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JAN 21 1980

Imperial
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Plastics
Division

Mr J T Seawell
Chemists Manufacturing Association
1825 Connecticut Av NW
Washington DC 20009
USA

Your ref.	Our ref	Tel ext	Date
	JS/SEW/DSO-16	3162	11 January 1980

Dear Mr Seawell

PVC DUST

Thank you for the copy of your minutes of the meeting my colleagues and I attended on 28 November. We did enjoy our discussion with your VC Research Coordinators group and thank you for your friendly reception and hospitality.

Dr Adams had hoped to write to you concerning your PVC dust minute but regrettably he had to go off to Germany for a few days and he asked me to write and give you his views.

Getting to grips with this rather complex IOM study without previous immersion in it poses a number of problems for a secretary. I congratulate you on your write-up. Dr Adams, like myself, wonders whether a page of your notes has gone missing at the end of 4.0. You dealt in some detail with the "breathlessness" findings to which little importance is attached because the information is derived from a somewhat subjective examination by questionnaire. However you did not deal at all with the most important finding viz the effect of PVC dust on "lung function". While we in ICI are sceptical about the radiological findings, we accept fully the "lung function" results. Dr Adams did describe the lung function work in the following terms:

"FEV1 and FVC were inversely related to the index of PVC dust exposure. Dust effect was studied after standardization for age, height and weight by multiple regression. This demonstrated a small but significant dust effect on FEV and they were also able to demonstrate that the dust effect was most marked in cigarette smokers and not apparent in non-smokers. The magnitude of loss in FEV1 was small. After taking into account the effects of age, height and weight, the overall regression with dust index was - 0.0040 litres per dust index unit. This was equivalent to a loss of 52 ml of FEV1 for the mean dust index. An illustration of this would be equivalent to a loss for all men of 5.2 ml of FEV1 per year during exposure to the mean of the dust index over a period of 10 years. In cigarette smokers considered separately, this loss was 8.9 ml of FEV1 per year.

These figures may be compared with the mean losses in the group due to age or smoking. The mean loss due to age is 35 ml and loss due to smoking 20 cigarettes a day, 6.2 ml a year.

FVC - This also showed a significant inverse relationship to dust index among currently exposed men.

Gas Transfer - No significant changes were noted in this test."

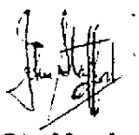
I realise you do revert to "lung function" in summary form at the end of 4.1 but you had not previously dealt with it at length whereas you do give an exhaustive report on the less significant breathlessness results. I hope the above comments will be helpful to you when you come to discuss confirmation of the minutes at your next meeting.

One small point which always amuses us. We are described as "IMPERICAL". More often IMPERIAL turns out as EMPIRICAL! Perhaps we are empirical and pragmatic in our approach and it does show through!! The word "imperial" is not popular these days and leads to many a psychological block and Freudian slip. (By the way in 6.0, the company name is VINATEX).

We hope you are well and look forward to meeting you again in the not too distant future.

With best wishes.

Yours sincerely



J Stafford
Division Manager
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