

Joe
For 1000 Jones
Bill



Air Products and Chemicals
INC.

CALVERT CITY PLANT
INTEROFFICE MEMORANDUM

Bill,
Here it is.

To: See Below

Date: 4 June 1984

From: D. G. Topolski

Copies: G. L. Bays
R. H. Seeling
L. B. Tepper

Re: WORKERS' COMPENSATION CLAIM -
[REDACTED]

Attached is a letter from the lawyers representing [REDACTED] and medical reports from a pathologist, two of the doctors and a pathologist from the Armed Services Institute regarding [REDACTED] death.

D. G. Topolski
D. G. Topolski

DGT/mb

Attachments

RECEIVED BY
JUN 07 1984
CORP. RISK MGT.

AP00034021

JAMES W. OWENS, CHARTERED

Telephone (502) 444-9651

- LAWYERS -

Jim Owens
Karen Alderdice
Cynthia E. Sanderson

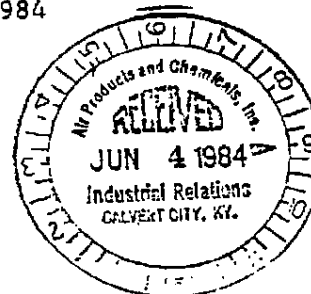
Legal Arts Building
730 Clark Street
P.O. Box 2757
Paducah, Kentucky 42002-2757

June 1, 1984

Air Products & Chemicals, Inc.
P.O. Box 97
Calvert City, KY 42029

Attn: Workers' Compensation Claim Department

Re: [REDACTED]



Gentlemen:

I have previously written you, notifying you of our representation of [REDACTED]. I have obtained medical reports from [REDACTED] treating physicians, indicating that his death was caused by exposure to vinyl chloride. As you know, [REDACTED] was employed at Air Products's company for more than 20 years and received much exposure to vinyl chloride during that entire period of time.

Enclosed are medical reports from Dr. Dan E. Connor, Pathologist, Dr. Joseph W. Hutson and Dr. Daniel E. Gremillion. I also enclosed for your review a pathology report from the Armed Services Institute and medical records and a discharge summary from West Side Hospital in Nashville, Tennessee, where Mr. Boren died on October 28, 1983.

[REDACTED] has authorized me to file a Workers' Compensation claim against Air Products Co. However, before doing so, I wish to extend the following settlement offer.

According to KRS 342.750(1)(a), [REDACTED] is entitled to 50% of the average weekly wage of [REDACTED] during her widowhood. [REDACTED] is [REDACTED]'s only statutory dependant. [REDACTED] date of birth is May 22, 1923, and she was 60 years of age at the time of her husbands death. Her life expectancy, based upon the American Experience Table Mortality, is 14.10 years. According to my figures, [REDACTED] is entitled to 733.2 weeks of benefits at \$138.83 a week, and the present value of that is \$78,011.99.

Funeral expenses incurred for [REDACTED] exceed the \$2,500.00 statutory reimbursement amount. Therefore, [REDACTED] has asked me to recover \$2,500.00 in paid funeral expenses, plus \$160.00 as transportation fee for the Max Churchill Funeral Homes removal of [REDACTED]'s body from Nashville. These amounts are due her pursuant to KRS 342.720.

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Air Products & Chemicals
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June 1

Our settlement offer, then, is as follows: Wage loss benefits to [REDACTED] in the amount of \$78,011.99, funeral reimbursement in the amount of \$2,500.00, and transportation cost to remove the body from Nashville to home of \$160.00. That total is \$80,671.99.

I will look forward to hearing from you regarding this matter.

Sincerely yours,

JAMES W. OWENS, CHARTERED

Karen Alderdice
Karen Alderdice

Enclosures

mjp

AP00034023

ASSOCIATED PATHOLOGISTS. P. C.

5 PARK PLAZA, P.O. BOX 70
NASHVILLE, TENNESSEE 37202

JOHN B. THOMSON, M.D.
MARY F. SCHULTZ, M.D.
SAMUEL H. DILLARD, JR., M.D.
JOSEPH J. SANNELLA, M.D.
JAMES H. GOFFREY, M.D.
LARRY G. GRAHAM, M.D.
RICHARD D. BUCHANAN, M.D.
ROBERT W. WAHL, M.D.
MICHEL N. KADOORI, M.D.

DEAN G. TAYLOR, M.D.
SAMUEL A. SMITH, M.D.
JOHN B. THOMSON, JR., M.D.
JOHN O. JONES, M.D., Ph.D.
DAN E. CONNOR, M.D.
HUGO G. PRISON, M.D., Ph.D.
EDGAR H. PIERCE, Jr., M.D.
J. DENNIS RIEHM, M.D.

