

EAST TEXAS TUBERCULOSIS HOSPITAL

AUSTIN TYLER 75701



A UNIT OF THE
TEXAS STATE DEPARTMENT OF HEALTH

January 27, 1967

Lee Grant, M. D.
Medical Director
Pittsburgh Plate Glass
One Gateway Center
Pittsburgh, Pennsylvania

Dear Dr. Grant:

My proposed protocol for the study of the workers exposed to asbestos has been temporarily held up at the State Health Department in Austin. As soon as it has been returned I shall send you a copy for your suggestions and approval.

Sincerely,

George A. Hurst, M. D.
Clinical Director

GAH:vp

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As I indicated during my preliminary meeting with you, the U.S.P.H.S. has been interested in an environmental and a medical study in the asbestos products manufacturing industry for some time. They have only recently agreed to include our Pittsburgh Corning Plants at Tyler Texas, and Port Allegany, Pennsylvania, in the environmental study. As you see from the copy of the write-up by Lewis J. Gralley, which I have enclosed, they intend doing medical studies. As yet, however, they do not have the money for this study. Dr. Gralley has indicated that he will know in July whether they will be able to do the medical studies for our plants. For this reason I would like to hold off until July on making a final decision on your proposed medical study.

Oralley has indicated
will be able to do the
his reason I would like
decision on your part
interested in accomplishing
S.F.H.S.
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George A. Harbo, M.D.
March 7, 1967

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The environmental study at the Tyler Plant will commence on March 20, 1967, and continue for three to four days.

Thank you for your proposal, and I will keep you advised.

Sincerely,

Lee B. Grant, M.D.
Medical Director

lms
Enc.

cc: Dr. L. J. Cralley
Mr. B. H. Stout

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PROTOCOL

CLINICAL AND LABORATORY EVALUATION OF WORKERS EXPOSED TO ASBESTOS FIBERS

BACKGROUND: Inhalation of dust containing asbestos fibers may cause a crippling form of pulmonary fibrosis which usually does not appear until many years after initial exposure. (1) Amosite is mined in South Africa. These fibers, with a mean diameter of 0.5 micron, are larger than Canadian asbestos fibers and tend to settle out more rapidly from the atmosphere.

The diagnosis can be suspected when history of exposure is associated with one or more of the following: a) abnormal pulmonary function studies, specifically reduction in pulmonary diffusing capacity. (1,2) This is the hallmark of asbestosis and often precedes definite changes in the radiograph or discernible physical signs, b) radiographic changes consisting of fine diffuse mottling in both bases, c) physical signs such as crepitant rales, clubbing and labored breathing. The last 2 signs occur late in the disease. Although the relationship of asbestosis and tuberculosis has not been emphasized, this project will investigate any potential co-existence of these 2 conditions.

METHODS OF PROCEDURE: Approximately 52 workers exposed to amosite fibers in a pipe insulation manufacturing firm* will be studied at the East Texas Tuberculosis Hospital. Each employee will be administered a questionnaire on respiratory symptoms (Form I) by one of the investigators. This questionnaire was used by Ferris and Anderson in a survey of chronic respiratory disease in a New Hampshire town. (3) It is similar to questionnaires used extensively in Great Britain. (4,5) A brief physical will be done and findings recorded in the first part of Form II.

The following laboratory tests will be done and recorded in the appropriate place on Form II. The forced vital capacity (FVC) and the 0.5 second and 1 second forced expiratory volume (FEV) will be calculated from spiograms obtained with the Stead Wells Spirometer. The mean of 3 tracings will be utilized and volumes will be corrected to body temperature and pressure saturated (BTPS). Nomogram for predicting FVC and FEV will be taken from the Veterans Administration-Army Cooperative Study of Pulmonary Function by Kory, Callahan, Boren and Syner. (6)

The NBC will be performed utilizing the Stead Wells Spirometer. The mean of 3 tests which should check within 5 liters will be recorded. The prediction formula will be calculated according to the method of Motley. (7)

The residual volume will be determined by the helium closed circuit method utilizing the Collins helium residual volume apparatus and single breath carbon monoxide diffusing capacity unit with a 13.5 liter respirometer. This method has been described by Motley. (8)

The single breath carbon monoxide diffusing capacity will be determined with the mentioned apparatus by the method of Consolazio, Johnson and Paoletti. (9) Arterial pO_2 , pH and pCO_2 , before and after exercise will be determined only in those cases which show low diffusing capacity. Radiometer A-10 and A-11 with a Clarke electrode will be employed in the above named determinations.

Antero posterior and lateral radiographs of the chest will be taken by 2 of the investigators independently. Comparison will be made with early employment films.

* Pittsburgh-Corning Corporation, Owentown, Texas

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- (2) Thomson, M. L. and McGrath, M. W., Smither, W. J., Shepherd, J.M.: Some anomalies in the measurement of pulmonary diffusion in asbestosis and chronic bronchitis with emphysema, Clin. Sci., 1961, 21, 1.
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