CHAP Study C comments received from Cecile E. Willert (Jacques Whitford); comments dated June 24, 2005		
Comment Number	**Comment**	**Ventana Response**
1	Forward, Page i, 2nd paragraph A list of agencies submitting comments on the Dec. 2003 report is given; however, Jacques Whitford also submitted written comments but is not listed. Were Jacques Whitford's comments taken into consideration in the preparation of this version of the report?	Jacques Whitford has been added to the list of agencies who had submitted written comments (see Errata sheet).
2	Executive Summary, Page 1, paragraph 1 The report states that the Ministry of the Environment (MOE) found elevated levels of 4 chemicals, namely the CoCs. The 4 CoCs were actually established by Jacques Whitford, not the MOE. The MOE found elevated levels of ten metals. Please correct the reference to refer to reference number 3, namely Jacques Whitford, 2001	Jacques Whitford has been identified as having established the four CoCs (see Errata sheet). In accordance with the CHAP style guide, citations to any referenced material are not included in the Executive Summary.
3	Page 10, section 1.3.1, last paragraph The conclusions attributed to the MOE are not consistent with the Rodney Street report. Please refer to Figures 5-6, 5-7 and 5-9 of that reference indicating that dietary sources of the CoCs are the largest contributors to oral intakes. Similarly, Jacques Whitford's (2005) draft Port Colborne CBRA Human Health Risk Assessment report indicates that dietary intake is the single largest contributor to total exposure of all CoCs.	The first sentence of the last paragraph of Section 1.3.1 has been amended (see Errata sheet). The Jacques Whitford (2005) draft Port Colborne CBRA Human Health Risk Assessment report was not an available reference at the time the Study C report was written.
4	Page 16, section 2.2.4; Exhibit A5 What is the rationale for not identifying comparator communities based on known local air pollution problems (e.g., Windsor) that may significantly impact rate ratios associated with respiratory diseases? Communities with significant air pollution should be treated the same as those with known environmental contamination as the direct cause and effect relationship in terms of hospital emissions is well established.	The criteria for identifying comparator communities were based on Canadian census data, as outlined in the CHAP C protocol. The MOE provided a list of Ontario communities. These data did not include information regarding air pollution. This was noted as a limitation in both Sections 1.4 and 4.2. In addition, the post-hoc comparison of Port Colborne with other Niagara communities, which have similar levels of air pollution, provides some information in this regard.
5	Section 4.1 As noted in Jacques Whitford's comments submitted on the previously released version of the Study C report, the study differs significantly from the protocol in evaluating small disease categories rather than broad categories. The protocol provided strong rationale for not evaluating small disease categories. Further discussion of the greater inherent error in analyzing disease subcategories such as asthma as opposed to broad disease categories and the power of these small datasets would provide additional context with which to strengthen the interpretation of the results.	The evaluation of small disease categories (i.e. subcategories of ICD classifications) was requested by the TSC consultants.

CHAP Study C (report version date October 19, 2004) comments received from Evert Nieboer (Regional Niagara Public Health Department); comments dated April 29, 2005		
Comment Number	**Comment**	**Ventana Response**
1	Speaking generally, the various statistical methods employed, including the box plots, suggestion (i) *[consideration of inpatient discharges]* and tests (iii) *[calculation of standardized discharge ratios for comparison to Ontario]* and (iv) *[plots of age-standardized discharge rates based on 3-year moving averages]* itemized above, tend to support the apparent elevation of the discharge rates reported for the four health categories identified in the previous section.	Comment noted. No further action taken.
2	In our assessment, Draft 3 has achieved the objectives set out for it. The various statistical approaches pursued address the methodological concerns expressed by the various reviewers and permit an assessment of their relevant importance or impact. The authors take care to point out the limitations of their findings, and refrain from over-interpretation. Study C provides enough technical information so that the reported findings can be scrutinized in the context of exploring causation factors, including exposure to the CoCs, in the upcoming integration phase after CHAP Studies A and C have been completed. And finally, the authors have succeeded in producing an user-friendly, well organized and clearly presented document.	Comment noted. No further action taken.
3	The study findings might be helpful in ongoing discussions and analyses of disease patterns and the role of tertiary care in Port Colborne and other communities in the Niagara Region.	Comment noted. No further action taken.
4	A perusal of the comments released by the EAC concurrently with the study C Report support and, using actual data from the report, illustrate the independent technical assessment outlined in comments 1 and 2 above. In relation to this and other limitations enumerated in the EAC comments, the EAC acknowledges (as also done in item 2 above), that the authors of the Study C Report appropriately inform the reader of such restrictions.	Comment noted. No further action taken.