

FILE NAME: Quebec Asbestos Mining Association (QAMA)

DATE: 1957

DOC#: QAMA133

DOCUMENT DESCRIPTION: Draft Interim Report to the QAMA on
Epidemiological Study of Lung Cancer in Asbestos Workers

February 4, 1957

Mr. Ivan Sabourin
Aldred Building
Montreal, P.Q., Canada

Dear Ivan:

I am enclosing for your perusal a draft of an Interim Report to the QAMA.

I would appreciate any comments or suggestions you may have, and upon receipt of this draft from you will prepare 15 copies so that you may distribute it to the members.

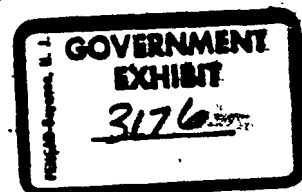
With best personal regards,

Sincerely yours,

Daniel C. Braun, M.D.
Medical Director

DCB:lf

Enclosure



Interim Report
to the
Quebec Asbestos Mining Association
on
Epidemiological Study of Lung Cancer
in Asbestos Workers

This interim report is presented to acquaint the Association with the progress of the work thus far and the plans for the remainder of the study. The objectives of the program as proposed in the memorandum of March 16, 1956 were to determine:

1. Whether there is relationship between asbestosis and lung cancer.
2. Whether a relationship may exist between mere exposure to asbestos and lung cancer.

The suggested procedure included the following steps:

1. An intra-industry study, selecting a group of people which entered the asbestos industry from ten to twenty years ago and following their future health status.
2. A comparison of this group with the general population of the Province of Quebec.
3. A comparison of the group under study with the populations of the Dominions of Canada and of the United States.

In line with these objectives and suggested procedures, the initial effort was directed to the collection of data relating to all workers who had been processed through the clinic at Thetford Mines, and of similar information on the workers at Canadian Johns-Manville Company in Asbestos. Following the initial visit in February, 1956, the first field work was begun in July at these two locations. Although the data in the two instances were not exactly similar in form, the inclusion of records from the personnel department at Asbestos covering employees who had retired, died, or become disabled provided data sufficiently alike for the purposes of the study.

Data from these clinical records included the age, family and personal medical histories, smoking habits, number of years of exposure, and an estimate of weighted exposure, and eventual course of health status or cause of death.

Death certificates in the Province of Quebec for the years 1952 to 1955 inclusive were reviewed during the last week of July. This information was obtained either from the death certificates themselves or from IBM Cards summarizing the certificates, in the Department of Vital Statistics of the Provincial Health Ministry. All cases in which death was certified as having been due to lung cancer were examined for such information as the place of residence, occupation, date of death, hospital in which death occurred, and whether or not an autopsy was performed. Cases in which lung cancer was given as a cause of death but in which it was not specified as to whether the lung cancer originated in the lung were also studied.