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EVIDENCE POINTING 'STRONGLY AWAY' FROM ASBESTOS INGESTION AND CANCER LINK, EXPERTS REPORT

Two British scientists, Dr. Robert Murray and Dr. Kevin Browne, have stated in The Lancet,[1] that "the evidence from animal experiments, occupational exposure, and epidemiology is beginning to point strongly away from any association" between asbestos fibers and an excess mortality from gastrointestinal tumors.

Drs. Murray and Browne rely on two major recent animal experiments. They point to a study conducted by the Institute of Occupational Medicine in Edinburgh, Scotland that "confirmed the absence of asbestos-related gut tumors in a large-scale study in rats monitored for their whole lifespan,"[2] and to studies presently being conducted with laboratory animals by the U.S. National Institute of Environmental Health Sciences (NIEHS). With respect to these latter studies, the Environmental Protection Agency (EPA) has stated, "the initial results did not detect any adverse effects on the test animals from asbestos in the diet."[3]

Regarding the observance of excess gastrointestinal cancers in some occupational groups heavily exposed to airborne asbestos, Drs. Murray and Browne state, ". . . among the less heavily exposed, no excess has been found." They mention the suggestion of Turner-Warwick and Parkes that, "except for the lung, asbestos might act, not as a local carcinogen, but systematically via the immune system."[4] They also refer to a study by Goldsmith, which provides evidence that "the increases in background rates at different sites appear to be an example of cancer promotion following impairment of defense mechanisms rather than site specificity."[5]

The authors also cite the Connecticut study conducted by Meigs, et al., in which cancer incidence data collected over a 35-year period indicated "no increases in incidence either of all cancers or of the individual sites considered."[6]

Drs. Murray and Browne take issue with the conclusions of a California study by Kanarek[7] referred to in an earlier article in The Lancet. They point out two major problems of interpretation with the conclusions of the Kanarek study. "Firstly, as these workers point out, certain cancers, including stomach, lung, and colon, show an association with social class, and considerable social class differences appear in their figures . . . [they] correct for this by correcting for three different levels of

CAPCO JEN 0024072

education and income. But unless these are perfectly correlated with the factors responsible for the large differences in cancer rates between social classes, the residual variation may well cause a spurious correlation to appear between geographical feature and cancer rate for some organs."

"Secondly, the computer has made possible the large-scale dredging of population data for positive associations, and probabilities obtained in this way should not be taken at face value."

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