

CC: H. G. Smyth
R. R. Bonczek
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PERSONAL & CONFIDENTIAL

February 15, 1984

TO: B. W. KARRH, M.D.

FROM: BURFORD W. CULPEPPER, M.D. *BWC*

MT. SINAI/DU PONT RESEARCH AGREEMENT
Second meeting-Dr. Irving J. Selikoff
New York City, Feb. 10, 1984

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BRUCE W. KARRH, M.D.

Attendees:

Burford W. Culpepper, M.D.-Medical Div.
Joe B. Crunk, Workers Comp.-S&FP Div.

Dr. Selikoff met with us in his office to discuss the status and progress of an asbestos evaluation and compensation procedure that he was to develop during 1983. Our first meeting with Dr. Selikoff was held August 25, 1983. An agreement was consummated with Dr. Selikoff and the Mt. Sinai Medical Center in June 1983 at an agreed price of \$34,101 to be paid in three installments. The first installment, \$11,367.00, was paid to Mt. Sinai Medical Center on September 7, 1983.

Dr. Selikoff opened the discussion with a review of several sets of data from previous studies identifying signs and symptoms associated with asbestos disease. He indicated that clubbing, dyspnea, rales, and decreased respiratory function were significant indicators of asbestos disease. However, after some discussion he agreed that clubbing did not have the sensitivity nor specificity to reliably detect asbestos-related disease. He made a particularly strong point that smoking was a significant factor in all stages and types of asbestos disease.

Dr. Selikoff stated quite forcefully that x-rays were extremely important in the diagnosis of asbestosis and that he would like to review 200 of our x-rays in the blind for quality and diagnostic accuracy. I agreed to discuss this proposal with management and get back to him as soon as possible. Dr. Selikoff then expressed an interest in our compensation mechanism for our employees with asbestos disease, with the caveat that he questions the viability of all workmen's compensation. Joe Crunk reviewed our program and explained our rationale for compensation. He also commented on the difficulties encountered when dealing with various and sundry state compensation mechanisms.

We reviewed for him our most recent incidence data from the Asbestos Program. He expressed some interest in the number of malignancies detected; i.e., 29, but was essentially noncommittal.

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Dr. Selikoff did say that he was involved in a project with the Travelers Insurance Company to validate the Mt. Sinai 12-point scale for subjects with shortness of breath. Validity will be confirmed by dynamic testing. In addition, a study using questionnaires to evaluate shortness of breath as perceived by subjects and their physicians is in progress. Questionnaires will be administered to 1,000 U.S. males and 2,914 insulation workers.

Dr. Selikoff is also involved in a study of changes noted in asbestos-exposed subjects and the relationship to mortality. Completion of the work is anticipated in three months.

Dr. Selikoff remarked that we (Du Pont) had certainly gotten a great bargain in sponsoring this project, as his costs have increased greatly. I interpreted this statement to mean he would like a second \$11,367 payment for the project, which we have initiated. He stated that he would finish the project in three months.

The meeting was very congenial and lasted some three hours, with lunch served in his office. Dr. Selikoff remarked, as we were leaving, that an invitation to join the Collegium Ramazzini was extended to a prominent occupational medicine physician in a large company who took two weeks to respond and decline. Dr. Selikoff's analysis was that the decision was probably made by executive management. I had no comment.

BWC/mch

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