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A RETROSPECTIVE COHORT STUDY OF MORTALITY
IN WORKERS EXPOSED TO ASBESTOS

Final Report - October 17, 1977

MT-000001

A Retrospective Cohort Study of Mortality in Workers
Exposed to Asbestos - SRI Project No. ORC (542) - 5644

Executive Summary

The mortality experience of 1903 present and past workers at the Bendix plant in Troy, New York was studied. No relationship was found between employment at the plant and the occurrence of deaths from those diseases associated with exposure to asbestos; that is, from asbestosis, mesothelioma, or lung cancer.

There were no deaths from asbestosis or mesothelioma. There was a slight excess mortality from lung cancer, but it was greatest in those men with the shortest periods of employment and the shortest latency period and is therefore not consistent with an occupational association.

There was a statistically significant excess mortality from all cancers together, but this excess for all cancers combined is the result of excess mortality from cancers of specific sites, and in any case was greatest in those with the shortest periods of employment.

There were, however, two specific cancer sites that showed excess mortality which was consistent with an occupational explanation. The first was brain cancer (5 deaths), and the second was a type of skin cancer known as malignant melanoma (2 deaths). In both cases, the excess was greatest in men with the longest employment and displayed the kind of latent period which is consistent with an occupational origin.

However, mortality from these causes has never been associated with asbestos exposure in previous studies. In the case of the brain cancers, the excess was such that it could not have gone unnoticed had it occurred in previous asbestos studies.

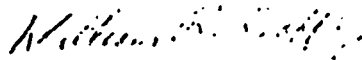
As far as is known, the only occupational exposure associated with the occurrence of brain cancer is vinyl chloride. The malignant melanomas are usually caused by sunlight, although it has been suggested that they might arise from petrochemical exposures.

In summary, there is no pattern of mortality suggesting an asbestos-related occupational hazard. There is an excess mortality which could be associated with some occupational exposure other than asbestos, although the scientific literature suggests no obvious mechanism.

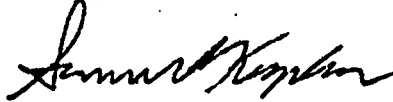
It is most strongly recommended that the work histories of these men be examined in the greatest possible detail to rule out the possibility that there might in fact have been some common exposures which would imply an occupational origin for these two types of cancer.

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Further, it is recommended that this population be restudied in about ten years. The age and work experience of the population is such that there could conceivably be asbestos-related disease which has not yet had time to occur, but which might arise in the next decade.



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