

FILE NAME: Quebec Asbestos Mining Association (QAMA)

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A/L - Covr. to Que docs

LANZA (MetLife)

August 25, 1950

Dear Doctors Cartier and Smith:

On the basis of our discussion with you during the summer and further study of the problem, we should like to suggest the following for your consideration.

It appears that there are two distinct ways in which we may secure a more accurate understanding of the possible carcinogenicity of asbestos. The first of these is an epidemiological evaluation of present and past exposed populations. The second is animal testing of suspected materials.

With respect to the first of these, that is, the epidemiological study, it is suggested that before definite plans are made the value of such a study be determined by a visit to Thetford and Asbestos, at which time the available sources of information would be reviewed with you.

The second part, that is, the animal testing program, has several phases. As you know, there is now no technic by which we can, with certainty, evaluate the carcinogenicity of materials for lung tissue. Exposure by inhalation in cancer studies has not yet been extensively employed and is, at the moment, of completely unknown reliability. The Institute is at this time laying plans for the establishment of a long-range program involving a basic investigation of techniques for the study of lung cancer arising by inhalation of carcinogens of many various types. A study based on inhalation of asbestos fibres, in our opinion, must be done. It is believed, however, that this study would be most effective if it were made a part of the larger program mentioned above which would be designed to test the validity of the technics employed, using a variety of known carcinogens and a variety of species. For these reasons, we believe that we will be in a better position to suggest concrete plans for inhalation studies in three or four months than we are now.

There remains, however, in the animal testing program the necessity for subjecting the materials to screening tests such as implantation with embryonic lung tissue and intratracheal injection.

These studies can be considered as indispensable preliminaries to any inhalation study planned on the same material, since they might very well provide a basis for selection of materials for use in the more elaborate inhalation studies. These the Institute could get under way any time after September 1st.

Such studies would involve exploratory implantation and/or injection of a group of materials to be determined jointly, using techniques as now employed by Dr. William A. Smith. Such a study, which would include a number of materials, would come to about \$10,000.00 for a one year study. Such a project would be carried out under a contract of the type enclosed.

In summary: (1) We suggest that the feasibility of an epidemiological study be determined on the basis of a visit to your plants; (2) that definite plans for an inhalation study be deferred for three or four months; (3) that screening studies by implantation and/or injection be started immediately.

Sincerely yours,

A.J. Lausa, M.D.
Chairman
Institute of Industrial Medicine

AJL:le
Encl.
C.C.: Mr. J. P. Woodard

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OSFORM 9-1100

DEPARTMENT OF INDUSTRIAL MEDICINE

August 25, 1950

Dr. Kenneth Smith
John-Manville Company
Asbestos, Quebec, Canada

Dear Doctors Smith and Cartiers

On the basis of our discussion with yourselves this summer and further study of the problem, we should like to suggest the following for your consideration.

It appears that there are two distinct ways in which we may secure a more accurate understanding of the possible carcinogenicity of asbestos. The first of these is an epidemiological evaluation of present and past exposed populations. The second is animal testing of suspected materials.

With respect to the first of these, that is, the epidemiological study, it is suggested that before definite plans are made the value of such a study be determined by a visit to Trestford and Asbestos, at which time the available sources of information would be reviewed with you.

The second part, that is, the animal testing program, has several phases. As you know, there is now no technique by which we can, with certainty, evaluate the carcinogenicity of materials for lung tissue. Exposure by inhalation in cancer studies has not yet been extensively employed and is, at the present, of completely unknown reliability. The Institute is at this time laying plans for the establishment of a long-range program involving a basic investigation of techniques for the study of lung cancer arising by inhalation of carcinogens of many various types. A study based on inhalation of asbestos fibres, in our opinion, must be done. It is believed, however, that this study would be most effective if it were made a part of the larger program mentioned above which would be designed to test the validity of the techniques employed, using a variety of known carcinogens and a variety of species. For these reasons, we believe that we will be in a better position to suggest concrete plans for inhalation studies in three or four months than we are now.

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In summary: (1) We suggest that the desirability of an epidemiological study be determined on the basis of a visit to your plant; (2) that definite plans for an inhalation study be deferred for three or four months; (3) that screening studies by implantation and/or injection be started immediately.

Sincerely yours,


A. J. Lanza, M.D.

Chairman

Institute of Industrial Medicine

AJL:le

Encl.

C.C.: Mr. J. P. Woodard

Dr. P. Cartier