposure registry in US history, enrolling more than 71,000 exposed individuals to be tracked for an expected period of 20 years. The diverse cohort includes rescue, recovery and clean-up workers; residents; office workers; students; and passers-by.

Several significant challenges also affect the ability to conduct accurate research on 9/11 health effects. It is important to highlight these limitations as they characterize many but not all of the published studies described in this report, and to review these limitations when planning data collection efforts after future disasters:

- With the exception of the FDNY cohort, the exact size and composition of the population affected by the disaster remains unknown, although estimates have been developed and published. This, along with selective participation in cohorts, can affect calculation of incidence rates and comparison of these rates across groups.
- It is difficult to measure how much and what type of exposure different people had to traumatic or environmental impacts of 9/11. All exposure measurements remain imprecise.
- Many studies are conducted on volunteer or clinic-based samples, which may not be representative of the true population of exposed people.

Depending on the enrollment criteria of specific studies, they may suffer from recruitment bias with over-representation of those who are ill.

- People with post-traumatic stress disorder (PTSD) may be under-represented in studies because avoidance of anything that reminds them of 9/11 can be symptomatic of the condition.
- It is difficult to determine the incidence and prevalence rates for many potentially WTC-related conditions, including persistent cough, dyspnea, sinusitis, gastrointestinal symptoms, PTSD and depression because confirmatory laboratory or diagnostic testing is either not available or because an acknowledged “gold standard” does not exist for diagnosing a condition.
- Many studies rely on self-reports of a range of non-specific symptoms and conditions to measure the burden of these conditions in exposed populations without verification of diagnoses.
- The high frequency of certain conditions in the general population, especially acid reflux, as well as the absence of background incidence or pre-9/11 data in most WTC-exposed populations, make it difficult to draw firm conclusions about whether or not post-9/11 diagnoses can be attributed definitively to WTC exposure at a clinical level.
- Increased monitoring and diagnostic testing of WTC-exposed populations in comparison to the general public may result in a detection bias for some conditions, such as sarcoidosis and cancer.

- Few studies have examined the physical effects of WTC exposure on children and adolescents.

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see also:

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