

Manufacturing Chemists' Association, Inc.

(FOUNDED 1872)

1825 CONNECTICUT AVENUE, N. W.
WASHINGTON, D. C. 20009

F. H. CARMAN
TECHNICAL DIRECTOR

October 4, 1968

Dr. Palmer W. Townsend
Aircro Chemicals and Plastics
Air Reduction Company, Inc.
150 E. 42nd Street
New York, N. Y. 10017

Dear Dr. Townsend:

The Task Group, composed of Messrs. Dernehl, Wolfsie, and McCormick, met October 3 with representatives of the University of Michigan, to review the Epidemiologic Study of manufacturing of PVC. It is anticipated the project can be completed in November. The re-x-rays requested have been supplied and the computer analysis will get underway shortly.

Although the computer study is not being delayed for information on operational procedures, they are still awaiting this from your company as requested in a special report cleared September 10th. For plants surveyed, they need information on procedures from the point immediately following completion of polymerization, i.e.:

- (1) Time from the end of the polymerization phase to the opening of the reactor.
- (2) Pressure (psia) parameters during this phase, e.g., how hard a vacuum pulled in the reactor, how long.
- (3) Rate of temperature change after termination of the reaction (from termination of polymerization to opening of reactor).

Replies were received from some within the past week and it is recognized that your organization may be developing your report. However, in the interest of completing this work, I am writing in behalf of the Task Group with the hope you can expedite a reply. Please send it direct to Dr. B. I. Dinman, Institute of Industrial Health, University of Michigan, Ann Arbor, Michigan 48104.

Your cooperation in this will be greatly appreciated.

Sincerely,

F. H. Carman

FHC/hgs

cc: Mr. Edward J. Serwan

FHC

RECEIVED
OCT 9 1968
EDWARD J. SERWAN

AP00002233

Manufacturing Chemists' Association, Inc.

(FOUNDED 1872)

1825 CONNECTICUT AVENUE, N. W.
WASHINGTON, D. C. 20009

July 8, 1968

To: PVC Resin Producers
Participants in Epidemiologic Study
For _____

Subject: Status Report on Michigan Institute Study

I am attaching a brief memorandum to give you some information on the special study underway at the Michigan Institute of Industrial Health. This was supplied through the courtesy of Carl U. Dernehl, M.D., Chairman of the Occupational Health Committee, and the Subcommittee of three which has been following the work since 1966. This report is being sent to the company contacts with whom the Institute of Industrial Health has been working and, in a few cases, other designated individuals in the same corporation. If it develops you desire copies for other individuals in your organization, please let me know.


F. H. Carman

FHC/hgs
Attachment

AP00002234

MEMO

To Participants in the Epidemiologic Investigation
of Polyvinyl Chloride Manufacture

This is a brief summary of the status of the investigation through June, 1968. While progress of the study was delayed by the labor problems besetting some parts of the industry, thirty-two plant locations from nineteen participating manufacturers have been studied and the data entered on cards for mechanical tabulation. The study population consists of 5,037 employees.

As is frequently the case in studies of this type, certain discrepancies have appeared, mostly in regard to job descriptions, and these are now being corrected. All x-rays have been read and the findings classed as normal, probable lesion, suspect lesion and possible lesion. A rough tabulation of lesions indicates 17 cases in 4 manufacturers had probable lesions; 10 cases in 6 manufacturers had suspect lesions; and 34 cases in 10 manufacturers had possible lesions. In all, thirteen of the nineteen manufacturers had cases in any of the three categories of x-ray readings. Only 6 manufacturers were considered to have no cases. As might be expected, there is some confusion in certain cases in trying to determine if a lesion is due to mechanical injury or due to the condition under study.

By this time many or most of the x-ray readings will have been returned to the locations under study. If they have not yet been returned, it is expected that they will be returned very shortly. Each location should be able to determine its situation by a review of the x-ray reports. In some instances a repeat x-ray is being requested to clarify the status of some questionable findings.

In general, the investigation is about ready to proceed with computer analysis and correlation studies. There is good reason to believe that the final report date of September 30, 1968, will be met. After participating companies have had a chance to study the final report, a group meeting with the University of Michigan personnel will be proposed to discuss the report and answer any questions which do not invade the confidentiality of the study.

C. W. Dernehl, M.D.
F. H. Carman

July 8, 1968

Social Security No.
on X-ray.

SUPPLEMENTARY INSTRUCTIONS FOR X-RAYS

For maximum bony detail and for optimum standardization of films for the survey, it would be helpful if as many institutions as possible would use non-screen film and Kodak Standard Ready-Pak as originally recommended. It has been called to our attention that x-ray facilities available in some plants are not sufficiently powerful to utilize this technique.

Cassette techniques may be used. Standard 10 x 12 Cassettes with high-speed screens and Blue-brand film usually require 45-55 kvp and 1.25 milliamperere seconds. Par speed screens will require 2.5 milliamperere seconds. The time will thus vary depending on the available milliamperage. Because of the marked variation in accuracy of settings in smaller and older equipment, technical variations may be necessary. Before a large number of patients are processed in the survey, it is suggested that a sample film be submitted to the local radiologic consultant to ensure that adequate bony detail is being demonstrated.

Positioning of the hand should be done so that the axes of the fingers lie in the ten inch dimension of the 10 x 12 inch film holder, with palms and fingers flat, and with at least a one-inch margin between the edge of the film and the fingertips. Both hands are included in this single exposure, with the thumbs nearly approximated in the central area of the film.