TABLE 9 (b)

GEOGRAPHICAL DISTRIBUTION OF MESOTHELIOMAS ASSOCIATED WITH OCCUPATIONAL ASBESTOS EXPOSURE AND THE PROPORTION OF THESE CASES TO ALL CASES OF MESOTHELIOMA

Region[1]	*Mesotheliomas with definite occupational asbestos exposure*	
	No.	*Percentage of all mesotheliomas*
Greater London	29	50
Rest of SE England	12	67
SE Lancashire conurbation	13	81
Merseyside conurbation	22	88
Rest of NW England	8	100
Tyneside	8	89
Rest of N England	6	67
W Yorkshire conurbation	11	92
Rest of Yorks & Humberside	2	67
N Wales	1	33
SE Wales	6	60
E Anglia	—	—
Clydeside[2]	22	79
Rest of Scotland	3	50
SW England	18	82
E Midlands	1	33
W Midlands conurbation	4	67
Rest of W Midlands	1	17
England, Wales & Scotland	167	68

[1]Standard regions of Registrar General England & Wales, except Clydeside
[2]Dunbartonshire, Renfrewshire, Greenock, Glasgow, Hamilton, Motherwell

carcinoma, can produce widespread sheet-like growth resembling late diffuse pleural mesothelioma. Histologically the cellular and intercellular characteristics can be highly equivocal. The UICC pathologists' panel criteria for reaching a decision were modified in the course of the survey (see Appendix) and have not finally been decided (McCaughey and Oldham, 1974).

Willis (1952) cautioned against accepting the diagnosis of mesothelioma until, by careful search, an alternative primary neoplasm had been excluded. In a series of 3 771 necropsies Cameron, Litton, and Lyon (1961) found a prevalence of primary carcinoma multiplex of 1·2%. In the present series there were three with additional primary neoplasms in the 246 'definite' cases (one with carcinoma of the stomach, another with carcinoma of the bronchus, and the third with myelogenous leukaemia). This represents a prevalence of carcinoma multiplex of 1·2%. Sections referred to the UICC pathologists had previously been studied by other pathologists who had not necessarily made a diagnosis of mesothelioma. In 182 cases where adequate histological material had been studied by UICC pathologists they made a diagnosis of mesothelioma in 134 (74%), were undecided in 10%, and made an alternative diagnosis on 30 occasions (16%). The concordance of diagnosis between UICC and other pathologists is greater in view of the fact that a number of sections were referred to the UICC panelists for a second opinion when the other pathologists had said the condition was not mesothelioma but an asbestos occupation history had been obtained by the clinicians.

In those cases with adequate histological material, not referred to the UICC panel (186 cases), a pathological diagnosis of definite mesothelioma was made in 112 (60%).

The submission of sections to the UICC panel varied in different parts of the country. In Greater London 77 out of 111 cases were referred (69%), compared with only 12 out of 61 cases in Scotland (20%).

The number of cases diagnosed is unlikely to be