May 14, 1984

Ms. Karen Alderdice
Legal Arts Building
730 Clark Street
P.O. Box 2757
Paducah, Kentucky 42002

Dear Karen Alderdice:

Enclosed is my post mortem report on [REDACTED]. Probably the parts of greatest interest to you will be the first page on which are my final diagnoses, and the last two pages which show my brief clinical summary and a copy of the consultation report from the Armed Forces Institute of Pathology, which includes citations to six references in medical literature that pertain to the etiologic relationship between vinyl chloride exposure and angiosarcoma of the liver.

Although I was confident that this was an angiosarcoma of the liver, it was my feeling that in the event of a litigation a second opinion would most likely be required. For that reason, the case was referred to the Armed Forces Institute of Pathology in the hopes that this would be a sufficiently respected consultant opinion to expedite matters in the event of litigation.

It was my pleasure to respond to your request for this report, and I wish you and [REDACTED] the best in the resolution of this matter.

Sincerely yours,

Dan E. Connor M.D.

Dan E. Connor, M.D.
Pathologist

DEC/lms
Enclosures

AP00034024

WA-7-83

Dr. Joe Huston
Dr. Dan Gremlion
WEST SIDE HOSPITAL
10-28-83

FINAL ANATOMICAL DIAGNOSIS

1. Angiosarcoma of the liver with history of industrial exposure to vinyl chloride from 1963 to 1980.
2. History of rheumatoid arthritis.
3. History of thrombocytopenia.
4. History of chronic prostatitis and increasing symptoms of urinary retention and obstruction.

D&T 2-20-84
rau

DEC
DAN E. CONNOR, M.D.

AP00034025

4-7-83

Dr. Joe Huston
Dr. Dan Gremillion
WEST SIDE HOSPITAL
10-28-83

CLINICAL HISTORY

██████████ was a 61 year old gentleman from Dexter, Kentucky with a rather complicated medical history. His major past medical problems included rheumatoid arthritis since approximately 1976 which had become refractory to therapy by mid-1983 despite full dose salicylate and low dose prednisone therapy with previous courses of gold and penicillamine failing to obtain adequate remission. Thrombocytopenia and leukopenia had also been present since approximately 1978 which had been initially attributed to the patient's therapy for his rheumatoid arthritis. There was also a problem with chronic prostatitis with increasing symptoms of prostatic obstruction and previous episodes of E-coli urinary tract infection. The patient, subsequently, was placed on maintenance antibiotics. Prior to his first admission to West Side Hospital in September of 1983, he experienced rather abrupt spontaneous onset of pedal edema followed by increasing abdominal girth and ascites. He was hospitalized at West Side Hospital from 9-11-83 to 9-23-83 for evaluation of these problems, particularly with regards to the newly developed edema and ascites.

Physical examination at the time of that admission revealed ascites with fluid wave and bulging flanks but no localized tenderness. Musculoskeletal exam revealed weakened grip with modest synovitis of joints of fingers in both hands. Lower extremity exam revealed pitting edema to mid-thigh with some edema also noted in the sacral area and bilateral knee effusions. Laboratory data revealed a mild thrombocytosis with prolonged PT of 16, bilirubin 2.2, albumin 3.3, SGOT 55, and LDH 479. Chemistries were otherwise unremarkable including normal acid-phosphatase, creatinine, CPK and CEA. RA-latex, ANA, and CH100 were normal. Hepatitis profile was negative for all hepatitis B markers but positive for hepatitis A-antibody indicating old remote hepatitis A infection. Anti-mitochondrial antibody was also negative. Alpha-fetoprotein was less than 10. In the course of his evaluation, the liver spleen scan showed markedly reduced uptake in the liver with multiple focal defects with spleen at the upper limits of normal size. CT scan of abdomen showed multiple irregular low density lesions in both lobes of liver with moderate ascites and irregular filling defects in the right colon.

It was obvious from the patient's clinical presentation, physical findings, and radiographic findings that there was significant liver disease. It was felt, most likely, that the patient had cirrhosis with associated portal hypertension with the origin being rather uncertain. In absence of evidence to the contrary, it was felt at that time, that he might have cryptogenic viral hepatitis (possibly nonA/non B). It was obvious that biopsy would have been highly desirable to make the final decision. However, the patient's ascites and the failure of all efforts to correct his prothrombin time led to the feeling that biopsy was too dangerous to attempt during that admission. The patient was carefully diuresed and discharged after it was felt that he had reached maximum hospital benefits.

