



00-3042

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
BETHESDA, MARYLAND 20014

BUREAU OF HEALTH MANPOWER

Refer: FL-83  
January 1976

CANCER MORTALITY TRENDS NOT ATTRIBUTABLE TO FLUORIDATION

The National Cancer Institute (NCI) recently completed and released a report clarifying issues raised by the National Health Federation, an organization long and actively opposed to fluoridation. The conclusions of NCI continue to support previous analyses which indicate that there are no trends in cancer mortality patterns in the United States attributable to the consumption of water that is artificially or naturally fluoridated.

The "Statement on Fluoridated Drinking Water and Cancer" issued by NCI in December 1975 is attached.

Division of Dentistry  
9000 Rockville Pike  
Bethesda, Maryland 20014

Enclosure



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH  
BETHESDA, MARYLAND 20014

NATIONAL CANCER INSTITUTE

STATEMENT ON FLUORIDATED DRINKING WATER AND CANCER

An examination by National Cancer Institute (NCI) scientists of trends in cancer death rates in the United States during 1950-1969 has failed to produce evidence linking natural or artificial fluoridation of public water supplies to cancer.

The scientists also found no evidence of cancer risk attributable to fluoridation from a comparison of the numbers of cancer cases diagnosed in 1947-48 and 1969-71 in two major metropolitan areas, one fluoridated and the other nonfluoridated.

The study indicated that well known risk factors in cancer, such as urbanization, industrialization and socioeconomic, racial and cultural characteristics of the population, appeared to explain reported variations among fluoridated and nonfluoridated areas.

Cancer death rates over a 20-year period were studied in two groups of counties in the United States: counties in Texas long exposed to natural fluoride, and U.S. counties first fluoridated in one of three five-year periods (1950-54, 1955-59, or 1960-64).

In the naturally fluoridated counties, the scientists looked for increased risk of cancer in both males and females that could be associated with exposure to low, medium or high levels of fluoride. They found little variation from expected risk for any type of cancer except cancer of the brain and nervous system, for which death rates were lower than expected in counties with high natural levels of fluoride.

In counties where the majority of the population was exposed to artificial fluoridation, the scientists looked for an increase in cancer death rates in five-year time periods following fluoridation. They found no trends attributable to fluoridation, even in counties fluoridated in 1950-54 and thus having death rates available for 15 years following fluoridation.

To study cancer occurrence for a possible relationship to fluoridation, the NCI scientists compared the numbers of cancers diagnosed in Denver, Colorado, and Birmingham, Alabama, in 1947-48 as compared to 1969-71. Denver was fluoridated soon after the 1947-48 survey. Birmingham has remained largely unfluoridated. Again, no fluoridation-associated differences in cancer risk were apparent.

On the basis of their findings, the scientists concluded that fluoridation has not increased the risk of cancer, either in counties long exposed to varying levels of natural fluoride, or in counties relatively recently exposed to fluoride by artificial means.

The NCI study was conducted by Robert N. Hoover, M.D., Joseph F. Fraumeni, Jr., M.D., and Frank W. McKay of the NCI Epidemiology Branch.

# # # # #