ATTACHMENT

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SUMMARY OF LECTURE GIVEN IN BOSTON TO THE VCM SAFETY ASSOCIATION - 29th SEPTEMBER 1989

At the meeting I discussed Angiosarcoma of the liver - up-date to January, 1989, new cases, other possible tumour sites, Ecetoc and Porto Marghera Surveys, E.D.C., and a V.C.M. Respirator Filter, along with the need to keep the ASL Register up-to-date.

Initially, I mentioned that the incidence of ASL is 1 per 10 Million, explaining that the clinical course of the condition is rapidly downhill, and that the signs and symptoms are difficult to pick up in the individual, because of their vagueness. I also mentioned that we are unable to diagnose ASL until it is too late to treat, and that the treatment used is worse than the natural progression of the condition to death. I stated that I felt that ASL is unlikely to have been missed due to the short life expectancy of people with it.

I then discussed the other known causes of ASL, along with the fact that it occurs naturally.

I stated that the number of cases in the World, up to 1 Jan 1989, was 144, and that included three Monomer Workers, and one in the Compounding Industry. I discussed the yearly incidence of the condition, and the fact that it is still not decreasing significantly, but mentioned that the peak was now past. (1975 - 1978).

I broke down the 144 cases by Country, individual Plant clusters, and the ages when ASL occurred in people, the average age being 53. The average World latency period is 23.84 years, yet France and USA have an average latency period above the World average (26.09 and 25.81 years). Germany and the U.K. are below the World average (20.38; 22.53 years).

I stated that this latency period was getting longer, especially in the USA, and explained the reason why I felt it was occurring. I indicated the typical time-weighted exposure from 1944 to the present day, following this with the reason why VCM causes ASL, due to its metabolic breakdown products.

I up-dated the meeting with all the new cases that had occurred in 1989 - this being three - certain ASL cases, giving details about each case, and stated that three ASL's had not yet been notified to me.

I discussed other possible tumour sites and their probability of being VCM-induced.

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In the second half of my Lecture, I tabled information on the Ecetoc Survey and the results of a Survey of the Italian Workers at Porto Marghera, Venice, stating also that IARC and the full Italian Survey results were expected next year.

I informed the meeting of the status of EDC as a Category 2 Carcinogen, and the need to keep the ASL Register correct, quoting an example why this is necessary (Professor Waggener Lecture in Texas).

I finished off my talk by telling the meeting of a new VCM Respirator Filter - the population who should use it, why, and the fact that it should be used only in certain circumstances, and that it was never intended to replace the S.C.A.B.A. or Air-line Breathing apparatus in high levels, confined spaces, stills, tanks or atmospheres deficient in oxygen.

I finally finished off my lecture stating the known, accepted effects of VCM.

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