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sufficient at this time to set an exposure stan-
dard (other than zero) which could assure
prevention of mesothelioma in all workers,
since the disease may occur following a very
limited exposure 20 to 30 years earlier.¹

Cigarette smoking is strongly implicated as
a cocarcinogen among asbestos workers.²
The incidence of bronchogenic carcinoma
among nonsmoking asbestos workers is not
significantly greater than that of nonasbestos
workers, while asbestos workers who smoke
have a much higher incidence.² Calculations
suggest that cigarette smoking asbestos
workers have approximately eight times the
risk of developing lung cancer compared with
other smokers.¹

The TLV was established to protect against
asbestosis and reduce to an acceptably low
risk the development of neoplasms.⁵

Diagnosis: Signs and symptoms include
localized pleural thickenings, which may be-
come radiopaque through calcification; re-
strictive pulmonary function; rales, dyspnea,
cyanosis, dry cough, and finger clubbing.

Differential Diagnosis: Differentiate from
other diseases which are associated with dif-
fuse infiltration of the lungs: Hamman-Rich
syndrome, Löfller's syndrome, fungus infec-
tions, sarcoidosis, scleroderma, and other
rare types of diffuse interstitial fibrosis.

Differential diagnosis of pleural mesotheli-
oma should include inflammatory pleurisy,
primary lung cancer, and the presence of met-
astatic disease from a primary tumor else-
where in the body.¹²

Special Tests: Radiography, tuberculin skin
test, and sputum culture should be per-
formed.

Treatment: None is specific.

Medical Control: Preplacement and annual
physical examination, with emphasis on the
pulmonary, cardiovascular, and gastrointes-
tinal systems; chest roentgenograms; lung
function tests to include FVC and FEV (1
sec.); sputum cytology.

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AZINPHOSMETHYL



1977 TLV 0.2 mg/m³

Synonyms: O,O-Dimethyl S(4-oxo-1,2,3-
-benzotriazin-3(4H)-ylmethyl) phosphoro-