

pleura and peritoneum.

2. To ascertain trends in the incidence rates.
3. To discover the groups of the population apparently associated with the tumours and to estimate the incidence in the occupationally and non-occupationally exposed population as well as the occurrence among those apparently non-exposed (non classified as idiopathic).
4. To establish the dose/effect relationships.

To set up a simple mesothelioma register it is first of all necessary to have unbiased details from death certificates from all parts of the country. These can be obtained from a central or regional register if these are in existence.

Registration of mesothelioma cases can be performed at different levels:

- 1) Crude data can be collected from the death certificates of people who died from pleural tumours (international code 163 and 212.4). Details taken from the death certificate could include identification of the individual; sex; age; place of normal residence; and if possible details of past occupation, including asbestos exposure. This source does not provide a reliable diagnosis but is available in the EEC countries, while the unreliability of the diagnosis can be presumed to be of the same magnitude in different areas, at least within each country. These data can provide information concerning - regional differences
- temporal differences
- unexpected areas of present or past exposure.
- 2) Well established diagnosis of all primary tumours of the serosal cavities by histological examination. Autopsy material is preferable. On a nationwide basis, registration based on these data requires the interest of pathologists in this problem. A national mesothelioma panel of 3-5 pathologists is necessary for verification of the diagnosis. As mentioned above an EEC panel based upon already existing national panels has been formed (Annex 1).

Not all mesothelioma cases will be registered but all cases registered can be considered as definite mesothelioma. This material can provide

- regional differences
- temporal differences

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