PLAINTIFF'S EXHIBIT

IHF-475

February 4, 1957

Mr. Ivan Sabourin
Aldred Building
Montreal, P.Q., Canada

Dear Ivan:

I am enclosing for your perusal a draft of an Interim Report to the OAMA.

I would appreciate any comments or suggestions you may have, and upon receipt of this draft from you will prepare 15 copies so that you may distribute it to the members.

With best personal regards,

Sincerely yours,

Daniel C. Braun, M.D.
Medical Director

DCB:lf

Enclosure

Interim Report

to the

Quebec Asbestos Mining Association

on

Epidemiological Study of Lung Cancer

in Asbestos Workers

This interim report is presented to acquaint the Association with the progress of the work thus far and the plans for the remainder of the study. The objectives of the program as proposed in the memorandum of March 16, 1956 were to determine:

1. Whether there is relationship between asbestosis and lung cancer.
2. Whether a relationship may exist between more exposure to asbestos and lung cancer.

The suggested procedure included the following steps:

1. An intra-industry study, selecting a group of people which entered the asbestos industry from ten to twenty years ago and following their future health status.
2. A comparison of this group with the general population of the Province of Quebec.
3. A comparison of the group under study with the populations of the Dominions of Canada and of the United States.

In line with these objectives and suggested procedures, the initial effort was directed to the collection of data relating to all workers who had been processed through the clinic at Thetford Mines, and of similar information on the workers at Canadian Johns-Manville Company in Asbestos. Following the initial visit in February, 1956, the first field work was begun in July at these two locations. Although the data in the two instances were not exactly similar in form, the inclusion of records from the personnel department at Asbestos covering employees who had retired, died, or become disabled provided data sufficiently alike for the purposes of the study.

Data from these clinical records included the age, family and personal medical histories, smoking habits, number of years of exposure, and an estimate of weighted exposure, and eventual course of health status or cause of death.

Death certificates in the Province of Quebec for the years 1952 to 1955 inclusive were reviewed during the last week of July. This information was obtained either from the death certificates themselves or from IBM Cards summarizing the certificates, in the Department of Vital Statistics of the Provincial Health Ministry. All cases in which death was certified as having been due to lung cancer were examined for such information as the place of residence, occupation, date of death, hospital in which death occurred, and whether or not an autopsy was performed. Cases in which lung cancer was given as a cause of death but in which it was not specified as to whether the lung cancer originated in the lung were also studied.

In September, additional data on provincial death certificates were collected and the records of the Sun Life Assurance Company of Canada were examined in order to obtain information on death claims paid under the group insurance policy covering the Canadian Johns-Manville workers.

Statistics for the Province of Quebec, relating to population, total deaths from all causes, total deaths from cancer, and deaths from lung cancer were collected and have been tabulated by counties and by sex for the years 1950 to 1955.

These data are currently being processed in several different ways. Death rates for the general population in specific years are established. They will be classified according to total deaths, deaths from cancer, and deaths from lung cancer by county of residence and by sex for the years 1950 to 1955 inclusive. They will then be analysed to determine which factors seem to be related to any unusual incidence of lung cancer.

The asbestos workers who died of lung cancer are being determined from the information contained in the clinical records, the death certificates, and insurance records. In order to verify these numbers, the individual deaths are being reviewed with the physicians at Asbestos and at Thetford Mines. It is hoped that upon completion of this phase, it will be possible to establish a list of cases in which primary cancer of the lung has been proved as the cause of death. A second list will contain those cases in which such cause is suspected but unproved. Both lists will be subjected to careful analysis to determine

possible relationships or correlations between lung cancer and any of other factors known from the clinical records. Any discrepancies will carefully evaluated to note possible effects on the resulting statistics. "cohorts" being established for the Thetford Mines group and the Canad Johns-Manville group will be used to compare the health experience and death rates among asbestos workers with each other and with the genera population. These cohorts are being established by noting all employees of record for a selected year. Those who are still working at this time will be subtracted from this original list. Of the remainder, those who ha died of all causes will be studied, although there will be a few who will have been lost to the record.

In addition to the above, related bibliographical material has been collected, studied, and abstracted. Particular emphasis is being placed on the accumulation of relevant background statistics.

In summary, several available sources of data have been examined to date. From these sources, information pertinent to the problem has been collected and is being reduced to a form in which it can be conveniently analyzed Meanwhile, the literature is being searched with relation to asbestosis and to statistics relating to the association between asbestosis and lung cancer.

Respectfully submitted,

January 31, 1957