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# GUIDELINES FOR THE DIAGNOSIS AND CLASSIFICATION OF ASBESTOS-RELATED MEDICAL CASES

This guideline supplements the Guidelines for the Management of Chronic Occupational Illnesses (1).

This guideline covers those asbestos-related conditions listed below. Use of this classification should be restricted to those cases in which there is evidence of probable asbestos exposure.

- Benign Asymptomatic Abnormalities:

  Pleural thickening and/or plaques and/or calcification with no evidence of parenchymal disease

- Benign Symptomatic Illnesses:

  Presumptive asbestosis
  Confirmed asbestosis
  Exudative pleural thickening
  Pleural effusion

- Malignant Illnesses:

  Mesothelioma of the pleura or peritoneum
  Carcinoma of the lung, larynx, or gastrointestinal tract (stomach, colon)

A presumptive diagnosis of asbestosis is one in which there is good evidence of parenchymal disease due to asbestos exposure even though there is no interstitial fibrosis noted on x-ray. Such a case would include pleural x-ray changes, symptoms, abnormal spirometry and/or abnormal blood gases. Accepted medical practice and NIOSH guidelines suggest that a confirmed diagnosis of asbestosis should be made only with the presence of x-ray changes of interstitial fibrosis, symptoms (dyspnea, cough, etc.), physical



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findings (rales, etc.), impaired pulmonary function (abnormal spirometry or blood gases), and a positive exposure history (2, 3).

A comprehensive history of probable exposure to asbestos and other pulmonary irritants should be obtained by the physician from the patient at the time of the examination. (This history will assist in the determination of causality as well as aiding in the diagnosis.) The history should include all possible pre-Du Pont occupational exposure and off-the-job asbestos-related exposure(4). A detailed evaluation of smoking habits should be made.

A supplemental work history should be prepared by site management listing all periods and/or circumstances of possible asbestos exposure. If the employee was not assigned to a job that involved handling asbestos-containing materials, an attempt should be made to determine whether the employee could have incurred exposure by working near an operation where asbestos dust was released. In determining when and whether causal exposure could have occurred, it should be borne in mind that asbestos-related disorders can result not only from long-term moderate exposure but also from short-term massive exposure.

In all cases where the tentative diagnosis is a benign symptomatic illness or a malignant illness and in other cases if the evaluation is inconclusive, the tentative diagnosis should be discussed with the Medical Division. Where appropriate, the site should use an approved medical specialist to carry out the additional testing or evaluation required to establish a diagnosis.

The scope of further testing will normally be determined by the specialist, but should include certain minimum tests. A suggested referral letter indicating these tests is attached.

Where an asbestos-related lung abnormality of Du Pont causality has been established, the follow up should at a minimum include a semi-annual posterior-anterior and lateral chest x-ray, and pulmonary function tests. If the employee refuses, this fact should be documented in the employee's medical record.

Those employees with confirmed asbestosis, exudative pleural thickening, pleural effusion or malignant illnesses should be excluded from tasks with potential for exposure to asbestos. Those with benign asymptomatic abnormalities need not be excluded. Those with presumptive asbestosis should be handled on an individual basis.

REFERENCES

1. Medical Division, Du Pont Employee Relations Department, "Guidelines for Physicians", Section T.

2. Preger, L., et al, "Asbestos-Related Disease", publisher Grune & Stratton, New York, 1978.

3. NIOSH, "A Guide to the Work-Relatedness of Disease", Rev. Edicion, January 1979.

4. National Cancer Institute, "Asbestos: An Information Resource", May 1978.



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Dear Dr. _____:

_____, an employee of the Du Pont _____, is referred for pulmonary evaluation. Chest x-ray findings have been interpreted as containing some abnormalities.

In your evaluation, the following minimums are requested:

- A detailed history of occupational and non-occupational exposures, including smoking history.
- Examination of the lungs.
- Review of recent chest x-rays that include right and left oblique views.
- Complete ventilatory function testing without and with a bronchodilator.
- Measurement of arterial blood gases at rest, and after exercise.
- A statement of your evaluation of the respiratory impairment, if any.
- The etiology of the condition.

Please send your bill for this service (examination, testing, and x-rays) and the report to me.

If the employee requests that a copy of your report be sent to his or her personal physician, please ask that this request be submitted in writing to me. A copy of your report will then be sent from our office.

Please return our x-rays by certified mail.

Very truly yours,

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