FILE NAME: Quebec Asbestos Mining Association (QAMA)

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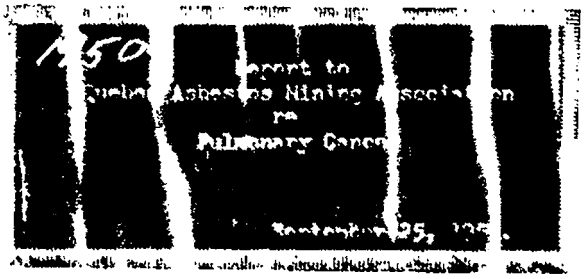
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Pulmonary Cancer
September 25,

Report to
Quebec Asbestos Mining Association
re
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PROBLEM:

To ascertain if there is a relationship between the inhalation of asbestos dust and pulmonary cancer as has been stated publicly by certain Health Authorities and in certain magazines of wide coverage; it is necessary for us to be able to prove that this statement is not correct or to accept it and the consequence that goes with it. Our position in this matter is the same as the Association and Industry found itself in 1937 as regards asbestosis.

RECOMMENDATION:

It is recommended to the Association that they proceed at once on two programs -

1. A Short Range Program
2. A Long Range Program

1. The Short Range Program:

This would consist of an epidemiological study. This statistical work or survey to be done under the auspices of a statistician of repute and it is especially recommended that this statistician should be, if possible, a Canadian.

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1. The Short Range Program - continued -

Suggestions for this job are:

Dr. A. J. Phillips of the National Cancer Institute of Canada, who are affiliated with the Canadian Cancer Society; Dr. E. Cuyler Hammond who is a Doctor of Science, Secretary of the Cancer Prevention Committee, likewise statistician of the Cancer Institute of the United States, Washington, D.C.; Mary Roe of the School of Hygiene in Toronto could well do this work if it was done under the auspices of Dr. Hammond; another person considered proper for this is Dr. A. Valois, statistician for the City of Montreal.

This survey should be undertaken under the auspices of Saranac.

2. The Long Range Program:

Under The Long Range Program it is recommended that the services of the Saranac Laboratory of the Edward Trudeau Foundation be utilized. They are presently setting up a cancer research dealing with aluminum, iron, carbon and silicum dust and could do this by putting in another dust room and do our work paralleling these other elements.

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SHORT RANGE PROGRAM:

The United States Public Health and Cancer Research, Dr. Merewether, the National Cancer Institute have all published that there is a relationship between asbestos dust and pulmonary cancer. They have made these published statements only on statistical data, no research has been done, and these statistical data are based only on death statistics. For this reason the Short Range Program has been recommended to you since we are informed by our own medical officers that:

a. This statistical information is not confirmed in their opinion in our workmen.

b. The statistical survey is the most rapid, cheapest, and more conclusive than any other method.

c. We would be using the same methods as our antagonists.

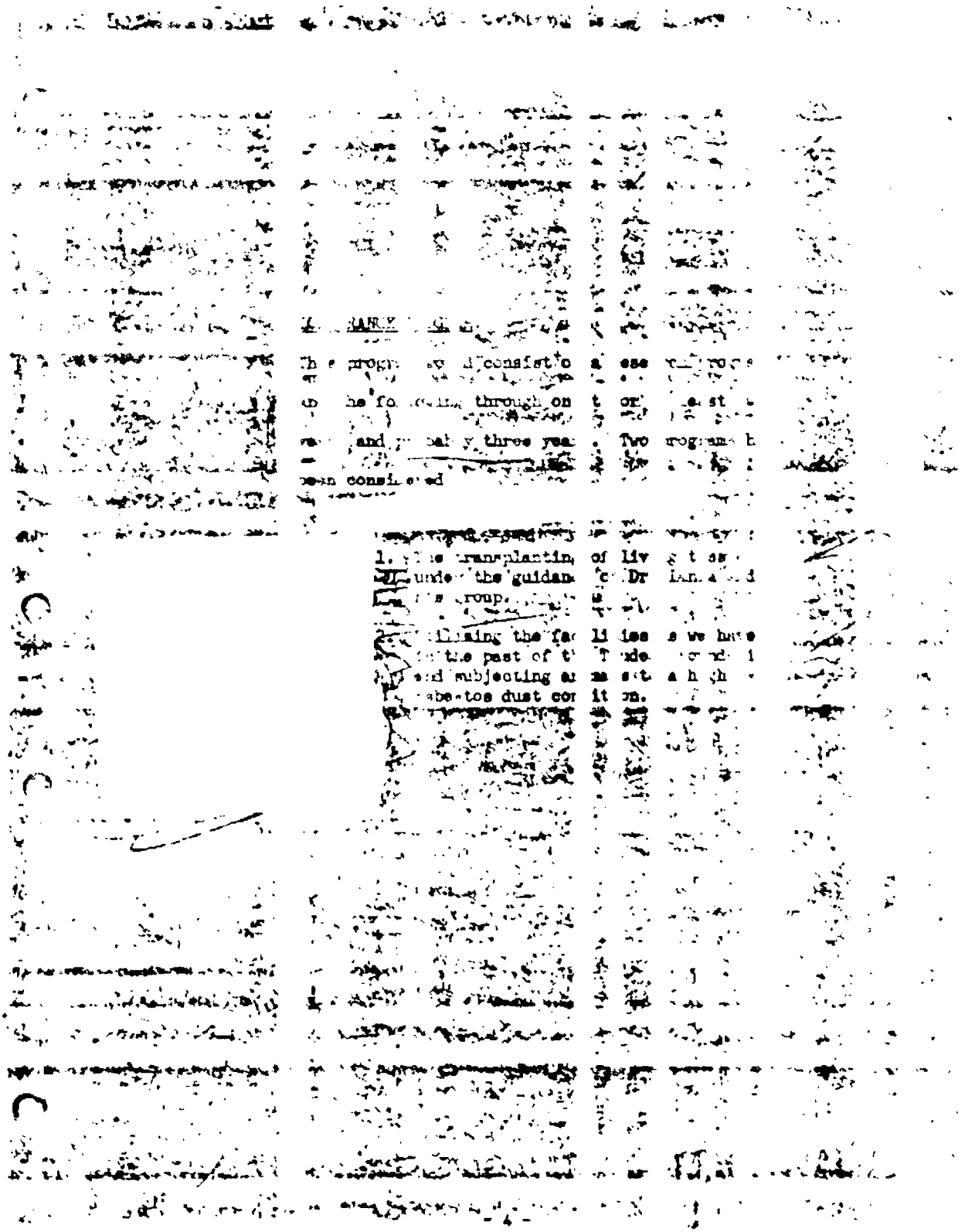
Personnel Required:

