

July 31, 1972

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Thank you for your letter of July 27th. I am happy to respond to your questions and comments concerning our grant renewal proposal submitted to you last month.

As you indicated, we consider the mortality study to be an important part of our investigation and, therefore, are anxious to begin this phase at this time. Although we would hope to have significant information by the end of the coming grant year, as you know tracing approximately 8,000 workers is tedious and time-consuming and it may not be possible to complete this study by that time. I am sure that your long experience in all aspects of this type of research leads you to conclude along with us that things never go as quickly as one would like, and I think our group has been fortunate in having collected and analyzed as much data as we have by the middle of the third year of the study.

As you will remember, another segment of this investigation which was included in the original proposal and outlined again in my most recent communication is the prospective follow-up of a defined cohort of workers who will have complete evaluations beginning in the coming year and thereafter at three year intervals. As you know, very little longitudinal information of this sort is available in either the asbestos cement or other asbestos products industries. This cohort has been defined to include those workers who were between the ages of 45 and 59 (incorrectly indicated as 40 and 59 in my letter to you of June 20) at the start of the study and in order to assure that we will have at least 300 workers to be followed, the total number included in this group is 415. Of this total population for the cohort study, 354 will be eligible for study during 1973 or in the coming grant year. It is not certain how many of these individuals will be able and willing to participate but, hopefully, together with the group eligible for follow-up study in 1974, the cohort will be larger

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than the minimum 300 desired. The x-ray cost for these follow-up studies was probably under-estimated at \$2,000 (\$10.00 per EPA for 200 workers). Slight shifting of budget items will allow for x-rays on workers recruited for the follow-up study in excess of 200. As you can appreciate, the number of workers to be studied during the coming year will justify the pulmonary function technician salary; two or three technicians will actually be doing these field studies so that covering the cost of one of these individuals through this grant seems appropriate. The mobile pulmonary function unit has, in fact, just arrived in New Orleans and will be tested and calibrated during the next six weeks. As you suggested, it will make the studies of plant employees much more efficient with significantly less loss of time for the worker which is anticipated to be approximately 30 minutes, perhaps 45 at the outside, and which compares favorably with the half day previously required in the laboratory. We appreciate your willingness to allow the unexpended sum of \$5,000 from the current year's grant to be applied toward the purchase of this equipment and van.

I share your interest in the initial readings of the 70 control subjects on whom x-rays were obtained and was also surprised that so little radiographic abnormality in regard to irregular opacities was found. The Gilson readings will be available soon and should shed additional light on this subject. We had hoped to have more controls by this time but our X-ray Department has been less than vigorous in offering these films to persons in their department without cardiorespiratory disease. We will renew our efforts in the coming year to enlarge the control group. You will be pleased to know, however, that the age distribution of this group is similar to the exposed population studied. I would be happy to have your review of these films at any time, should your schedule permit.

The amount requested for investigator's travel is essentially to cover the rather expensive trips anticipated for the coming year, primarily for my travel for the presentations in Lyon and London on the results of our study. Additionally, I have been asked to present a paper on respiratory changes in asbestos cement workers as part of a symposium chaired by Keith Morgan on occupational lung disease at the American College of Chest Physicians in Denver in late October. Margaret Becklake is also participating in this session.

One of the items which I listed in my June letter was our plan to analyze the relationship of pulmonary function and total dust exposure in order to arrive at information which, hopefully, will be helpful in answering the question which you raise concerning a sensitive pulmonary function method (s) which will be of greater use than the chest x-ray in the detection of early changes

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associated with asbestos exposure. Certainly, one of the ways of looking at pulmonary function and exposure is the one which you suggest where groups with similar exposures are divided by whether or not they have radiographic abnormalities. We will make every effort to do this, assuming that there are enough individuals in each category to make the results meaningful. At any rate, this question is, of course, uppermost in our minds and it has simply not been possible to do all the analyses at once.

I hope that most of the information which you require is included in this letter, but if there are further items which should be clarified or expanded, perhaps the best way to do this would be to discuss these items by telephone at your convenience. Again, let me express my thanks to you for your support and assistance and, particularly, for bringing up these matters which are likely to need clarification in the deliberations of your committee.

With best regards,

Sincerely yours,

Hans Weill, M. D.

HW/j