

Confidential

October 20, 1950

A. R. Pinker

~~Asbestos and Pulmonary Cancer~~
Asbestos and Pulmonary Cancer

Here is the copy of the Proposal dated September 21, 1950, that Dr. Verwald sent to me. Attached also is George Foster's report to the Q. A. M. A., dated September 25, 1950, which he had sent to you.

The main points were covered when you, Dr. Lanza, and I discussed this yesterday and I have made marginal notes in both booklets that may be of interest to you. Some items were:

- (1) Make the best possible epidemiological study by personnel well qualified in this field. Desirable to have this precede Saranac dust studies if possible, but not necessary. (Dr. Lanza says Dr. E. K. Hammond is known to be good.)
- (2) It might be well to have estimates on years beyond the first and second since Saranac estimates the possibility of a five-year program. Doubtless these years would not be any more expensive than the second year at \$10,000.
- (3) Under Item 15, page 11, in the Saranac Proposal, there is the usual stipulation about publication of the results. This appears to be all right, but it would be desirable if representatives from Saranac would not make talks before groups bringing out information about the investigation that is not yet ready for publication. As you will recall, this has been done in the past and possibly cannot be prevented.

As to Mr. Foster's report, it seems to me that the idea of putting out truthful counter-propaganda is a good one in order to counteract some of the wild statements made on the other side. I presume, when he speaks of having our doctors lecture at medical schools, that this would be only on certain occasions and not so frequently as to interfere with our normal business.

Dr. Lanza agreed with my thought that we would do well to avoid forming an institute for industrial chest diseases with other mining associations for the obvious reason that we have relatively minor problems and might become identified with some very serious problems in the industry in general where workmen are dying of silicosis, siderosis, and other ailments of this kind.

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J. P. Woodard

cc: H. M. Jackson



1950

Report to
Quebec Asbestos Mining Association
re
Pulmonary Cancer

September 25, 1950.

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Report to
Quebec Asbestos Mining Association
re
Pulmonary Cancer

SHORT RANGE PROGRAM:

The United States Public Health and Cancer Research,

Dr. Morawether, the National Cancer Institute have

all published that there is a relationship between

asbestos dust and pulmonary cancer. They have made

these published statements only on statistical data,

no research has been done, and these statistical data

are based only on death statistics. For this reason

the Short Range Program has been recommended to you

since we are informed by our own medical officers that:

- a. This statistical information is not confirmed in their opinion in our workmen.
- b. The statistical survey is the most rapid, cheapest, and more conclusive than any other method.
- c. We would be using the same methods as our antagonists.

Personnel Required:

The following personnel are considered necessary to make this survey:

- a. One statistician of repute or an actuary of the Insurance type. (A medical statistician is considered preferable.)
- b. X-ray consultant. Dr. Smith and Dr. Cartier could very well serve as consultants with Saranac reporting on border-line cases.

The estimated cost of making this report is \$4,000.

maximum and the required time to complete is four months.

Report to
Quebec Asbestos Mining Association
re
Pulmonary Cancer

PROBLEM:

To ascertain if there is a relationship between the inhalation of asbestos dust and pulmonary cancer as has been stated publicly by certain health authorities and in certain magazines of wide circulation. It is necessary for us to be able to prove that this statement is not correct or to accept it and the consequences that goes with it. Our position in this matter is the same as the Association and Industry found itself in 1937 as regards asbestosis.

RECOMMENDATION:

It is recommended to the Association that they proceed at once on two programs -

1. A Short Range Program
2. A Long Range Program

1. The Short Range Program:

This would consist of an epidemiological study. This statistical work or survey to be done under the auspices of a statistician of repute and it is especially recommended that this statistician should be, if possible, a Canadian.

1. The Short Range Program - continued -

Suggestions for this job are:

Dr. A. W. Phillips of the National Cancer Institute of Canada, who are affiliated with the Canadian Cancer Society; Dr. E. Ryler Hammond who is a

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W.H. Doctor of Science, Secretary of the Cancer Prevention Committee, likewise statistician of the Cancer Institute of the United States, Washington, D.C.; Mary Ross of the School of Hygiene in Toronto could well do this work if it was done under the auspices of Dr. Hammond; another person considered proper for this is Dr. A. Valois, statistician for the City of Montreal.

