- There seems to be little doubt that under experimental conditions asbestos fibres can penetrate into and pass through the gastrointestinal wall. However it should be emphasized that it is inadequately known what happens under natural conditions, and if penetration occurs, whether the dose is sufficient to constitute a serious threat of carcinogenesis in the bowel wall. Angulations in the bowel may hold up material for days, and so contribute to penetration and migration. However, the number of fibres that actually pass would seem to be small.
- Failure to find asbestos fibres in tumours of the abdomen provides no more than a weak negative evidence; *carcinogens* may have disappeared before malignancy becomes evident.
- At this moment it is too early to tell how great the risk is under natural conditions.

The American Water Works Association Research Foundation (1974) studied the problem of asbestos in water in detail. The conclusions of this report are summarized as follows:

1. The same order of excess of gastrointestinal cancers has been reported in those occupations where chrysotile, amosite or a mixture of chrysotile and crocidolite has been used; there is no evidence of an effect of the types of asbestos used, in contradiction to suggestive evidence for such an effect in the induction of pleura tumours (see chapters IX-1 and IX-2).
2. Chrysotile and crocidolite, components of asbestos-cement pipe, have been shown to be associated with excess prevalence of peritoneal mesothelioma in workers; if ingested fibres play a role, it may be dose-related.
3. Occupational exposure suggests a dose-response relationship for gastrointestinal cancer. If one compares the maximal amount ingested from drinking water over 60 years to the quantity likely to be ingested in occupational exposure (the maximum amount of ingested fibres in the general population using 2 litres water a day with highest concentration as found in distribution systems yields for example 0.07 g asbestos per 60 years; approximate amounts of asbestos ingested during working life: 2-336 g), then the very large difference in estimated amounts ingested becomes evident, even a factor 30 for low occupational exposure. The dose-response relationship observed in exposed workers suggests that at lower levels of exposure there was a slight or perhaps no risk of excess of gastrointestinal cancer. This estimate of oral exposure of the general population and of the working population does not indicate any increased risk for gastro-

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