MALIGNANT MESOTHELIOMA IN CONNECTICUT 1935 - 1977

(ANATOMIC PATHOLOGY SECTION)

INTRODUCTION

In any retrospective review of mesothelioma it is essential to include an objective review of all anatomic pathology material. This review should include all available reports and slides including cytology, surgical pathology and autopsy materials. It should be conducted by an experienced pathologist with special expertise in the surgical pathology of tumors. thoroughly familiar with the gross and microscopic characteristics of

The object of this review should be to classify the cases relative to the certainty of diagnosis using well defined criteria for the diagnosis of mesothelioma. In the present study this morphologic review is first being conducted with no knowledge of the occupational history or environmental exposure to asbestos. As the study progresses this data will be analyzed in relation to these factors.

(Slide 1 Classification)

On first review the cases in this study are being placed in one of six categories (see slide) which represent the relative certainty of the diagnosis of mesothelioma using anatomic criteria. This is being carried out on all available materials, including cytologic preparations, surgical pathology and autopsy reports and slides. As might be expected in a study of this type, the material available is quite variable. In all cases the diagnostic classification is based on autopsy materials, or ~~in some cases~~ surgical pathology

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material, in no case was cytology alone used to place a patient in category 1,2 or 3. As the study progresses, attempts will be made to obtain the original blocks for additional special stains such as PAS with and without Diastase, Alcian Blue with and without hyaluronidase, Mucicarmine, Reticulin and Masson stain as indicated. It should be mentioned that in a number of the cases already reviewed some of the above mentioned stains were available.

(Slide 2 Preliminary Results)

The preliminary results of the primary review of the first 106 cases are shown on this slide. As you can see 22 cases were considered to be mesothelioma, 38 probable mesothelioma and 28 possible mesothelioma. The 28 possible mesotheliomas, based on the material reviewed, might also possibly be some other condition such as metastatic carcinoma. Also on the basis of this first review, 6 cases were considered probably not ~~to be~~ mesothelioma and 5 were considered definitely not mesothelioma, 7 were considered unknown since no diagnostic classification could be arrived at based on the materials reviewed.

For purposes of this ~~review~~ classifications 1 and 2 were added together since these represent probable or definite mesotheliomas. Classifications 4 and 5 were also added together since these were considered not to be mesotheliomas. As broken down by percentage, there were 56.6% thought to be mesothelioma, 26.4% possibles and 10.3% not mesothelioma or excluded from the study. There were 6.6% that are still considered unknown.