If it is allowed to treat as the same - for reasons of comparison - a number of about 500 cases of asbestosi, which were observed during 20 years, and 10,000 living people of the normal population in one year, then the 500 asbestosis patients which were first studied at an age beyond fifty (Jacob and Bohlig), have to expect, according of the risk of the higher age groups as per Schinz, within the following 20 years, a rate of death from normal bronchial carcinoma in 6.3% of the cases - that means that the actual observed five LKA's were in fact still below the normal expectancy for lung cancer of the studied group of patients (ill. 1 and 2).

West German authors who were contacted in the question of the frequency of the LKA, confirmed that they did not encounter a special frequency of the LKA (Bohme, diBiasi, Worth). Which company physician, who takes care of the workers in any large company, would not be able to report about several cases of bronchial carcinomas among his workers?

In order not to overlook any LKA's among the former workers in the asbestos processing companies that were accessible to us within the German Democratic Republic, all bronchial carcinomas in the districts of Gera and Dresden were checked - with the kind assistance of the district manager - in the respective tumor treatment centers in all areas from which the workers of the asbestos processing industries in the German Democratic Republic come predominately. The mentioned tumor treatment centers listed since 1952, 1013 bronchial carcinomas, out of which 22 persons could be found that had once worked in the asbestos industry. The inquiry at the companies gave the result that only four cases represented a real dust exposure. Two out of these were dissected and were found free from asbestosis. For one further case we have a detailed series of x-rays, from which no x-ray indications for an asbestosis can be deducted. Due to the lack in documentation, the fourth case could neither be determined in that there was an asbestosis, nor could it be excluded, so that this case has to remain inconclusive. But even if this case had been a true LKA, it still could not be proven that LKA is an especially severe risk for the asbestos workers, or that it is the most frequent complication of the asbestosis.

In summary, the following can be said concerning the problem of the LKA: The frequency of the LKA is not above the frequency of lung cancer in the total population; the rate is the same for women as it is for male asbestos workers.

The pathology of the LKA shows a clear preference for the lower lung lobe as the part of the lung that is the most affected by asbestos changes (Wedler, Jacob, and Bohlig); the same, it seems that the move differentiated forms, and especially the serosa tumors, are somewhat more frequent than with the forms of lung cancer that are not job-related; the age of attack is for women, somewhat lower than it is for men (Bohlig, Jacob, and Kallabis). The genesis of the carcinoma is not determined yet, but the causal links between lung asbestosis and bronchial carcinoma have to be accepted as proven. A case that was published by Leicher of a peritoneal tumor with asbestosis points in the



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