CONFIDENTIAL

PLAINTIFF'S EXHIBIT
MET-121

MINUTES OF DISCUSSION HELD AT SARANAC LAKE ON NOVEMBER 7, 1950

These present were: A. J. Lanza, M. D.
Ivan Sabourin
A. J. Vorwald, M. D.
J. P. Woodard

The Saranac Laboratory's Proposal of September 21, 1950, to the Quebec Asbestos Mining Association stated the problem as:

> "The specific problem is to ascertain whether or not a relationship exists between the inhalation of asbestos dust and primary pulmonary cancer."

This report proposed a program for trying to get an answer to this problem. The program consisted of two phases:

1. Epidemiological investigation.

2. Experimental investigations, i.e., dusting and checking of animals.

The report to the Quebec Asbestos Mining Association on Pulmonary Cancer, dated September 25, 1950, which was accepted in principle by the Q. A. M. A. at their recent meeting, generally followed, but in brief, Saranac Laboratory's Proposal. A committee of the Q. A. M. A. composed of Messrs. Foster and Sabourin presented this report at this recent meeting.

Following a discussion with Dr. A. R. Fisher, it was left that Messrs. Woodard and Sabourin, and Doctors Vorwald and Lanza would review the Proposal at Saranac to clear up any questions that might be open and arrive at a conclusion as to what is recommended from here on, including who would do what, how long it would take, and how much it would cost.

That was the purpose of this meeting.

I. Short-Range Program - Epidemiological Survey

The short-range program was to consist of a carefully conducted epidemiological survey to determine the incidence of cancer among people exposed to asbestos dust as compared with the incidence among those not exposed.

A. Discussion:

1. Dr. Vorwald's comments were as follows:

a. We should learn the incidence of cancer among those exposed to asbestos dust and among those not exposed by:

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(1) A careful study of the X-rays of people employed in the asbestos industry.

(2) A study of the X-rays made of the general population by the mobile units of the Provincial Department of Health (those not exposed).

(3) A study of post-mortem data on the presence of cancer at death insofar as such information may be available. It was pointed out that in the Province it is the practice not to list cancer as a cause of death even when it is, so that information on this may not be of much help to us.

2. Dr. Lemon commented:

a. The one important point is that we get an expert epidemiologist, i.e., one who can take the job over, do it correctly and adequately, and come up with the correct answer.

b. Dr. Lemon agrees it is important that a Canadian be chosen to handle the job. In case a Canadian cannot be found who can do the job adequately, someone from the U. S. can then be used.

3. Mr. Schwarin suggested:

a. That prior consultation with appropriate Canadian authorities and a request for their suggestions on certain phases of the program would get their tacit backing and that this would materially strengthen the base of the program. Accordingly, Mr. Schwarin agreed to review the matter with Dr. Vikki and also to arrange so that Dr. Verwald will be able to be in touch easily with the Dean of the McGill Medical School (or Dr. Verwald will do so, as may be decided between the two of them). By this arrangement, Dr. Vikki and the McGill Dean would know of the program and their help and suggestions would be sought in choosing an able epidemiologist to carry out the first part of the program. Having decided on the individuals who might be considered for the job, it would then be up to Surgeon to make final arrangements.

b. In addition to the epidemiologist, a statistician is needed. Miss Rose has been suggested as an assistant. This can be worked out by Dr. Verwald and Mr. Schwarin in line with the situation and the wishes of the C.A.M.A.

4. It was the understanding also that X-ray consultants would be needed and it was the consensus that Doctors Smith and Cartier could do preliminary screening of X-rays, which would leave Surgeon only

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the job of studying those which would be sent to Serums. It was pointed out that the two company doctors should not be used in any fashion that might lead anyone to question the objectivity of the study and this Serums can determine.

B. Conclusions:

1. Doctors Smith and Carter will screen X-rays, then Serums will make the final study on the X-rays that have been screened out for them.

2. An epidemiologist will be chosen, as outlined above. Serums will make the approach with a view toward making final arrangements with the man who has been tentatively chosen.

3. The epidemiological report as first made will go to Serums. Dr. Lemon will evaluate the report in this form and suggest best use of the report, revisions that might be made, and other such matters. There should be discussion between Serums, the underwriting organizations, and others interested as to the timeliness and propriety of the use of the material developed by this report. It is important that the report be available only to the underwriting companies and not made generally available until it has been reviewed with and by the companies.

