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Johnson & Johnson

NEW BRUNSWICK, N J. 08903

September 19, 1972

Mr. Barry I. Castleman
305 West Biddle Street
Baltimore, Maryland 21201

Dear Mr. Castleman:

I am taking the liberty of replying to your letter dated August 3, addressed to Dr. T. H. Shelley, Director of our Central Research Laboratories. First, let me express our appreciation of your bringing to our attention your concern about the possibility that talc by itself may be a carcinogen. As we market talc we have real concern about any potential harmful effects it may have and have been monitoring on a continuing basis the world literature on the biological activity of talc. We are primarily interested in determining whether the cosmetic use of talc can cause any harmful effects and at this time have no reason to believe that talc alone will induce neoplastic changes.

The publication by Kleinfeld (Arch. Exper. Health, 14: 663-7, 1967) that you mentioned in your letter is familiar to us and, as you know, reports on the incidence of pulmonary cancer in miners working in talc mines which contained tremolite and serpentine.

I am submitting some points which support our position that pure talc is not a carcinogen which may be of interest to you.

1. The monitoring of adverse effects relating to the commercial use of a product that has been marketed for over 70 years by us and used cosmetically for centuries.

2. The continuing review of the world literature on talc shows that it has been used therapeutically when introduced into the pleural cavity, has been

introduced into the peritoneal cavity from ruptured surgical gloves and has been respired by industrial workers. In both the pleural cavity and the peritoneal cavity talc produces local fibrosis in the tissues and to date we have not been able to find any reports of cancer in the extensive medical literature on this subject.

Excessive exposure to talc causes talcosis in miners, and I know of no data to indicate that cancer of the lung occurs in such miners exposed to talc free of asbestos.*

3. Controlled studies have been conducted in hamsters in which talc was introduced into lungs and pleura and the results showed no cancer development when the animals were followed for their life. These data were in contrast to results obtained when asbestos was used in place of talc. A paper on these studies will shortly be reported in the medical literature.

4. In order to confirm the findings reported in '3', two separate, extensive animal studies are being conducted independently in which the animals will inhale talc for different time periods and will be followed for their lifetime and then examined histologically.

Your comment concerning the follow up of talc miners to determine the cause of their death is pertinent but is time consuming, and the numbers involved are relatively small. However, in order to obtain epidemiological data more rapidly, we are currently following an extensive epidemiological survey of the cause of death in a large group of industrial workers exposed to talc with a view to determining whether they differ from other appropriate populations. In addition we are attempting to obtain data on the cause of death of

*Van Orstrand, H.D.: Talc pneumoconiosis, Chest, 58(1):2, July, 1970

talc miners and determine if the cause of death differs from other populations.

I am hopeful that the comments I have submitted will be of assistance to you.

We appreciate your interest in writing to us and look forward to supplying you with pertinent published data as they become available.

Sincerely yours,

Gavin Hildick-Smith, M.D., F.A.A.P.
Director of Clinical Research

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