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A. PERSONAL HISTORY

1. Biographical

Mr. Henry Mazanowski was a white male, who died age 50 on 1/23/74.

He was married and lived in Port Reading, Middlesex County, N.J.

2. Social History

He was a light smoker, smoking about 5 Kool or Salem filter cigarettes "for some time prior to 1953 until 1972." He was also a light drinker.

3. Family History

His parents are deceased of unknown causes. There is one living child who is in good health.

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B. OCCUPATIONAL HISTORY

He commenced work at Security Steel in 1944, where he remained till 1959. He worked as a punch press operator, making metal desks and chairs. According to his wife "his work area was clean." From 1960 to 1966 he worked at Dupont in the Gold Room, where he was involved in the transportation of ingots.

He commenced work at ATC on 12/5/66 and terminated on 10/26/73. From 12/5/66 until 3/3/67 he worked as a "utility person", and from 3/3/67 until 10/26/73 he worked as "material handler A." The ATC interrogatory of 11/28/75 indicates that the chemicals he was exposed to included polyethylene resin, vinyl resin, isopropylidene bisphenol resins, and polystyrene resins. His major activity at ATC was the bagging and loading of chemicals. In the course of this, he was exposed to heavy contamination with white dust, which he was forced to inhale and swallow, and with which he was covered when he came home from work each night. In addition to exposure to PVC and other dusts, Mr. Mazanowski was also periodically exposed to smoke and fumes from heat sealers in vinyl resin bag packaging bays.

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C. MEDICAL HISTORY

In October 1972 he developed persistent pain in his right upper chest and back. He was examined at East Orange General Hospital on 4/3/73, complaining of persistent pain, which did not respond to analgesics, recent loss of weight, feelings of desperation, insomnia, lack of libido, and hypertension. His plantar responses were found to be absent, with slight fanning, and there was decreased vibration for the right toes. Additionally a subcutaneous nodule was found in his right deltoid area. X-ray revealed a poorly defined pneumonic infiltrate in his right upper lung field, thought probably to be a primary bronchogenic carcinoma. Myelography indicated a small filling defect between C6 and C7. Biopsy of the skin nodule revealed an undifferentiated malignant tumor, suggesting of metastatic carcinoma, probably from the lung.

He was admitted to the John F. Kennedy Hospital on 10/27/73 complaining of severe abdominal pain. Liver scan was suggestive of metastasis in the left lobe. He was given a course of chemotherapy with cytoxan and bleomycin, and treated with sedation and analgesics. He was discharged on 11/18/73. He died at home on 1/23/74; no autopsy was performed.

No autopsy

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RELATIONSHIP BETWEEN OCCUPATIONAL EXPOSURE AND DEATH

This man died age 50, with a strongly presumptive diagnosis of bronchial carcinoma with generalized metastases.

There is a strong medical probability, based on careful assessment of all the scientific evidence, that Mr. Mazanowski's bronchial carcinoma was occupational in origin, and due to chronic inhalation of VCM gas and VCM/PVC dust, for the following reasons:

1. Mr. Mazanowski worked at ATC for a period of seven years.
2. Work practices and industrial hygiene at ATC were grossly inadequate (Attachment 1), and did not reflect the substantive body of data on the toxicology of VCM/PVC prior to 1973 (Attachments 2 and 3), quite apart from data on carcinogenicity, which became available between 1970 and 1973 (Attachment 3).
3. The work environment at ATC was heavily polluted with fine VCM/PVC dust, with its subsequent chronic inhalation by Mr. Mazanowski.
4. Mr. Mazanowski was exposed to the carcinogenic effects of VCM, both as the free monomeric gas and also adsorbed into PVC dust (Attachment 2). Although monitoring data for VCM in ATC were only developed on a limited basis in 1974, these indicated levels ranging up to 27 ppm (Attachment 2).
5. VCM is a multipotent carcinogen, capable of inducing a very wide range of malignant neoplasms in a wide range of organs of exposed animals and humans (Attachment 3). More specifically, VCM has induced respiratory tract cancer in exposed animals, and also in VCM/PVC occupationally exposed groups (Attachment 3).
6. As Mr. Mazanowski was only a light smoker, it is unlikely that smoking was a contributory factor to his lung cancer. The possibility of synergistic or other interactions between VCM/PVC and cigarette smoking cannot be excluded, but is unlikely in view of the massive occupational exposures to VCM/PVC involved.

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D. CONCLUSIONS

Scientific review of available documentation and evidence establishes the strong medical probability that the lung cancer from which Mr. Mazanowski died was due to his occupational exposure to VCM/PVC at ATC.

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