PLAINTIFF'S
EXHIBIT
DUP-2216

A. **Guidelines for the Diagnosis and Classification of Asbestos-Related Medical Cases**

This guideline supplements the Guidelines for the Management of Chronic Occupational Illnesses. (See Section 3.2)

It also covers those asbestos-related conditions listed below. Use of this classification should be restricted to those cases in which there is evidence of probable asbestos exposure.

- **Benign Asymptomatic Abnormalities:**
  Pleural thickening and/or plaques and/or calcification with no evidence of parenchymal disease
- **Benign Symptomatic Illnesses:**
  Presumptive asbestosis
  Confirmed asbestosis
  Exudative pleural thickening
  Pleural effusion
- **Malignant Illnesses:**
  Mesothelioma of the pleura or peritoneum
  Carcinoma of the lung, larynx, or gastrointestinal tract (stomach, colon)

A presumptive diagnosis of asbestosis is one in which there is good evidence of parenchymal disease due to asbestos exposure even though there is no interstitial fibrosis noted on x-ray. Such a case would include pleural x-ray changes, symptoms, abnormal spirometry and/or abnormal blood gases. Accepted medical practice and NIOSH guidelines suggest that a confirmed diagnosis of asbestosis should be made only with the presence of x-ray changes of interstitial fibrosis, symptoms (dyspnea, cough, etc.), physical findings (rales, etc.), impaired pulmonary function (abnormal spirometry or blood gases), and a positive exposure history (1, 2).

A comprehensive history of probable exposure to asbestos and other pulmonary irritants should be obtained by the physician from the patient at the time of the examination. (This history will assist in the determination of causality as well as aiding in the diagnosis.) The history should include all possible pre-Du Pont occupational exposure and off-the-job asbestos-related exposure (3). A detailed evaluation of smoking habits should be made.

All employees who have been exposed to asbestos should be informed of their greatly increased risk of developing lung cancer if they continue to smoke. They should be strongly advised to stop smoking. This should be documented in the medical record.

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A supplemental work history should be prepared by site management listing all periods and/or circumstances of possible asbestos exposure. If the employee was not assigned to a job that involved handling asbestos-containing materials, an attempt should be made to determine whether the employee could have incurred exposure by working near an operation where asbestos dust was released. In determining when and whether causal exposure could have occurred, it should be borne in mind that asbestos-related disorders can result not only from long-term moderate exposure but also from short-term massive exposure.

In all cases where the tentative diagnosis is a benign symptomatic illness or a malignant illness and in other cases if the evaluation is inconclusive, the tentative diagnosis should be discussed with the Medical Division. The site should use an approved medical specialist to carry out the additional testing or evaluation required to establish a diagnosis. The scope of further testing will normally be determined by the specialist, but should include certain minimum tests. A suggested referral letter indicating these tests is attached.

Where an asbestos-related lung abnormality of Du Pont causality has been established, the follow-up should at a minimum, include a posterior-anterior chest x-ray, and pulmonary function tests done annually. If the pulmonary specialist recommends more frequent examinations, this should be done. If the employee refuses, this fact should be documented in the employee's medical record.

Those employees with confirmed asbestosis, presumptive asbestosis, exudative pleural thickening, pleural effusion or malignant illnesses should be excluded from tasks with potential for exposure to asbestos. Those with benign asymptomatic abnormalities need not be excluded. All employees with asbestos-related abnormalities should be instructed to discontinue smoking and this fact should be documented in their medical record.

References

(1) Preger, L., et al, "Asbestos-Related Disease", published Grune & Stratton, New York, 1978.

(2) NIOSH, "A Guide to the Work-Relatedness of Disease", Rev. Edition, January 1979.

(3) National Cancer Institute, "Asbestos: An Information Resource", May 1978.

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