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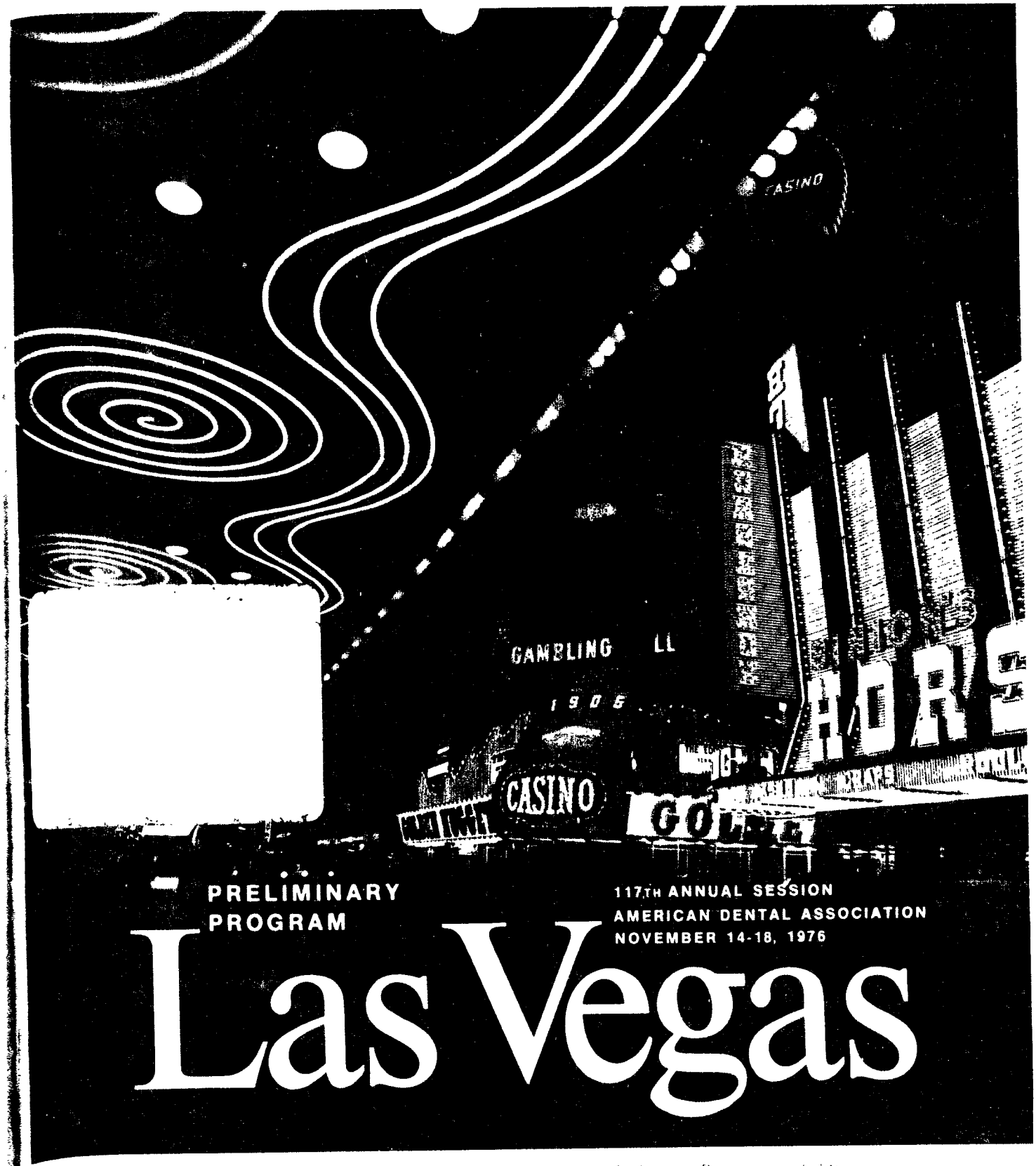

PRELIMINARY PROGRAM

117TH ANNUAL SESSION
AMERICAN DENTAL ASSOCIATION
NOVEMBER 14-18, 1976

Las Vegas

Preliminary Program highlights

- [illegible]
- [illegible]
- [illegible]
- [illegible]

Dr. Slovis regarding the need to expand programs to include heavy equipment evaluation and intends to move as quickly as possible into this area in accordance with available funding and manpower.

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DA office policy

■ Congratulations on your editorial in the May 17 *ADA News*. It is quite apparent that the "hierarchy" of the ADAA is doing its best to ruin its organization. Perhaps we can help them on their way by adopting the "Stay and Git" or "Git and Stay" office policy.

