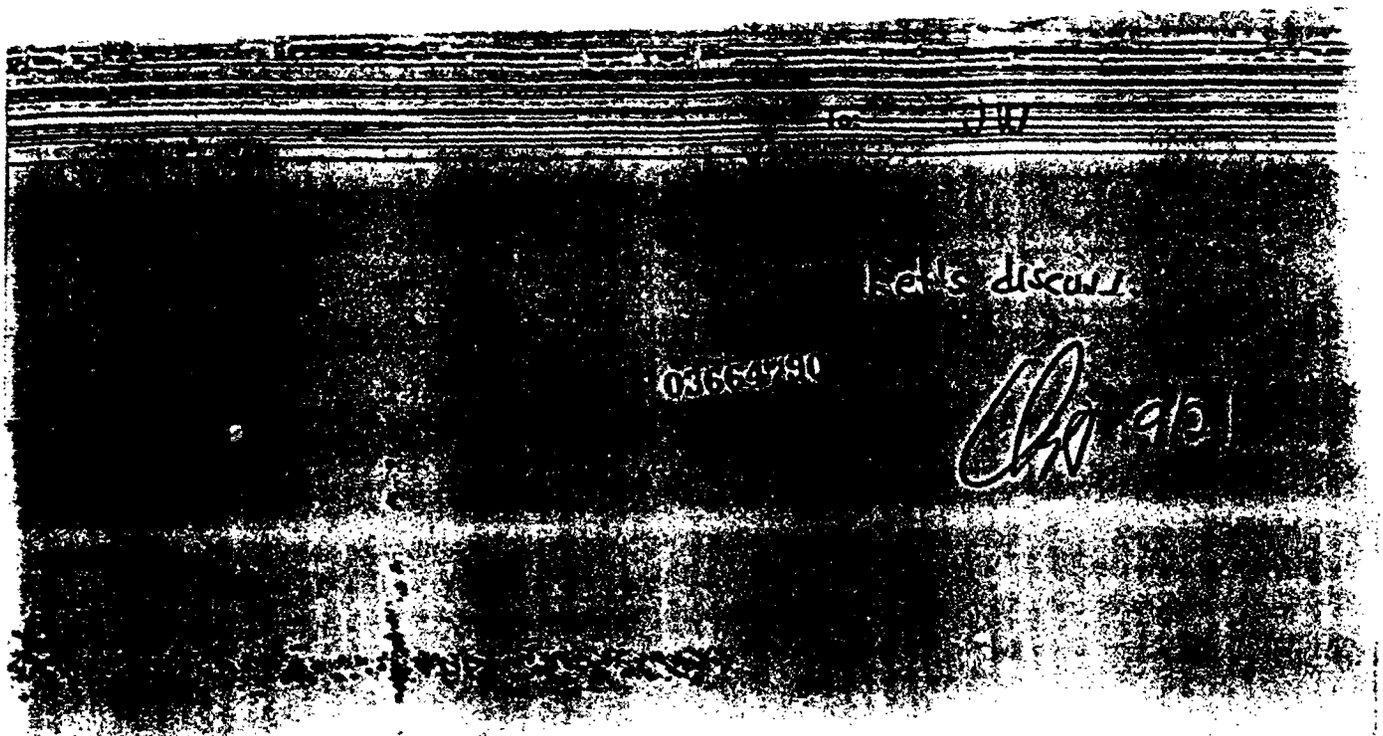
To: JW

Let's discuss

03664790

Chip 9/21



Original of memo and all back-up given to Jack Wolter with Chip's note on /22. Note - back-up was not xeroxed -- JWW has.

Kay

PLAINTIFF'S EXHIBIT WRG-734a

15077643

TO: E. S. Wood DATE: September 15, 1976

FROM: H. A. Eschenbach SUBJECT: Epidemic

[redacted]

Attached is the [redacted] report on the [redacted] done for us by Environics (formally Polsar Lab). There are no surprises with respect to the [redacted] results. However, the classification of [redacted] Shelton in South Carolina as an employee having asbestos disease is surprising. The backup data is available in my office but is too voluminous to copy. Borgstedt will be back on 22 September, and I will have him review it and give you a full report at that time.

