Cape Industries PLC

114 Park Street London W1Y 4AB

Memorandum to Sir Neville Stack

From Kevin Browne

To 6/8

Subject Worker Health Hazards from Asbestos - AIA/20/1/23/HAS

Date 3rd August, 1984

To answer the easy question first, I think Goldsmith is not intending to be understood as saying that all mesotheliomas are due to asbestos, which we know they are not. In this context I think he is implying that if a mesothelioma occurs in an asbestos-exposed worker (whose exposure was substantial and started at least 15 years ago) the odds are so high that it was due to asbestos exposure that it is not worth looking for any alternative.

The main question has no simple answer. A particular difficulty is that an asbestos worker's disability may have resulted from exposure to very high airborne asbestos dust levels 20 or more years ago, whereas his present work may involve exposure only to very low levels. Factors to be considered in addition are:

his age - is he capable of retraining or adapting to an alternative job?
his job - is he physically capable of continuing?
his alternative - is other employment available?
his mental state - would he be removed from a job he enjoys or is skilled at to one less pleasant or less challenging or satisfy:
his respiratory state - can he tolerate respiratory protection if this is necessary in the job?

In short, all aspects of his present job and prospects if this is taken from him must be balanced against the 'no dust' ideal.

J.E. Tuck-Martin

KEVIN BROWNE

C0970

To: Medical Advisory Panel (for information)

AIA/20/1/HAS
10 August 1984

ASBESTOS INTERNATIONAL ASSOCIATION

68 GLOUCESTER PLACE,
LONDON, W1H 3HL
TEL: 01-486 3528/9

With Compliments

Herewith copy of a letter dated 10 July to Dr. Kevin Browne about comments on asbestos and health questions.

00971

ASBESTOS INTERNATIONAL ASSOCIATION

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68 GLOUCESTER PLACE, LONDON W1H 3HL, ENGLAND

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Your Ref.

Our Ref. AIA/20/1/HAS

Dr. K. Browne,
Cape Industries PLC,
114 Park Street,
London W1Y 4AB

10 July 1984

Dear Kevin,

Asbestos & Health Questions

We spoke the other day about certain comments on the asbestos and health problem which occur regularly in articles, discussions (the law courts!) etc. and which could with advantage be listed.

The comments are usually over-simplified statements of fact which are not easy to refute. They also tend to have a scare factor.

In many cases, while there is some truth in what is stated, there is usually a qualification or two omitted which if expressed could radically modify the impact of the statement.

The aim is to isolate the offending statements and then to see if there is sufficient evidence in the shape of learned papers to enable us to raise a doubt in people's minds by showing another angle to each statement; i.e. not necessarily a refutation, but more of an "ah, but have you thought of this point?".

It would be hopeless to go into detailed arguments from the learned papers but one should know of them and be confident that they support one's views and could if necessary be produced subsequently.

Attached are nine statements and on a separate sheet a few ideas in response to help start a process of argumentation.

I have picked the nine questions at random and have probably left out the important ones!

Do you think that you could support the responses?

I am copying this to Brian Commins who has expressed an interest.

Yours ever
Jimmy

Sir Neville Stack

00972

AIA/20/1/HAS

ANNEX 1
to letter dated 10 July 1984

Some Statements

1. One fibre can kill (i.e. mesothelioma and cancer are not dose-related).
2. Only asbestos fibre causes mesothelioma.
3. All fibre sizes are equally dangerous.
4. Asbestos inhalation causes cancer.
5. Asbestos ingestion causes cancer.
6. Children have developed mesothelioma from asbestos exposure.
7. Working in asbestos factories causes thousands of cancer deaths in the UK (or US etc. etc.).
8. The general population is at risk from asbestos.
9. There is no threshold level for asbestos fibre.

C0973

AIA/20/1/HAS

ANNEX 2
to letter dated 10 July 1984

Some Comments on the Statements

1. (a) If one fibre kills, then we should all be dead since asbestos, a naturally occurring mineral, is everywhere and we have been inhaling fibres since birth;

   (b) there are papers showing that asbestos-related diseases are dose related;

   (c) this is the same logic as saying that one cigarette can kill.

2. Baris and others has shown otherwise.

3. There is increasing evidence that the longer fibres are the dangerous ones ($>5\mu$).

4. Cancer-causing substances are now divided into "initiators" and "promoters". The second type (of which asbestos is one) cannot by themselves cause cancer.

5. This is now generally accepted to be untrue.

6. There are no documented cases of childhood mesothelioma.

7. (a) The proportion of cancer deaths due to occupation is 4%, of which that due to asbestos forms a part.

   (b) Deaths due to other occupations far exceed those due to asbestos work.

8. This is untrue. The levels experienced by the general population are about 3 orders of magnitude less than those at the workplace which are considered safe.

9. Common sense suggests there must be - see 1. However, it is difficult to prove.

ASBESTOS INTERNATIONAL ASSOCIATION

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68 GLOUCESTER PLACE, LONDON W1H 3HL, ENGLAND

MEMORANDUM

TO: MEDICAL ADVISORY PANEL

FROM: DIRECTOR GENERAL

OUR REF.: AIA/20/1/16/HAS

4 September 1984

Subject: Cohort Study of the causes of death among asbestos exposed repair shop workers - Ohlson et al (Orebo railway workshop workers)

Enclosed is an English translation of parts of this study including the Tables and Figures.

We also include a copy of the comments made by Dr K Browne.

for DIRECTOR GENERAL

01043

RECEIVED
SEP 24 1984
H. C. LEWINSOHN, M.D.

Cape Industries PLC

114 Park Street London W1Y 4AB

Memorandum to: Sir Neville Stack

From: Kevin Browne

Subject: Orebo railway workshop workers study by Ohlson et al.

Date: 28th August, 1984

This is an extremely good and valuable mortality study - one more piece in the epidemiological jigsaw. It shows increases in lung cancer appearing in workers exposed more than 25 years and after a latent period of more than 20 years with a suggestion of an increased gradient of risk in the higher exposures. It also shows definitely no increase in gastro-intestinal cancers.

I have only seen a very shortened translation of the original text, and therefore some of my comments may appear inappropriate in the light of the full text. However, these are the points to which attention should be drawn. Firstly, all the excess lung cancer deaths occurred in employees whose first exposure was before 1939 (table 6). It is true that most of the deaths occurred in this group because of the time lapse, but 5 deaths from lung cancer would still have been expected from post 1939 employees, whereas none have been observed. This effect is seen from another viewpoint in table 5; taking only men who had a minimum of 20 years since first exposure, and who had worked in areas of heaviest exposure, no increase in lung cancer risk is seen in the 10-25 years exposure category, and only in those who were exposed for more than 25 years (and were first exposed before 1939) was the risk increased. I am sure Dr. Ohlson and colleagues will have looked into this point and I would be very interested to know whether they have found any important differences, for instance in work practices, pre 1939 compared with post 1939.

In considering the significance of the increased lung cancer risk it is always desirable to have some information about the prevalence of asbestosis. My English text suggests that there probably was some. In the category of deaths from respiratory disease other than chronic obstructive in the tables, the SMR is not significantly raised, but one suspects that, bearing in mind the healthy worker effect shown and commented on elsewhere in the paper, this includes a small number of deaths in which asbestosis was a major contributory cause. The relatively small increase in lung cancer deaths despite a 50% incidence of pleural plaques, the small amount of asbestosis and 5 mesothelioma deaths (the same number as the excess of observed over expected lung cancer deaths in the whole cohort) give a pattern similar in many ways to that of the British dockyard workers.

KEVIN BROWNE

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