This policy means that if the assistants want to stay in the ADAA, then let them get out of your office; but if they want to stay in your office, let them get out of the ADAA. If we dentists follow this policy, perhaps the "troublemakers" of the ADAA would listen to the "grass-roots" members of their organization who are opposed to the recent actions of the ADAA.

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Persistence is the key

■ My respect for Chuck Amenta is no secret. From close observation, I have come to think of him as some kind of genius. He developed the American Society for Preventive Dentistry from nothing to a growing movement. But when he suggests, " . . . the goals we set out to achieve have been reached," I am certain he is wrong.

To effect lasting change, we need persistence. Many organizations and individuals identify with the preventive philosophy but fail to follow through in practice. If they once were "enthusiastic," most have now fallen back to the easier, less demanding, repair philosophy of the past.

Patient persistence works with patients. It will work with the profession. We need a strong ASPD now to keep up the good start given us by Amenta, Brackett, and Ross.

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Asbestos in dentistry

■ The report by the ADA Councils on Dental Materials and Devices and on Dental Therapeutics regarding "Hazards of asbestos in dentistry" is very timely and appropriate (April, JADA). We are pleased the Council no longer considers asbestos-containing periodontal packs eligible for its Acceptance Program and we further hope that dentists will discontinue use of these packs in private practice.

Although in 1973 the Food and Drug Administration considered the health hazard from ingestion of asbestos particles inconclusive,[1] recent evidence demonstrates neoplastic response in experimental animals following ingestion of asbestos fiber. In rats fed talc or chrysotile, two gastric leiomyosarcomas were observed, while no tumors occurred in the control animals.[2]

In addition to lung cancers and pleural and peritoneal mesotheliomas as indicated in the Council's report, numerous epidemiologic studies of defined populations occupationally exposed to airborne asbestos fibers have consistently shown an excessive risk of cancers other than of the lung, especially of the gastrointestinal tract (GIT).[3-10]

In a review of the literature, Schneiderman[10] concluded that increased exposure to airborne asbestos particles leads to an increased risk of digestive system cancer. While lung cancers and mesotheliomas are assumed to result from inhalation, the exact proportion of GIT cancers which would result from direct inhalation of asbestos fibers as opposed to indirect ingestion of sputa contaminated with asbestos fibers is not possible to ascertain.

For any substance which is known to cause cancer in humans, a threshold level below which such an agent would not cause cancer has never been demonstrated. Thus, we urge the Council to go beyond its position of no longer making asbestos-containing periodontal packs eligible for its Acceptance Program and take more aggressive steps to educate the dental profession about the carcinogenic properties[1-10] and potential mutagenic hazards[11] associated with asbestos.

Although the Councils' report mentioned that airborne fibers may occur in dental laboratories, it did not indicate whether or not environmental monitoring for airborne levels of asbestos fibers ever had been conducted in dental schools during laboratory casting procedures. The ADA recently has shown interest in assessing the health hazards associated with waste anesthetic gases[12] and mercury[13] in the dental operatory. Leadership and appropriate measures should be taken to assure that dental students, instructors, and patients are not likewise at an increased health risk resulting from dental laboratory or clinical exposure to asbestos.

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1. Federal Register 38:27076, Sept. 28, 1973.
2. Wagner, J.C., and others: Animal experiments with talc. Fourth International Symposium on Inhaled Particles and Vapors, Edinburgh, Scotland, 1975. In press.
3. Mancuso, T.F., and El-Attar, A.A.: Mortality pattern in a cohort of asbestos workers. A study based on employment experience. J Occup Med 9:147, 1967.
4. Elmes, P.C., and Simpson, M.J.C.: Insulation workers in Belfast. 3. Mortality, 1940-66. Brit J Industr Med 28:126, 1971.
5. Kogan, F.M., Guselnikova, N.A., and Gulevskaya, M.R.: The cancer mortality rate among workers of asbestos industry of the Urals. Gig Sanit (Russian) 37:29, 1972.
6. Newhouse, M.L.: Cancer among workers in the asbestos textile industry. In Bogovski, P., Gilson, J.C., and Wagner, J.C., eds.: Proceedings of the Conference on Biological Effects of Asbestos, Lyon, France, 1973, pp. 203.
7. Wagoner, J.K., Lainson, W.M., and Lemen, R.A.: Malignant and non-malignant respiratory disease mortality patterns among asbestos production workers. Congressional Record-Senate: Proceedings and Debates of the 93rd Congress, First Session, U.S. Govt.