He was followed briefly as an outpatient until it became apparent he was worsening with increasing right sided pain and inability to get around. He was readmitted on 10-23-83, again to West Side Hospital with mild jaundice, some increased distention of neck veins, marked ascites, and prominent right flank ecchymosis. Approximately 3 days after admission, he experienced hematemesis with

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WA-7-84

Dr. Joe Huston
Dr. Dan Gremillion
WEST SIDE HOSPITAL
10-28-83

CLINICAL HISTORY (continued)

esophagogastrectomy at that time revealing medium sized esophageal varices without any definite active bleeding being demonstrated. A repeat CT scan revealed interval development of a right retroperitoneal hematoma with the findings compatible with cirrhosis and multiple radiolucencies with branching pattern distributed in both lobes of liver felt to be suggestive of tubular structures, possibly intrahepatic bile ducts. On the fourth hospital day, the patient developed ventricular tachycardia with subsequent fall in blood pressure and decreased consciousness with episodes of apnea. The patient suffered a rather rapid downhill course becoming increasingly moribund and unresponsive. He became completely unresponsive with straight-line electrocardiogram and total loss of vital signs on 10-28-83 and was pronounced dead at 9:05 am on that date.

In view of the patient's illness and findings at post-mortem, it is very significant to note that from 1963 until the plant was subsequently closed in 1980, he worked as a chemical operator making dry vinyl chloride powder in Calvert City, Kentucky.

AP00034027

WA-7-83

Dr. Joe Huston
Dr. Dan Gremillion
WEST SIDE HOSPITAL
10-28-83

GROSS DESCRIPTION

The patient is identified by an arm-band. The autopsy, which is limited to liver biopsy only, is begun at approximately 10:30 am on 10-28-83, an interval of only an hour and 25 minutes after the patient expired.

The body is that of a white male, approximately 200 pounds, and approximately 180 cm long. There is a large right flank ecchymosis extending from the hip over the entire right flank and right rib cage. The sclerae are slightly icteric. There is marked ascites and pitting leg edema. All IVs have been previously removed and no prominent scars are noted. The external appearance of the body is otherwise unremarkable.

A right subcostal incision is made to provide access to the liver. Two biopsies each are taken from the right and left lobes of the liver. The liver demonstrates a quite striking appearance grossly with a diffuse very firm appearance with scattered nodules showing coalesced nodules of blood-filled vessels which on cross section almost have the appearance of multiple hemorrhoids scattered through an otherwise fibrous appearing liver. The ascitic fluid is serosanguinous. Through the limited incision permitted by the autopsy permit, a very limited in situ examination was performed of the accessible portions of the abdomen. No other significant findings of note could be identified on this limited in situ examination.

AP00034028

MC 7-83

Dr. Joe Huston
Dr. Dan Gremillion
WEST SIDE HOSPITAL
10-26-83

MICROSCOPIC DESCRIPTION

The multiple sections of liver demonstrate a very striking histologic appearance. Portions of the liver show large cavernous vessels filled with blood and lined by spindle to plump neoplastic cells. Other areas show less prominent vascular spaces with more proliferation of spindle cells giving the more fibrosarcoma-like appearance. Still other areas show liver cords lined by spindle cells giving a sinusoidal type of pattern. This is certainly felt to represent an angiosarcoma of the liver. Immunoperoxidase stain for factor VIII is positive. Other portions of the liver show diffuse scarring and cirrhosis. There are some areas showing ductal proliferation which appears abnormal. The possibility of a combined cholangiocarcinoma and angiosarcoma was entertained; however, no definite other cholangiocarcinoma or hepatocellular carcinoma components can be definitively identified. This case was referred to the Armed Forces Institute of Pathology. Their report concurs with the diagnosis of angiosarcoma of the liver. They, too, noted the areas of ductular proliferation but were unable to identify the presence of a cholangiocarcinoma. A copy of their consultation report will accompany this autopsy report. Their consultation report also includes a list of pertinent references relative to the association of vinyl chloride exposure to angiosarcoma of the liver.

AP00034029


Dr. Joe Huston
Dr. Dan Gremillion
WEST SIDE HOSPITAL
10-28-83

CLINICAL SUMMARY

Therefore, the patient presents with a very complicated medical history which is enumerated in more detail in the clinical discussion at the beginning of this autopsy report. In short, the patient had a long history of rheumatoid arthritis with rather poor response to therapy, some persistent thrombocytopenia and episodic leukopenia, and chronic prostatitis with increasing symptoms of obstruction, who then, presented in September of 1983 with rapid onset of ascites and pedal edema. He then followed a rather rapid downhill course increasing ascites, abdominal pain, evidence of portal hypertension, and some jaundice and died approximately 6 weeks after his initial presentation to West Side Hospital with ascites.

At the limited post-mortem, the patient had a diffusely fibrotic liver with scattered hemorrhagic appearing nodules which on microscopic examination revealed angiosarcoma of the liver. The Armed Forces Institute of Pathology in Washington, D.C. reviewed this material and concurs with the diagnosis of angiosarcoma of the liver. As noted in the consultation report from the AFIP and supported by the references they cite, the occupational history of exposure to vinyl chloride in this patient from 1963 to 1980 certainly does support an etiologic relationship between the vinyl chloride and angiosarcoma of the liver.

AP00034030