Effects of Asbestos Exposure Emphasized

Report Issued to Alert Physicians

Therapy for Severe Combined Immune Deficiency

Recent Studies Show Workers Exposed to Asbestos Years Ago Are at Greater Risk for Some Diseases

Secretary Joseph A. Califano, Jr, announced recently that the Department of Health, Education, and Welfare was launching a program to inform physicians and the public about the nature and the magnitude of the asbestos problem in the United States. A "Physician Advisory on Health Effects of Asbestos" was sent by the Surgeon General of the United States to each physician on the American Medical Association mailing list. The report suggested four major areas for physicians to heed in caring for patients with significant asbestos exposure.

The term "asbestos" refers to a group of fibrous minerals with unique heat-resistant properties that are videly used in our economy. Recent studies of populations xposed to asbestos many years ago in asbestos mines, in bestos mills, and in shipyards during the great increase shipbuilding during World War II have indicated a blic health problem of major proportions.

The effects of asbestos are not seen for many years after .e initial exposure. These effects include asbestosis .ppearing after a latent period of ten to 20 years, lung cancer, mesothelioma (pleural or peritoneal), and, to a lesser extent, certain other forms of cancer with a latent period of 20 to 40 years or more. Exposure times as short as one month have produced disease many years later.

The present concern has arisen because the large number of men and women who worked in shipyards during World War II are now, more than 30 years later, showing a significant increase in deaths from lung cancer and mesothelioma. In several studies of heavily exposed workers, approximately 20% to 25% have died from lung cancer, 7% to 10% from asbestosis and its complications, 7% to 10% from mesothelioma, and 4% to 8% from other types of cancer (oropharynx, larynx, gastrointestinal tract, and kidney). Cigarette smoking significantly increases the lung cancer risk from asbestos exposure and aggravates asbestosis.

It was not only the workers directly involved in handling asbestos who have been affected. Because of the lightness of the fibers and the ease with which they can be released from asbestos sheeting, asbestos fibers were in the air all around the shipyards for everyone working there in all trades to inhale, even the guards and the secretaries and the managers in their offices. Families also were exposed by the dust that workers brought home on their clothing or person.

Today there are approximately 5 million people living in the United States who have been exposed to asbestos in shipyards at some time in their lives. In addition, there are over 3,000 uses of asbestos in our economy. Many of these entail exposure to asbestos in production, shipping, or end-product use. These include materials used in the construction industry: asbestos cement, asbestos sheets, pipes, pipe insulation, other insulation, floor, wall, and ceiling materials, and acoustic surfaces. It is also used in friction products (clutch and brake facings), gaskets, fireproof materials, gloves, and clothing. It can also be released from certain types of crushed rock used in road building. Shipyard employment is particularly important because much exposure occurred in previous decades, where individuals often worked in confined quarters before the dangers of asbestos exposure were fully appreciated.

The Surgeon General has suggested the following measures when a physician sees a patient who believes he may have been exposed to asbestos:

Occupational or Exposure History.—A detailed, lifetime history must be obtained. This is time-consuming but important because significant exposures may have been brief (one month) and may have occurred many years ago (ie, during World War II). Because the World War II work force was comprised of many women, the potential for female patient involvement should not be overlooked.

Careful Management of Lung Disease.—A detailed history for symptoms such as shortness of breath or exertional dyspnea, physical examination, chest x-ray films, and pulmonary function tests may be helpful in diagnosing the pneumonoconiosis associated with asbestos. Early roentgenographic changes are often subtle, so x-ray films must be reviewed carefully by experienced readers. Such readings should include a thorough search for pleural changes. Careful attention to and aggressive treatment of respiratory infections may be important in patients with asbestosis. The use of currently effective influenza and pneumococcal vaccines should be considered.

Emphasis on Smoking Cessation.—Discontinuation of smoking is an important step in the control of the sequelae of asbestosis and will assist in the prevention of lung cancer. Individuals who smoke and who have been exposed to asbestos have 30 to 90 times more risk of getting lung cancer than individuals who neither smoke nor have been exposed to asbestos and 7½ to 30 times more risk than the nonsmoking asbestos workers. Data are available that show that cessation of smoking will significantly diminish the risk of developing lung cancer among asbestos workers.

Cancer Surveillance.—The usefulness of screening asymptomatic, exposed individuals for lung, gastrointestinal, and other cancers is now under study in clinical trials.

409677 0002

PLAINTIFF'S
EXHIBIT
AL-1259