This survey should be undertaken under the auspices of Saranac.

2. The Long Range Program:

Under The Long Range Program it is recommended that the services of the Saranac Laboratory of the Edward Trudeau Foundation be utilized. They are presently setting up a cancer research dealing with aluminum, iron, carbon and silicon dust and could do this by putting in another dust room and do our work paralleling these other elements;

1. The first of these is the fact that the
 Dr. A. J. Halliday of the National Cancer Institute
 of Canada, who was affiliated with the Canadian
 Cancer Society, Dr. E. J. Halliday, who was
 Doctor of Science, for the purpose of the
 -tation, in the field of the
 of the School of Medicine in Toronto could well be this
 work it was some time after the acquisition of Dr. Halliday
 another person considered proper for this is Dr. A.

2. The second of these is the fact that the
 Dr. A. J. Halliday, who was affiliated with the Canadian
 Cancer Society, Dr. E. J. Halliday, who was
 Doctor of Science, for the purpose of the
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3. The third of these is the fact that the
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LONG RANGE PROGRAM:

This program would consist of a research program and the following through on it for at least two years and probably three years. Two programs have been considered :

1. The transplanting of living tissue under the guidance of Dr. Lanza and his group.
2. Utilising the facilities as we have in the past of the Trudeau Foundation and subjecting animals to a high asbestos dust condition.

Long Range Program - 1.

The proposal under this program consists of transplanting living tissue of an embryo mouse with fibre implanted into a living mouse to see if cancer can be produced. This proposal can only be considered as a screening and cannot be regarded as positive data, but only as a probability if the research doctors are able to reproduce pulmonary cancer. If there is no reproduction there is no proof, neither positive nor negative.

The estimated cost of this program would be \$10,000. for the first year with no further commitments on our part at the end of the first year, but it is not considered probable that any results would be forthcoming prior to two years.

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Long Range Program - 2.

This would consist of an inhalation technique with studies carried on at Saranac. It is recommended that if the Long Range Program is adopted, then this is the program that should be adopted:

Saranac is the central repository of industrial lung data. They have the inhalation chambers and technicians for doing this type of research and they have a number of years of research with us in asbestosis. Likewise Dr. Rhode who is connected with the Sloan-Kettering Cancer Research Foundation is in contact with Saranac.

This study would require a minimum of three years and probably five years. It is estimated to cost \$16,000. the first year and \$10,000. the second year. Each member company is in receipt of a copy of their proposal.

Don. L. S. T.

Long Range Program - 3:

The third phase:

- Long Range Program*
1. It is the feeling of your committee that along with the Short Range Program and the Long Range Program a third phase should be developed. That phase would consist of more publicity coming from our Association than has in the past, rather than taking the defensive attitude that we have. We would point out that Dr. Paul Cartier has been published in France and Portugal regarding the incidence of heart disease and tuberculosis in the asbestos industry but there has been no publication, to our knowledge, dealing with this subject, on this continent. It is recommended that more of these papers be published, at least one yearly, dealing with the medical aspects of our industry.
 2. That we arrange to have our doctors lecture at Medical Schools yearly.
 3. That we attempt to arrange to affiliate our doctors in some manner with Research Centres such as Saranac and in such organizations as the Industrial Hygiene Association and the Institute of Industrial Medicine as clinicians in the asbestos industry.
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In this matter we feel that we would combat reports which we believe, with the information at hand, to be erroneous. We believe that publicity on the part of our Institute would combat erroneous reports such as Jean Marchand made in Thetford recently when he quoted from what he reported to be an official report of the Third International Conference on pneumoniosis. This report has not as yet been issued.

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Another phase of this program would be to consider the formation of an institute for industrial chest diseases with other mining associations. This would require likewise the cooperation of Doctors Gregoire of the Rosemount Sanitarium, Burke of the Laurentian Sanitarium, Rolland of the Cartierville Sanitarium and Vivian of McGill University.

It would also be desirable to arrange through McGill a post-scholar following-up plan of study at Saranac as did Dr. Gregoire in the physiological field. The Province would likely send one. ✓