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METHODOLOGY FOR DEFINING POSSIBLE OCCUPATIONAL ASBESTOS EXPOSURE

Employment histories of cases, controls, and spouses were collected from three sources:

- 1) death certificates, 2) CTR files (cases and spouses with history of malignant tumor), and
- 3) city directories. Job and industry codes were assigned to all information available for a given individual using the 1970 U.S. Census of occupations and industries.*

From a complete listing of all job and industry codes a subset of those with possible or probable asbestos exposure was selected by H.C.L. using several references from the literature.* This process was facilitated by the translation of these codes to their matching SIC* codes for which detailed associated product descriptions were available.

A 5-digit employer code (3-digit unique ID and 2-digit division number) was also assigned when knowledge of a specific employer was available. An independent search of State of Ct. Labor Dept. files for information on inspections of Ct. manufacturers from to with respect to their usage of hazardous materials will provide an indication of which of these coded employers either produced or used asbestos in their manufacturing processes.

All three factors (job, industry, employer) will serve as indicators of possible occupational asbestos exposure. Cases, controls, and spouses which fall into the occupational exposure group will be studied in greater detail on an individual basis.

In allocating either a job or an industry code to a possible or probable category ~~personal~~ judgement was used based upon personal experience and ~~literature~~ information from various sources available to HCL. ~~For~~ For example, schoolteachers were ~~only~~ classified as "possible" job exposures because of the use of asbestos materials in school buildings. In the continuation of this study we will examine all the occupational histories of the diagnosed cases, ~~and~~ spouses and controls ~~reported~~ classified in the probable ~~and~~ possible categories, thus refining the exposure data available. The classification of cases at present must be regarded as being very crude.

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