4. Serums Laboratory is responsible for the program.

a. Serums is to make the final arrangement with the epidemiologist and others to make the study, and is also responsible to head up and supervise the study.

b. The program should be started as soon as it is possible to do so.

c. It was estimated that the job could be done in six months if a qualified epidemiologist can be obtained who can devote a reasonable length of time to the study. It is desirable that the job be done in six months and therefore the person hired for the job should be impressed with the fact that the study should be pushed and conclusions reached promptly.

d. While the original program stated a possible cost of $4,000, it was stated in the discussion that the cost might run between $4,000 and $6,000, it being thought, however, that $5,000 would be adequate.

II. Long-Range Program - A research program of perhaps two years' duration in two parts:

(1) The transplanting of adenoma and embryonic tissue into animals (originally suggested to be under the guidance of Dr. Lemon and his group).

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(2) Utilizing the facilities at the Tyndrum Laboratory, as in the past, and subjecting animals to high asbestos dust conditions.

4. Discussion:

1. Mr. Lemen said that he is not prepared to carry out a formal project as mentioned in (1) above; that Dr. William Smith, along with Dr. Sutherland associated with him, is doing some of this with finely ground asbestos, as well as with some other materials.

2. Dr. Vervald gave the following information about part (2) of the program, which, of course, is given in more detail in the Kerrmac Laboratory's Proposal of September 21, 1950:

a. Set up a program consisting of 300 animals to be subjected to asbestos and 300 control animals.

b. The program is likely to last for two years.

c. It would probably take two months to get enough of the right kind of animals and get under way.

d. Quoting Dr. Vervald: "We hope to show or prove that cancer incidence is not increased among these animals even if dusted." It was mentioned that such results are on the basis of animal experimentation, the results are, strictly speaking, true only of animals, and it should be realized that the same results might or might not hold true in the case of humans.

3. It was agreed that, while the long-range program is going on, Kerrmac would provide each four months a progress report on the work.

There was some question as to how complete a progress report should be and it was agreed that a progress report might well be of no more than two typewritten pages to show in concise form:

a. The work that has been completed up to that time.

b. How the work is progressing at the moment.

c. What the future work looks like, i.e., as to when completion may be expected and whether or not the program is ahead of schedule or behind schedule, and by how much.

d. What general conclusions there are, if any, at the moment, without giving detailed data on the work.

4. The present idea is that the two-year program can be undertaken at an estimated cost, as shown in Kerrmac's Proposal of September 21, 1950, of $16,000 for the first year, and $10,000 for the second year.

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B. Conclusions:

1. Sufficiently clear data has been shown under A, "Discussion," above, to show the way in which the program would progress, and the consensus was that the program should be undertaken as promptly as possible in line with the points brought out in the discussion.

III. Other Phases of the Long-Range Program.

A. Discussion:

1. In the Proposal to the Q. A. M. A., four suggestions were made:

a. That the various companies making up the Association see that there is more publicity than in the past about the knowledge of this problem and about some of the many favorable aspects that do exist, but which are unknown to most people. The purpose of this is to combat the adverse and often unwarranted pseudo facts that are put out by others. Dr. Smith and Dr. Cartier should be kept advised by others in the Q. A. M. A. and the asbestos industry of any developments that may become known to them.

b. That our doctors occasionally make talks or lectures at medical schools in the general area.

c. That we see that our doctors get adequate affiliation with research centers such as Saranac and other organizations so that they will get all available information on this and other such subjects.

d. That the companies in the asbestos industry consider the formation of an Institute for Industrial Chest Diseases with other mining associations. In doing this, it was mentioned that the help of Dr. Gregoire of Beaumont Sanatorium, Dr. Burke of the Laurentian, and others be sought.

B. Conclusions:

1. It was agreed that the first three (a, b, and c, above) should be done, it being understood, of course, that judgment must be used in the degree of participation of our doctors under b and c.

However, it was the consensus of the group that the asbestos industry would do well to avoid identifying itself at this time with other mining associations (d, above) so far as chest diseases are concerned. It was pointed out that the problems of the asbestos industry are minor as compared with those of many other mining industries, and that such affiliation might tend to identify the asbestos mining industry with the problems of other mining industries. It was felt that this should be held in abeyance.

cc: Vandiver Brown
A. R. Fisher
L. C. Hart
G. K. Foster, Montreal

J. P. W.
November 14, 1950

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