



771107.002

ABA. Meeting with Associate Professor Hobbs 7 Nov 77

Present: Mr M G King, Mr J F Blaxland, Mr C R Leith,
Dr B Munday, Assoc. Professor Hobbs, Dr B Armstrong

Mr King outlined the main purposes of our visit - to inform ourselves of progress in Professor Hobbs' study, and to enquire about further assistance that we may be able to offer. The study is progressing, but fairly slowly. The interim results, of which we were given copies, (identical to those previously sent to Dr Smythe) have been updated and will be presented by Dr Heyworth (Public Health Department) at the second Pneumoconiosis conference in Sydney next February.

The main problem with the study concerns the following-up of ex-Wittenoom employees no longer resident in WA. Professor Hobbs is confident that he has identified nearly all people who worked at Wittenoom, however only 27% are listed on WA Electoral rolls. He intends to contact e.g. Italian consulate to find if they have records of migrant workers who may either have left WA or are not on electoral rolls.

Tracing people interstate involves long and tedious searching of hospital records, cancer registries, etc., and requires the supervision of a competent person. Additional funding could assist here. It may be possible to co-operate with Dr Peter Clarke in SA who is doing a similar epidemiological study on Radium Hill workers.

With the limited funding and staff time presently available Professor Hobbs had been planning to concentrate on people employed at Wittenoom up to 1958. This would drop the numbers involved from about 6,000 to about 2,500; also because of latency periods of the diseases, incidence rates are likely to be higher in this group.

If further funds are made available, this plan will be reconsidered. Professor Hobbs undertook to let us know, through Mr Leith, of his plans for the next few years, and the funds required. He might seek funds for:

- a graduate worker for 2 years
- some travel to Eastern States
- some clerical help

The study is of course open ended. Periodic assessment of data will be required for many years, if the study is to be completed.

Dr Armstrong is involved in other epidemiological studies as well - these include hematite workers in WA, Goldfields, and Collie coal miners. His special interest is lung cancer, and interactions with dust exposure. It is still not clear whether, for example, asbestos exposure affects lung cancer incidence in an additive or multiplicative way. (Refer recent review by Serachi (?) in Int. J. Cancer)

Mr King raised the question of other areas of useful work that could be done either relating directly to Wittenoom, or more generally. Dr Armstrong suggested that a lung cancer study on a subgroup of Wittenoom workers, vs smoking habits, would be valuable, and make a genuine contribution to existing knowledge.

Mr Blaxland asked about possible studies in the social science area. Dr Armstrong (who is on the scientific committee of the Cancer Council of WA) referred to a one-year project, funded by the council, being done by the department of Social Work (Mrs Pollick?) in the University of WA. This initial study is concerned with the methodology of studying social problems of cancer patients and their families. This study could be intended to examine a particular class of cancer patient, e.g. Wittenoom workers. This would provide a more valid approach to assessing the need for societal (or CSR) responses than reacting to well publicised individual cases.

Mr Leith asked Professor Hobbs for his opinion of media handling of Wittenoom issues. He (Hobbs) was annoyed by Tim Hall (Bulletin article). Catherine Martin (West Australian), seemed to be responsible and generally checked her copy with him before publication. More publicity is certain to result from the pneumoconiosis conference, and Professor Hobbs plans to brief Ms Martin on the Hobbs/Heyworth paper to ensure competent and responsible WA coverage.

Neither Professor Hobbs nor Dr Armstrong thought that CSR support was prejudicial to their work - though some media people would undoubtedly claim otherwise. Dr Armstrong considered that his only responsibility to CSR would be to keep us informed. We pointed out that even this was not necessary in our view - we would keep ourselves aware of progress, but did not expect exclusive access to results. Any assistance we gave would be, as previously, "at arm's length", through a grant to the University.

*This note by
Dr. H. H. C. C.*