The following personnel are considered necessary to make this survey:

a. One statistician of repute or an actuary of the Insurance type. (A medical statistician is considered preferable.

b. X-ray consultant. Dr. Smith and Dr. Cartier could very well serve as consultants with [illegible] reporting on border-line cases.

The estimated cost of making this report is $4,000. maximum and the required time to complete is four months.



Long Range Program - 1.

The proposal under this program consists of transplanting living tissue of an embryo mouse with fibre implanted into a living mouse to see if cancer can be produced. This proposal can only be considered as a screening and cannot be regarded as positive data, but only as a probability if the research doctors are able to reproduce pulmonary cancer. If there is no reproduction there is no proof, neither positive nor negative.

The estimated cost of this program would be $10,000. for the first year with no further commitments on our part at the end of the first year, but it is not considered probable that any results would be forthcoming prior to two years.

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Long Range Program - 2.

This would consist of an inhalation technique with studies carried on at Saranac. It is recommended that if the Long Range Program is adopted, then this is the program that should be adopted:

> Saranac is the central repository of industrial lung data. They have the inhalation chambers and technicians for doing this type of research and they have a number of years of research with us in asbestosis. Likewise Dr. Rhode who is connected with the Sloan-Kettering Cancer Research Foundation is in contact with Saranac.

This study would require a minimum of three years and probably five years. It is estimated to cost $16,000. the first year and $10,000. the second year. Each member company is in receipt of a copy of their proposal.

Long Range Program - 3:

The third phase:

1. It is the feeling of your committee that along with the Short Range Program and the Long Range Program a third phase should be developed. That phase would consist of more publicity coming from our Association than has in the past, rather than taking the defensive attitude that we have. We would point out that Dr. Paul Cartier has been published in France and Portugal regarding the incidence of heart disease and tuberculosis in the asbestos industry but there has been no publication, to our knowledge, dealing with this subject, on this continent. It is recommended that more of these papers be published, at least one yearly, dealing with the medical aspects of our industry.

2. That we arrange to have our doctors lecture at Medical Schools yearly.

3. That we attempt to arrange to affiliate our doctors in some manner with Research Centres such as Saranac and in such organizations as the Industrial Hygiene Association and the Institute of Industrial Medicine as clinicians in the asbestos industry.

In this matter we feel that we would combat reports which we believe, with the information at hand, to be erroneous. We believe that publicity on the part of our Institute would combat erroneous reports such as Jean Marchand made in Thetford recently when he quoted from what he reported to be an official report of the Third International Conference on pneumoniocosis. This report has not as yet been issued.

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Another phase of this program would be to consider th formation of an institute for industrial chest diseases with other mining associations. This would require likewise the cooperation of Doctors Gregoire of the Rosemount Sanitarium, Burke of the Laurentian Sanitarium, Rolland of the Cartierville Sanitarium and Vivien of McGill University.

It would also be desirable to arrange through McGill a post-scholar following-up plan of study at Saranac as did Dr. Gregoire in the physiological field. The Province would likely send one.