UNION CARBIDE CORPORATION OLD RIDGEBURY ROAD, DANBURY, CT 06817
Corporate Health, Safety and Environmental Affairs Department

July 5, 1984

Raymond L. H. Murphy, Jr., M.D.
Faulkner Hospital, Inc.
1153 Centre Street
Boston, Massachusetts, 02130

Subject: Asbestos Criteria

Dear Ray,

Thank you for sending me the most recent draft of Part 1 of the Report entitled "Standardization of Criteria for the Diagnosis of Asbestos Related Diseases." I have read the report with interest and think that it is a concise summary of the diagnostic features of asbestosis. I have made a number of editorial changes in red ink on the pages indicated on the sheet attached to the report.

There are two comments I would like to make. The first is that you give no references to justify using "roentgenogram consistent with interstitial fibrosis of 1/2 or 1/1" as being diagnostic of asbestosis. As far as I am aware the profusion of irregular opacities on a radiograph does not necessarily correlate with the severity of the pathologic or physiologic lesions present and therefore the diagnostic value or 1/2 is probably no greater than that of 1/0 in the absence of other clincial features of disease. I would like to offer the suggestion that you modify the statement to read as I have indicated in the draft text as follows: "- - - and a roentgenogram consistent with interstitial fibrous or profusion of small irregular opacities greater than 1/0 (ILO U/C, 1980) are either impractical, - - - -."

My second comment is that the question of medical surveillance of persons potentially exposed to present day levels of asbestos or those exposed to far more hazardous conditions in the recent past needs to be addressed when considering the question of early diagnosis. Asbestosis is a dose-related disease dependent upon exposure (concentration) and time (length of time exposed) as well as the lapsed interval for manifestation of biological effects. Bearing this in mind, it is likely that early diagnosis, in persons exposed to past high levels of airborne asbestos fibers, is more likely ... e

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made using the criteria suggested than it is in those whose entire working life has been spent in modern conditions (i.e., since 1972 in the USA). I would like you to emphasize the importance of obtaining an adequate work history including details of fiber types used and, whenever possible describing the job or industry in full so that a reasonable assessment of length of exposure and dose can be attempted. Since employers are required to inform employees of the results of their personal sampling for asbestos, the actual exposure measurements should be documented whenever known. Although it may seem obvious to state, surely the diagnosis of asbestosis is dependent upon proof that exposure to asbestos, over and above the normal amount present in the air we all breathe, has taken place.

In the discussion on lung function criteria, would it be at all appropriate to discuss disability and impairment?

I look forward to seeing the next draft and hope my remarks and editing efforts prove to be useful and acceptable.

Sincerely,

Hilton C. Lewinsohn, M.D.

HCL/pmb
Enc.

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STANDARDIZATION OF CRITERIA FOR THE DIAGNOSIS

OF ASBESTOS RELATED DISEASES

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DRAFT

June 4, 1984

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