

Dr. Irving Selikoff of New York's Mount Sinai School of Medicine is one of the world's leading experts on asbestos-related diseases. He has devoted the past 40 years to the subject.



Please give us a brief history of when the present asbestos-related problems began.

"The asbestos fibers that are causing the disease that we're seeing now were inhaled perhaps in 1940, during World War II; very commonly in the shipyards, for example. They were inhaled when many plants were being built in the 1940's and '50s and '60s.

And now, 20, 30, 40 years later, we're seeing the results. Our best estimate is that between 1940 and 1980, somewhere around 13 million American workers were exposed to asbestos on the job. And there still are now around nine million who are with us, who—most will not suffer disease, but some will. But that's our legacy of the past.

We don't want to add to that legacy, and therefore everything now must be done to avoid any additional exposure. But there we are, with that legacy. Now, the increased number of cases of lung scarring or scarring of the pleura that are being seen in recent years have taught many of us a good deal."

What can be done to help people with asbestos-related abnormalities?

"How to undo this legacy is not easy. Scientists have not been successful, as I say, in most of the things. Now, even lung scarring, however, can be properly treated. It's one of the reasons why x-rays should be done, to find out whether or not scarring is present. Now, that almost seems a contradiction, because I have said that we can't remove the scarring and we can't remove the fibers that are in the lung.

And yet, physicians can prevent many of the serious complications of that scarring. For example, if your lungs are moderately scarred, it means that part of your

'respiratory reserve' in our lingo has been lost. You don't have as much air as a person might have.

If you were to get bronchitis or pneumonia, a bad cold, that could put quite a burden on you. Now, if I got that cold or that bronchitis or that pneumonia, well, I'd feel sick for awhile but I wouldn't be too badly off. Somebody who already has part of the lung scarred would have a considerable amount of difficulty.

Now, if the doctor knows that there's lung scarring present, he can treat the infection very, very well with our modern antibiotics, and so the person with asbestosis can come through with some difficulty, but generally, very, very well. So there's much that can be done if we know, which is a very good reason for surveillance examinations to be undertaken."

Why should people not smoke, especially if they have an asbestos-related abnormality?

"We found that people who work with asbestos and also smoke cigarettes, just like all cigarette smokers, have a very high risk of developing cancer of the lung.

But they have about five times the risk of all other smokers. So this asbestos increases the risk of cancer, but smoking then jumps it immensely.

We have found that if asbestos workers or people exposed to asbestos stop smoking, their risk of dying of lung cancer goes down to about one-third of those who continue to smoke. Therefore, although we can't get the asbestos out of the lung, if smoking ceases within five years or so, the chance of dying of lung cancer goes sharply down to about one-third of what it would otherwise be.

Therefore, the very simple act of cessation of smoking can save as many as two-thirds of the lives of those who would otherwise die of lung cancer."

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