H. A. Eschenbach

H. A. Eschenbach

HAE:sg

Attachment

	Libby		SC		Libby
Asbestos Related	14.6	21.4	1.4 %	11.4	30
Possible asbestos related	6.8		10.0		14
Non-asbestos related	14.6		22.9		30
Total	34.6		32.9		30

Mr. Harry Eschenbach, Director of
Health, Safety and Toxicology
W. R. Grace and Company
Industrial and Chemicals Group
62 Whittmore Avenue
Cambridge, MA 02140

1400 South Holly Street
Denver, Colorado 80222
303 758 0430
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August 25, 1978

03664792

Dear Harry:

We have completed our review of the x-rays from Libby, Montana and from Enoree, South Carolina. Enclosed with this you will find the original reports prepared by Dr. Jeffrey Rudikoff and Dr. Neal Goodman, a summary report which resulted from a joint meeting and a set of summary sheets in which we indicate a final diagnosis, normal, asbestos related, possible asbestos related disease, non-asbestos disease, and requires follow up. Occasionally, the x-rays indicate that a single individual has both asbestos and non-asbestos disease. Generally speaking, all patients with asbestos related disease will require a follow up in accord with the requirements of the Federal Government. Certain of the patients with non-asbestos disease have problems such as mitral stenosis, pulmonary emphysema, or possible neoplasm which should be investigated.

To refresh your memory about the procedure which was utilized, I will review the process by which the films were read. Each set of films was distributed independently to the two physicians who read them on his own. Following that, all films were returned to Enbionics and Ms. Leczinski and I reviewed the reports and collated those in which there appeared to be some difference of opinion. In many cases these differences of opinions were not substantive, but were matters of reporting style. Those films about which there appeared to be genuine differences of opinion were then sorted out and returned to a meeting in which Dr. Rudikoff, Dr. Goodman, Marilyn Leczinski and I participated. In this situation, the films were put up without the readings being provided to the two physicians; each in the presence of the other reviewed the films, and then they came to a consensus as to the finding on the films. The physicians then dictated a concensus report in which both concurred. From the original readings and the review, a summary report was prepared.

In general, it was possible to resolve the differences between the two readers. A very high initial concordance was found. This concensus was substantially above the usual 80% agreement in blind reading. Those films in which there was

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disagreement dealt with [illegible] disease findings. As you will recall, Dr. Rudikoff read films for [illegible] ns-Manville Corporation for a number of years in Massachusetts. Most o[illegible] e films were generated in the Eastern portion of the country [illegible] Good[illegible] esently reads films for the Johns-Manville Corporation [illegible] wo[illegible] eadquarters. Both are, therefore, highly experienced [illegible] asbe[illegible] related films. In general, Dr. Goodman is more conservative [illegible] feels tha[illegible] ere are findings of Sibsom's Fascia and other abnormalities [illegible] pleur[illegible] ich can mimic pleural plaque. Dr. Rudikoff on the other hand feels [illegible] hese cases are probably asbestosis, and that they should be followed c[illegible] to determine whether or not the disease is present. [illegible] ag[illegible] those minimal cases, most of which [illegible] been listed [illegible] ble a[illegible] disease on our summary sheets, should have a set of [illegible] on [illegible] basis. They feel, however, that [illegible] two years [illegible] cas[illegible] are in fact due to asbestos, declare themselves. [illegible] some [illegible] to determine whether or not any or all of these patients [illegible] asbest[illegible] computerized tomographic scan of the pleura at a single [illegible] would ver[illegible] be sufficient to make the diagnosis. [illegible] facilities are available e[illegible] Montana or in South Carolina for these studies, which I doubt [illegible] would [illegible] to review CT scan films if they are obtained. If they are not obtained, [illegible] ltants feel that within the next one to two years, the situation will c[illegible] itself.

In all other cases there wa[illegible] greement on the presence or absence of asbestos related disease as you w[illegible] from [illegible] reports.

As you indicated before the [illegible] there is a substantial difference in the attack rates of asbesto[illegible] asbestos disease between the South Carolina and Montana facili[illegible] we had only one case of clear asbestos disease in South Carolina an[illegible] of possible asbestos disease. There are numerous cases of asbest[illegible] Montana. The incidence of the disease is independent of age, since [illegible] of quite young individuals with obvious asbestos disease in [illegible] Probably the difference lies in total exposure, fiber size, and miner[illegible]

We are greatly interested in [illegible] ation about these workers. I do not know whether or not you have [illegible] fiber counts, etc. If you have not been doing so, would you be [illegible] doing some asbestos count studies? We would also like to do miner[illegible] on the structure of the asbestos fibers. Perhaps we can clarify the [illegible] different attack rates.

A number of general comment[illegible] e. Dr. Goodman and Dr. Rudikoff both felt that the South Caroli[illegible] less than optimal quality because a grid was not used when [illegible] e. They suggested the use of a grid and would be happy to con[illegible] logist in South Carolina about technique in hopes of gett[illegible] Dr. Goodman uses the terms silicatosis

/3

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in ... ber of places on his reports. By this he means any disease which re-
sul... ...m exposure to asbestos, mica, or talc.

We would be happy to look at films of the individuals again in approximately one ye... if this would seem useful to you.

It has been a pleasure to do this study. Thank you very much for referring this ... to Enbionics. Best personal regards.

Sincerely yours,

ENBIONICS
Division of Chemed Corporation

Daniel T. Teitelbaum, M.D.
Presid...

DTT/mv

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