57th ALL-OHIO SAFETY AND HEALTH CONGRESS & EXHIBIT

CLEVELAND CONVENTION CENTER
APRIL 7, 8, 9, 1987

PLAINTIFF'S
EXHIBIT
BRK-53

January 23, 1987

Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

Attn. Judy Spencer

Re: OD # 26252-22
Michael Scali
U.S. Steel Corporation
Lorain-Cuyahoga Works
1807 E. 28 th Street
Lorain, Ohio 44055

Dear Ms. Spencer:

No site visit was made in the investigation of this claim. The union and management are currently engaged in a strike / lockout action. This action made a plant visit impossible. In order to complete this investigation in a timely manner, an interview with a company official was conducted in a telephone conversation.

The claimant alleges that his medically diagnosed condition of "bronchogenic carcinoma" is the result of workplace exposures to asbestos. The claimant's work history with the company is listed in the facsimile file and assumed to be correct as received.

ASBESTOS TOXICOLOGY

Asbestos fibers find entry into the body by inhalation and ingestion. The fibers are retained in the body tissues throughout the lifetime of the host, even long after cessation of exposure. Fibers may migrate to other organs following retention in the lung. Asbestosis and certain malignancies are related to exposure to fibers of the asbestos material.

Asbestosis is a progressive restrictive pulmonary fibrosis associated with the inhalation of asbestos fibers. Malignancies related to the inhalation and possible ingestion of asbestos fibers, according to epidemiological studies include carcinoma of the lung, mesotheliomas of the pleura and peritoneum, and neoplasms of other sites.

Asbestos has a synergistic effect with cigarette smoking in producing carcinoma of the lung. Asbestos

workers who are smokers have a greater risk of contracting lung cancer than non-smoking asbestos workers. A study of asbestos insulators by Hammond and Selikoff showed that nearly all asbestos related cancers occurred in cigarette smokers. (1)

A mortality study of the members of the union of plumbers and pipefitters in the United States noted their potential exposures to asbestos and found significant excesses in proportional mortality ratios for malignant neoplasms of the esophagus, respiratory system, lung, bronchus, and trachea, and "other sites". (2)

Most inhaled asbestos is removed from the respiratory passages by the mucocilliary escalator and leaves the body via the gastrointestinal tract. Consequently cancers of the esophagus, the stomach and the intestines were to be expected in substantial industrial exposures. Carcinoma of the larynx has been found in excess in several groups of asbestos-exposed workers. However, the causal link with inhalation of asbestos is as yet far from clear. A much stronger link between carcinoma of the larynx and cigarette smoking, and even consumption of alcohol, has been demonstrated, and both of these habits also appear to be high among the carcinoma of the esophagus. (3)

The company representative stated in the telephone conversation that of all the jobs the claimant has held, he (the representative) sees no jobs listed to which the claimant could have received asbestos exposures, routinely or otherwise.

The claimant has a long time cigarette / cigar smoking history as documented in the facsimile file.

"Cigarette smoking is by far the most important cause of bronchial carcinoma in the Western world. However, long before cigarettes become it was recognized that men in certain occupations had a tendency to die of lung disease that in retrospect seems likely to have been carcinoma." (4)

Doll and Peto, in monograph have pointed out that there is no current epidemic of cancer, with the exception of lung cancer. While the latter can almost entirely be attributed to cigarette smoking, a proportion of cases may fairly be blamed on asbestos (perhaps) 5 percent and the other known occupational causes (coal combustion products, chromium, nickel, halo ethers, etc.) adding up to perhaps another 10 percent of those tumors occurring in men. While these estimates may be appear a bit high to the chest physician, they are based on a careful assessment of the epidemiological evidence. In this regard, it should be noted that such estimates consider the excess risk of

cancer. Thus, they do not necessarily imply that in 15 percent of the people with lung cancer is caused by workplace carcinogens, but that 15 percent more people will acquire the disease than would have been the case had there been no workplace exposures. In many, possibly most of these cases the individual causes have been multiple, the separate causes adding up (or as with asbestos and cigarettes, probably multiplying) to produce the disease in some who would not have otherwise contracted it if exposed to only one.....The largest group of men occupationally exposed is probably those involved in coal combustion... (4)

CLOSING

In conclusion, it is impossible to ascertain just what the claimant may have experienced in the way of exposures without having an opportunity to inspect the steel mill. Also conditions more than likely have changed since the time that the claimant began working for the company. Therefore the fact of whether or not the claimant's condition is the result of workplace exposures to asbestos, his cigarette smoking habit, or a combination of both is a judgment best left to the competent medical authorities and one's conjecture.

Respectfully submitted,

W.J. Brutsche
Industrial Hygienist

WJB

References:

1. Documentation of the Threshold Limit Values, Fifth Edition, American Conference of Governmental Industrial Hygienists, 1986.)

2. Occupation Exposure to Asbestos: Population at Risk and Projected Mortality: 1980-2030, Nicholson, Perkel, Irving, Selikoff; American Journal of Industrial Medicine 3:259-311 (1982).

3. Encyclopaedia of Occupational Health and Safety, International Labour Office Geneva, 1983.

4. Occupational Lung Diseases, Morgan and Seaton, pp. 657-661

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RECORDS

CERTIFICATION

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William D. Kaye
SUPERVISOR, Microfilming Unit

5-13-87
Date

John Frey
Name (Camera Operator)

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Date

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