THE UNIVERSITY OF MICHIGAN

February 22, 1971

TO: B.D. Dinman, M.D.

FROM: A. Nasr, M.D. A.N.

RE: Asbestos Minerals: The Need for and Feasibility of Interim Air Pollution Controls

This report is a comprehensive review of the biologic effects of asbestos. The following comments may reflect either differences in interpretation of the results of research on asbestos, or simply my own lack of information:

The second paragraph on page 2 could convey an impression that our knowledge of the biologic role of contaminants of asbestos is definitive. As far as I know the role of metals and polycyclic hydrocarbons is closer to "possible" than "probable".

On page 3, line 7, the physiologic impairment due to asbestosis is described as "restrictive". Does this term cover impairment of diffusion as well as the decrease in lung volumes and in compliance? If it does not, it may be appropriate to mention the effect on pulmonary exchange of gases.

The statement on page 20 is fundamental to the purpose of the report. "Household" and "neighborhood" cases have been exclusively mesotheliomas rather than DIF or bronchogenic carcinoma. Is this worth emphasizing?

On page 30, line 3 from the bottom, the statement is made that "standards for ambient air do not appear appropriate or feasible at this time". This is again an important statement with which people will take issue. Would it be feasible to set standards for ambient air only in the vicinity of industrial sources of asbestos but not for community air in general? The evidence for "neighborhood" mesotheliomas is more than speculative. The feasibility of a standard, which could be 1/10 or 1/100 that for industrial exposure (5 fibers/cc), would be best debated by production engineers and industrial hygienists. However, from a public health point of view, it is desirable to have in the vicinity of industrial sources no more asbestos than is present in general community air.

File Asbestos regulation to Geneva

Hold

NATIONAL RESEARCH COUNCIL

NATIONAL ACADEMY OF SCIENCES NATIONAL ACADEMY OF ENGINEERING

2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418

DIVISION OF MEDICAL SCIENCES

MEMORANDUM 12 February 1971

To: Members of the BEAP Committee

From: T. D. Boaz, Jr., M.D. TDB

Subject: Transmission of the Asbestos Document for Approval

Enclosed is a copy of the asbestos document, labeled Second Draft. No complete First Draft was every available, although many different versions were worked on by members of the Asbestos Panel over the past few months. This version has the approval of the Panel members. It is requested that you review the document and send your comments to me, with your approval if you give it, not later than the 26th of February. This short deadline is necessary if we are to maintain the schedule to which we are committed, which requires that we send APCO 30 copies of the BEAP-approved draft on March 1st. However, the brevity of the paper should make it possible to review the paper and submit comments within the time available.

February 25, 1971

T. D. Boaz, Jr., M.D.
c/o Division of Medical Sciences
National Research Council
2101 Constitution Avenue
Washington, D. C. 20418

Dear T. D.:

I have the opportunity of reviewing the asbestos document labeled second draft and would have the following comments:

Page 2, Paragraph 2 - This paragraph could convey an impression that our knowledge of the biological role of contaminants of asbestos is definitive. As far as I understand, the role of metals and polycyclic hydrocarbons is closer to "possible" than "probable".

Page 3, line 7 - wherein the physiological impairment due to asbestosis is described as "restrictive". I wonder whether this term covers impairment of diffusion as well as the decrease in lung volumes and compliance? If it does not, might it not be appropriate to mention the effect on pulmonary diffusion properties?

Page 20 - This statement is fundamental to the purpose of the report. "Household" and "neighborhood" cases seem to have been exclusively mestothelionas rather than diffuse interstitial fibrosis or bronchogenic carcinoma. I raise the question as to whether or not the more specific term rather than "neoplasm" might be appropriate in this particular context.

These are my major comments concerning this report which otherwise does not look to bad. We have some problems with the statement on Page 30, line 3 from the bottom that "standards for ambient air do not appear appropriate or feasible at this time". From the Public Health point of view, would it not be desirable to have in the vicinity of industrial sources no more asbestos than is present in the general community air? Even though I appreciate the position of the panel in not proposing a possible standard, I am afraid that this position is going to come back and haunt us. On the other hand I am not quite sure I see the resolution of this dilemma.

Very truly yours,

Bertram D. Dinman, M.D.
Director

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BDD:gmc